

# RENTAL INCOME / EXPENSE

<b>NAME</b>				<b>SS#</b>			
T= Taxpayer S= Spouse J= Joint				X If you do not take an active part in the operation of the property. Number of days rented during year? _____ Number of days you or your family member resided at location? _____			
T S J	Property Code	Date Acq.	↓	Description of Property	Location	↓	↓
	A						
	B						
	C						
	D						
<b>INCOME</b>				<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>
Rents Received							
Deposits Received							
Other:							
<b>EXPENSES</b>							
Real Estate Taxes							
Mortgage Interest							
Other Interest							
Insurance							
Cleaning/Maintenance							
Yard/Snow Removal							
Rubbish Hauling/Trash							
Supplies							
Fuel							
Electricity							
Water/Sewer							
Wages/Labor							
Management Fees (Commissions)							
Homeowners Assoc. Dues							
Travel Expense (Detail)							
Total Miles Driven				#	#	#	#
Auto Travel Mileage		Jan. – June		#	#	#	#
		July – Dec.		#	#	#	#
Telephone							
Advertising							
Legal & Professional							
Repairs - Painting							
- Plumbing							
- Electrical							
- Appliances							
-							
Refunds							
Other:							
Personal Use (Percent or Amount)				%	%	%	%
Comments/Questions							
List on back, purchases of furniture, appliances, equipment and major property improvements.							

[illegible][illegible][illegible]

DEPRECIABLE ASSETS SOLD OR DISPOSED OF						
Description	Property Code	Date Acquired	Original Cost	Date Disposed of	Describe Means of Disposal	Amount Received

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