

THOMSON & METIVIER
PC
certified public accountants

Taxpayer Name: _____

Tax Year: _____

Property Address	Description <small>(single-family, multi-family, vacation rental, commercial, land, etc.)</small>	Personal Use Days
1		
2		
3		
4		

RENTAL INCOME / EXPENSES	PROPERTY 1	PROPERTY 2	PROPERTY 3	PROPERTY 4
INCOME				
Rent				
Other				
TOTAL INCOME				
EXPENSES				
Advertising				
Auto/Travel				
Cleaning/Maintenance				
Insurance				
Legal & Professional Fees				
Management Fees				
Mortgage Interest				
Repairs				
Supplies				
Real Estate Taxes				
Water				
Gas				
Electric				
Other Utilities				
Lawn Care / Snow Removal				
Pest Removal				
Other				
Other				
TOTAL EXPENSES				
NET INCOME (LOSS)				

Did you purchase (or sell) any furniture, appliances, or equipment for any of the rentals?

Did you make any major repairs or capital improvements to the rental properties?

Did you purchase (or sell) any rental properties this year?

Did you make any payments that would require you to file Form(s) 1099?

Yes No