

2025 RENTAL ORGANIZER (PLEASE FILL ONE OUT FOR EACH PROPERTY)

Taxpayer name: _____

Type of property: Residential _____ Commercial _____ Land _____

Address: _____ City: _____ State: _____ Zip: _____

Annual income from rental: _____

New property? Yes no Previously depreciated? Yes no Depreciation: _____

Full rental year: Yes No Date first rented: _____

When was rental purchased? _____ Purchase price: _____

Did you sell property? Yes no Date sold: _____ Sold price: _____

Did you having selling costs or fix up costs before sale: _____

Advertising: _____

Repairs: _____

Miles traveled: _____

Supplies: _____

Cleaning and maint. _____

Taxes: _____

Commissions: _____

Utilities: _____

Insurance: _____

Other items: (could include repair
items, appliances or other)

Legal and professional fees: _____

Management fees: _____

Mortgage interest: _____

Other interest: _____

Please add items below that you don't have a category for.