

RENTAL PROPERTY

**PLEASE COMPLETE ONE FOR EACH PROPERTY

Physical address of each property (street, unit#, city, state, ZIP code)

Number of days:

Rented _____

Personal use _____

INCOME:

Rents received \$ _____

EXPENSES:

Advertising \$ _____

Auto and travel \$ _____

Cleaning and maintenance \$ _____

Commissions \$ _____

Insurance \$ _____

Legal / professional fees \$ _____

Management fees \$ _____

Mortgage interest \$ _____

Other interest \$ _____

Repairs \$ _____

Supplies \$ _____

Taxes \$ _____

Utilities \$ _____

Other (list) _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

Signature _____ Date _____