

RENTAL



Taxpayer Name: _____

Address of Rental Property: _____

How Many Days Rented: _____

How Many Days Personal Use: _____

Date Rental Started: _____

Value of Property: _____

Sold: ☐ Yes ☐ No

Property Income: _____

Expenses:

Advertising: _____

Cleaning & Maintenance: _____

Commission Fees: _____

Capital Improvements to Home: _____

Furniture & Appliances: _____

Insurance: _____

Management Fees: _____

Mortgage Interest

 Paid to Bank (1098): _____

 Other Mortgage Interest: _____

Repairs: _____

Supplies: _____

Taxes: _____

Travel: _____

Utilities: _____

Other Expenses: _____

Car Expenses:

Gas & Oil: _____

Tires, Batteries, Repairs, etc.: _____

Garage Rent, Auto Club, Washing & Polish: _____

Insurance & License: _____

Mileage for Year (required)

Total Mileage: _____ Total Business Mileage: _____ Parking & Tolls: _____