

RENTAL TAX DATA SHEET

Property Information

	A		B		C			
Address								
Property Type	SF	MF	SR	C	SF	MF	SR	C
SF=Single Family, MF=Multifamily, SR=Self-Rental, C=Commercial								
# Days Rented	[]		[]		[]			
# Days Personal Use	[]		[]		[]			
Did you actively participate?	Yes	No	Yes	No	Yes	No		
Is mtg % from or. loan?	Yes	No	Yes	No	Yes	No		
Is mtg. % from refi?	Yes	No	Yes	No	Yes	No		
Property sold?	Yes	No	Yes	No	Yes	No		

Expenses

	A		B		C		D
Advertising	[]	[]	[]	[]	[]	[]	[]
Association dues	[]	[]	[]	[]	[]	[]	[]
Cleaning & maintenance	[]	[]	[]	[]	[]	[]	[]
Commissions	[]	[]	[]	[]	[]	[]	[]
Gardening	[]	[]	[]	[]	[]	[]	[]
Insurance	[]	[]	[]	[]	[]	[]	[]
Legal & professional fees	[]	[]	[]	[]	[]	[]	[]
Licenses & permits	[]	[]	[]	[]	[]	[]	[]
Management fees	[]	[]	[]	[]	[]	[]	[]
Miscellaneous	[]	[]	[]	[]	[]	[]	[]
Interest - Mortgage	[]	[]	[]	[]	[]	[]	[]
Interest - Other	[]	[]	[]	[]	[]	[]	[]
Painting & decorating	[]	[]	[]	[]	[]	[]	[]
Pest control	[]	[]	[]	[]	[]	[]	[]
Plumbing & electrical	[]	[]	[]	[]	[]	[]	[]
Repairs	[]	[]	[]	[]	[]	[]	[]
Supplies	[]	[]	[]	[]	[]	[]	[]
Taxes - Real estate	[]	[]	[]	[]	[]	[]	[]
Taxes - Other	[]	[]	[]	[]	[]	[]	[]
Telephone	[]	[]	[]	[]	[]	[]	[]
Utilities	[]	[]	[]	[]	[]	[]	[]
Wages & salaries	[]	[]	[]	[]	[]	[]	[]
Other	[]	[]	[]	[]	[]	[]	[]
Other	[]	[]	[]	[]	[]	[]	[]
Other	[]	[]	[]	[]	[]	[]	[]
Other	[]	[]	[]	[]	[]	[]	[]

Business Vehicle Expenses

	Veh. 1		Veh. 2			Veh. 1	Veh. 2
Make, Model, Year	[]		[]		Beginning Miles	[]	[]
Is the vehicle provided (owned) by your employer?	Yes	No	Yes	No	Ending Miles	[]	[]
Amount of reimbursement provided by employer	[]		[]		Total Business Miles	[]	[]
Is reimbursement included in W-2 (Box 1) wages?	Yes	No	Yes	No	Gas, Lube, Oil	[]	[]
Is the vehicle available for personal use? (See B12)	Yes	No	Yes	No	Repairs	[]	[]
Did you have another vehicle for personal use?	Yes	No	Yes	No	Tires	[]	[]
Do you have written evidence to support your deduction?	Yes	No	Yes	No	Insurance	[]	[]
Parking (do not include at place of employment) & Tolls	[]		[]		License	[]	[]
					Interest or Lease	[]	[]

Away from Home Expenses

	You	Spouse		You	Spouse
# of Nights Away	<input type="text"/>	<input type="text"/>	Lodging (Meals must be separated)	<input type="text"/>	<input type="text"/>
Airfare	<input type="text"/>	<input type="text"/>	Meals (including Tips)	<input type="text"/>	<input type="text"/>
Auto Rental, Bus, Shuttle, Taxi, Train Etc.	<input type="text"/>	<input type="text"/>	Transportation	<input type="text"/>	<input type="text"/>
Baggage Fees	<input type="text"/>	<input type="text"/>	Other	<input type="text"/>	<input type="text"/>
Bellman, Skycap, Etc.	<input type="text"/>	<input type="text"/>	Other	<input type="text"/>	<input type="text"/>
Laundry	<input type="text"/>	<input type="text"/>	Other	<input type="text"/>	<input type="text"/>

Home Office Expenses

To qualify, an "office in the home" must be used exclusively and on a regular basis (a) as your principal place of business, or (b) by patients, clients, or customers in meeting and dealing with you in a normal course of business. A home office will qualify as your principal place of business if: (1) You use it exclusively and regularly for the administrative or management activities of your trade or business, and (2) You have no other fixed location where you conduct substantial administrative or management activities of your trade or business, if you are an employee, the home office use must also be for the convenience of the employer. Enter 100% of home taxes and mortgage interest in Sections B3 & B4.

Entire Home Sq. Ft.	<input type="text"/>	Office Sq. Ft.	<input type="text"/>	Business Storage Sq. Ft.	<input type="text"/>
Rent ⁽¹⁾	<input type="text"/>	Utilities	<input type="text"/>	Insurance	<input type="text"/>
Maint. ⁽²⁾	<input type="text"/>	Mgmt Fees	<input type="text"/>	Expenses (office)	<input type="text"/>
Repairs	<input type="text"/>	Maint. Other	<input type="text"/>	Other	<input type="text"/>

(1) If you own your home leave this entry blank. (2) Roof, outside painting included, not lawn care If this is the first time to claim this office, provide the home purchase settlement closing statement, property tax statement and list of improvements to the office.

Asset Purchases / Capital Improvements

List below purchases of equipment, furniture, appliances, leasehold improvements or capital improvements during the year.

Which Business / Rental Property	Description of Item	Purchase Date	Date Put into Service	Cost	Item was: New/Used	Trade-In Used?	Allowance
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			<input type="text"/>

If Trade-in was use, provide details:

Sale or Disposal of Assets / Capital Improvements

Which Business / Rental Property	Description of Item	Date Acquired	Original Cost	Date of Disposal	Describe Method of Disposal	Allowance
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Did you sell anything during tax year? Yes No - If Yes, provide details:

I (we) have reviewed the information in this questionnaire and to the best of my (our) knowledge it is accurate, correct and complete.

(taxpayer)

(spouse)