

Your Name: _____ Property Address: _____ Year of Expenses: _____

Rental Property Worksheet

Type of Property _____

Number of days available for rent (if less than 365) _____

Did you use it personally during the year? Yes No

Ownership percentage (if not 100%) _____%

Income:

Rents collected (do not include security deposits)..... \$ _____

Expenses:

Advertising \$ _____

Travel..... \$ _____

Cleaning & Maintenance \$ _____

Commissions paid to others \$ _____

Insurance \$ _____

Legal/Professional fees (include accounting and tax prep) \$ _____

Management fees \$ _____

Mortgage Interest \$ _____

Private Mortgage Insurance – Qualified Mortgage Insurance..... \$ _____

Other Interest..... \$ _____

Repairs..... \$ _____

Supplies \$ _____

Real Estate Taxes \$ _____

Utilities \$ _____

HOA or Condo fees \$ _____

Bank charges \$ _____

Warranties..... \$ _____

Cell Phone Total Expense \$ _____ x Business Use % _____ = \$ _____

Auto expenses? If yes, fill out an Auto Worksheet for each vehicle used: [Auto Expense Worksheet - View](#)
Home office expenses? If yes, fill out a Home Office Worksheet for each office: [Home Office Worksheet - View](#)

Equipment and Computers costing > \$2500 (Provide a fully detailed description, purchase date & amount for each asset)

_____ \$ _____
_____ \$ _____
_____ \$ _____

Improvements (Provide a fully detailed description, purchase date & amount for each asset)

_____ \$ _____
_____ \$ _____

Answer the following questions:

- | | Yes | No |
|--|--------------------------|--------------------------|
| Do you have a separate bank account for your rentals?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you have a separate bank account for security deposits?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you have a written lease agreement for this rental? Provide a copy of the lease..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you pay \$600 or more to a service provider, contractor, or forrent?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| - If yes, did you send them a Form 1099-NEC or 1099-MISC? If yes, provide copies of the form(s)..... | <input type="checkbox"/> | <input type="checkbox"/> |
| - If not, do you need us to send the Form(s) 1099-NEC or 1099-MISC? | <input type="checkbox"/> | <input type="checkbox"/> |

I certify the above information is true and accurate, and I have receipts to confirm proof of payments and documentation to support my responses.

Signature _____

Date _____