



|                          |
|--------------------------|
| <b>Rental Prop Name:</b> |
| <b>Taxpayer Name:</b>    |
| <b>Tax Year:</b>         |

**Rental Activities Tax Organizer**

*The following should be provided if you cannot provide financials from Quickbooks or an accounting program. If you are using an accounting program, please provide us with a Balance Sheet and Profit & Loss statement, or contact us about providing your system's electronic file.*

**USE A SEPARATE FORM FOR EACH RENTAL PROPERTY/ACTIVITY**

**A. Rental Property Location:**

Physical Address: \_\_\_\_\_  
 \_\_\_\_\_  
 City: \_\_\_\_\_  
 \_\_\_\_\_  
 State: \_\_\_\_\_ Zip: \_\_\_\_\_

**B. Property Type**

- Single Family Residence
- Multi-Family Residence
- Vacation/Short-term rental
- Commercial
- Land
- Other- \_\_\_\_\_

**C. Rental Days and Personal Use Days:**

Number of Days Rented \_\_\_\_\_  
 Number Personal use days \_\_\_\_\_

**D. Forms 1099s**

Did you issue forms 1099 to all required vendors?  
 Yes  
 No

**E. Rental/Lease Revenue:**

|                             |                 |
|-----------------------------|-----------------|
| Rent received (per 1099s)   | \$ _____        |
| Rent received (no 1099s)    | \$ _____        |
| Other Revenue- _____        | \$ _____        |
| <b>Total Rental Revenue</b> | <b>\$ _____</b> |

**F. Expenses (Provide the totals of your receipts for the year for each item below):**

|                              |                 |
|------------------------------|-----------------|
| Advertising/Marketing        | \$ _____        |
| Auto expenses (actual)       | \$ _____        |
| Cleaning and janitorial      | \$ _____        |
| Commissions                  | \$ _____        |
| Insurance                    | \$ _____        |
| Interest expense-Mortgage    | \$ _____        |
| Interest expense-Other       | \$ _____        |
| Legal and professional       | \$ _____        |
| Office expense               | \$ _____        |
| Pest control                 | \$ _____        |
| Permits and fees             | \$ _____        |
| Repairs and maintenance      | \$ _____        |
| Security                     | \$ _____        |
| Supplies                     | \$ _____        |
| Taxes & licenses             | \$ _____        |
| Telephone                    | \$ _____        |
| Utilities                    | \$ _____        |
| Other- _____                 | \$ _____        |
| Other- _____                 | \$ _____        |
| <b>Totals expenses above</b> | <b>\$ _____</b> |

**G. Purchases/improvements over \$500? Provide the following information (use additional pages as needed):**

|             |                      |                          |
|-------------|----------------------|--------------------------|
| Item: _____ | Purchase Date: _____ | \$ Purchase Price: _____ |
| Item: _____ | Purchase Date: _____ | \$ Purchase Price: _____ |

**H. IF YOU SOLD or TRADED fixed assets during the year, please provide the details about the transaction(s)**

**I. If we did not prepare your prior year return, please provide us with a detailed depreciation schedule from your previous accountant.**

**J. Total Vehicle Mileage:**

|              | <u>Make</u> | <u>Model</u> | <u>Number of Miles:</u> |
|--------------|-------------|--------------|-------------------------|
| Vehicle # 1- | _____       | _____        | # _____                 |
| Vehicle # 2- | _____       | _____        | # _____                 |