



<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**

Die 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-	_____	_____	# _____