



**Note:**  
Please Fill a Separate Form For Each Rental Home

Total of Rental Houses?

**RENTAL PROPERTY  
GENERAL INFORMATION**

**Taxpayer Name:**  **Year:**

**Location:**  **Address:**  **City:**  **State:**  **Zip Code:**

<b>Property Type:</b>	<input type="checkbox"/> Single Family Residency
	<input type="checkbox"/> Multi-Family Residence
	<input type="checkbox"/> Vacation/Short-Term
	<input type="checkbox"/> Commercial

<input type="checkbox"/> Royalties
<input type="checkbox"/> Self -Rental
<input type="checkbox"/> Other
<input type="checkbox"/> Land

Date placed in service	<input type="text"/> / <input type="text"/> / <input type="text"/>
Cost or Basis	\$ <input type="text"/>
Land include in cost	\$ <input type="text"/>

**Owned by: (Check One)**  Taxpayer  Spouse  Joint

**IF A RENTAL PROPERTY COMPLETE THE APPROPRIATE BOXES:**

- a) Days Rented \_\_\_\_\_
  - b) Days of Personal Use \_\_\_\_\_
  - c) Approve the new tenants? Yes \_\_\_ No \_\_\_
  - d) Decide & Approve Rental Terms? Yes \_\_\_ No \_\_\_
  - e) Approve capital or repairs expenditures? Yes \_\_\_ No \_\_\_
  - f) Make most of the decisions in the rental activities? Yes \_\_\_ No \_\_\_
- Did you make any payments that would require you to file form(s) 1099? Yes \_\_\_ No \_\_\_

Rent Revenue		
Income	<input type="text"/>	\$
Income Form 1099-Misc	<input type="text"/>	\$
Expenses		
Accounting Fees	<input type="text"/>	\$
Advertising	<input type="text"/>	\$
Alarm	<input type="text"/>	\$
Auto	<input type="text"/>	\$
Travel	<input type="text"/>	\$
Cleaning	<input type="text"/>	\$
Commissions	<input type="text"/>	\$
County Tax	<input type="text"/>	\$
Insurance	<input type="text"/>	\$
Management Fees	<input type="text"/>	\$
Materials	<input type="text"/>	\$
Mortgage Insurance	<input type="text"/>	\$
Mortgage Interest	<input type="text"/>	\$
Other Interest	<input type="text"/>	\$

Continued		
Professional Fees	<input type="text"/>	\$
Repairs	<input type="text"/>	\$
Real Estate Taxes	<input type="text"/>	\$
Renewal Fees	<input type="text"/>	\$
Other Taxes	<input type="text"/>	\$
Subcontractors	<input type="text"/>	\$
Utilities	<input type="text"/>	\$
Depreciation	<input type="text"/>	\$
Landscaping	<input type="text"/>	\$
Leasing fees	<input type="text"/>	\$
Improvements	<input type="text"/>	\$
	<input type="text"/>	\$
	<input type="text"/>	\$
<b>Total Expenses</b>	<input type="text"/>	\$
<b>TOTAL INCOME</b>	<input type="text"/>	\$
	<input type="text"/>	\$
<b>INCOME(LOSS)</b>	<input type="text"/>	\$

*I Certify the information provided above is true, correct and contain no false or fraudulent information, this information is accurate to the best of my knowledge. Understand that Grace Williams CPA, PC, prepared my income tax return based on the information provided by me in accordance with the applicable Internal Revenue Services Rules and Regulation.*

\_\_\_\_\_  
**Taxpayer Signature**

\_\_\_\_\_  
**Date**