

Rental Property Worksheet

Taxpayer: _____

Tax Year: _____

Property Address: _____
_____ Ownership % _____

Total # of Units

Units Owner Occupied

Units Rented

Did you use any rental units for your own personal use at any time during the tax year?

Yes/No _____

If yes:

Personal Days Used

Days Rented

Did you make payments totaling \$600 or more to any payee for services rendered?

_____ Yes _____ No

If yes, did you file all required Forms 1099-MISC?

_____ Yes _____ No

	Rental %	TOTAL \$ Amount
Rents Received	<input type="text"/>	<input type="text"/>
Advertising	<input type="text"/>	<input type="text"/>
Association or Condo Fees	<input type="text"/>	<input type="text"/>
Cleaning & Maintenance	<input type="text"/>	<input type="text"/>
Commissions	<input type="text"/>	<input type="text"/>
Insurance	<input type="text"/>	<input type="text"/>
Legal & Professional Fees	<input type="text"/>	<input type="text"/>
Management Fees	<input type="text"/>	<input type="text"/>
Mortgage Interest [Attach Form 1098]	<input type="text"/>	<input type="text"/>
Other Interest Paid	<input type="text"/>	<input type="text"/>
Repairs [Do not include Improvements - See below]	<input type="text"/>	<input type="text"/>
Supplies	<input type="text"/>	<input type="text"/>
Real Estate Taxes	<input type="text"/>	<input type="text"/>
Utilities	<input type="text"/>	<input type="text"/>
_____	<input type="text"/>	<input type="text"/>
_____	<input type="text"/>	<input type="text"/>
_____	<input type="text"/>	<input type="text"/>

Itemize list of **Current Year** Improvements and Capital Items such as Appliances [Include date acquired]

Description	Date Acquired	Rental %	Total \$ Cost
_____	<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"/>