

Questions

x If you use a property management company.

Number of days rented during the year? _____

Number of days you or your family member resided in location? _____

Property	Date Acquired - if new this tax year	Description of Property	Location
A			
B			
C			
D			
E			

INCOME	A	B	C	D	E
Total Rents Received					
Deposits Received					
Other:					
EXPENSES					
Real Estate Tax					
Mortgage Interest					
Other Interest					
Insurance					
Cleaning/Maintenance					
Yard/Snow Removal					
Trash Removal					
Supplies					
Fuel for Equipment (Lawn Mowers, etc.)					
Electricity					
Water/Sewer					
Wages/Labor					
Management Fees (Commissions)					
Homeowners Assoc. Dues					
Travel Expense (Detail on Back)					
Auto Travel Mileage	#	#	#	#	#
Telephone					
Advertising					
Legal & Professional					
Repairs - Painting					
- Plumbing					
- Electrical					
- Appliances					
Refunds					
Other:					
Personal Use (Percent of Amount)	%	%	%	%	%

List on page 2, purchases of furniture, appliances, equipment, and major property improvements.

