

Rental Income & Expense Worksheet – use separate worksheet for each property

| Name | | Year | | Address | of Prope | rty | | | | | | | |
|--|-------------|-------------|--------------|-------------|-------------|-------------------------|-------------|------------|---------------|-----------|----------|--|--|
| Is this property jointly owned? | | | | | | | | | | | | | |
| Is this property rented to a relative, ar | e vou cha | rging less | than fair | market an | nount? \ | /FS□ N | 0 п | | | | | | |
| | • | • • | | | | | | | | | | | |
| Are you actively involved in managing | | • | | | | | | | | | | | |
| Is this property commercial or farm re | ntal, resid | dential rer | ntal, or lov | v income | residentia | al rental? ₋ | | | | | | | |
| Is this property used as a vacation hon | ne or recr | eational ι | ınit? Num | nber of da | ys rented | : | Nı | umber of o | days used | by you or | your fam | ily: | |
| If there has been a purchase, refinanci | ing, financ | cing for in | nproveme | nts. etc. o | r sale of r | oroperty h | oring in co | ontracts. | | | | | |
| • | • | • | • | • | • | | • | | | | | | |
| If this property partly rental, partly pe | isonai. | TOtal Hui | ilibel of sc | luare reet | or entire | Structure | • | | | | | | |
| | | Total nui | mber of so | quare feet | used 100 |)% by tena | ants: | | | | | | |
| _ | | | | | | - | | | | | | | |
| Ir | ncome (| security de | eposits are | not consid | ered incon | ne by the II | RS until yo | u keep all | or part of it | :) | | | |
| Tenant's Name | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Total |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | <u> </u> | |
| | | _ | | | | | | | | | | | |
| | | Expe | enses (do | not includ | e any expe | ense that is | s 100% per | rsonal) | | | | | |
| Advertising | | | | | | | | | | | | | |
| Auto/Travel - miles | | | | | | | | | | | | | |
| - Lodging | | | | | | | | | | | | | <u> </u> |
| - Food | | | | | | | | | | | | | <u> </u> |
| Cleaning/Maintenance - supplies | | | | | | | | | | | | | |
| - Equipment - Snow removal | | | | | | | | | | | | | |
| - Lawn care | | | | | | | | | | | | | |
| Commissions/Contract Labor | | | | | | | | | | | | | 1 |
| Insurance | | | | | | | | | | | | | |
| Legal/Professional Fees | | | | | | | | | | | | | |
| Management Fees | | | | | | | | | | | | | |
| Mortgage Interest – building/land (paid to financial institution only) | | | | | | | | | | | | | |
| Other Interest | | | | | | | | | | | | | |
| Repairs | | | | | | | | | | | | | |
| Supplies | | | | | | | | | | | | | |



Expenses (continued)

| | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Total |
|----------------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-------|
| Postage and Delivery | | | | | | | | | | | | | |
| Taxes | | | | | | | | | | | | | |
| Utilities | | | | | | | | | | | | | |
| Telephone | | | | | | | | | | | | | |
| Salaries and Wages | | | | | | | | | | | | | |
| Other: | | | | | | | | | | | | | |
| Other: | | | | | | | | | | | | | |

Major Purchases and Improvements

| Item Purchased | Date Purchased | New/Used | Cost including sales tax | Item Traded | Date of Trade | Date Acquired | Cost of item traded |
|----------------|-------------------|----------|--------------------------|-------------|------------------|------------------|------------------------|
| | Fulcilaseu | | Sales tax | | Traue | Acquireu | traueu |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

Sales of Disposition of Property Used for this Rental Unit

| Kind of Property | Date Acquired | Date Sold | Gross Sales Price | Expense of Sale | Original Cost |
|------------------|---------------|-----------|-------------------|-----------------|---------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

1099's: Amounts of \$600.00 or more paid to individuals (not corporations) for rent, interest, or services rendered-to you in your business, require information returns to be filed by payer.

Due date of return is January 31. Non-filing penalty can be \$150 per recipient. If recipient does not furnish you with his/her Social Security Number, you are required to withhold tax on the payment(s).

| Name | Address | Tax ID or Social Security # | Amount | Purpose of Payment |
|------|---------|-----------------------------|--------|--------------------|
| | | | | |
| | | | | |
| | | | | |