

# RENTAL PROPERTY ORGANIZER

Property Address: \_\_\_\_\_

Tax Year: \_\_\_\_\_

## ■ GENERAL INFORMATION

Description of the property :			
Single Family	Multi-Family	Vacation Rental	Commercial
If the property is your home: Total SQ FT _____		Rental SQ FT _____	
Days rented at FMV _____		Days personal use _____	
Did you make any payments during the year for which you are required to issue 1099s?    Yes                      No			
If so, did you issue 1099s?    Yes                      No		Percentage of ownership if not 100% _____	

INCOME: Rent received _____	Note: Deposits are not taxable income until or unless they are retained for damages or non-payment.
-----------------------------	---

*If rental use began this year, please provide the following info:*

Purchase Price: _____	Capital Improvements:        *****	Date Placed in Service: _____
Closing Costs: _____	Land Value:                                *****	Date Purchased: _____

If this is our first year working together, please provide depreciation report from last year's taxes.

EXPENSES	100% Business	Business & personal
Advertising		
Association Dues		
Auto		
Bank Fees		
Cleaning and Maintenance		
Commissions		
Insurance		
Legal and Professional		
Management Fees		
Mortgage Interest		
Postage		
Repairs		
Supplies		
Taxes		
Telephone		
Utilities		
Other		

CAPITAL IMPROVEMENTS	Cost	Date	% Business