



## Rental Income Form

Taxpayer Name: \_\_\_\_\_

Property Name: \_\_\_\_\_

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

Total days rented at fair market value: \_\_\_\_\_ / 365

Total days of personal use: \_\_\_\_\_ / 365

Total days: \_\_\_\_\_ / 365

Did you participate in the rental activities? Yes / No

Is this the first year as a rental? Yes / No

If yes, property purchase price: \$\_\_\_\_\_

Purchase Date: \_\_\_\_\_

Date turned into a rental: \_\_\_\_\_

Rental Income	Amount
Rent Received	
Security Deposit	
Other Amounts: (please specify)	

Expenses	Amount
Advertising	
Auto and Travel	
Cleaning and Maintenance	
Commissions	
Insurance	
Legal and Other Professional Fees	
Mortgage Interest Paid	
Property Taxes	
Other Interest	
Repairs	
Supplies	
Utilities	
Other: (please specify)	