BCSnational

# 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) | |
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| 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) | |
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