UNLIMITED TAXES & MORE, INC.®
"THE AFFORDABLE PROFESSIONAL ALTERNATIVE"

RENTAL INCOME AND EXPENSE WORKSHEET - Use separate worksheet for each property

Taxpayer's Name: _____ Taxpayer's Spouse Name: _____

Social Security Number: _____ Social Security Number: _____

_____ Is this property jointly owned?

_____ If this property is rented to a relative, are you charging less than fair market amount?

_____ Are you actively involved in managing this property?

_____ Is this property commercial or farm rental, residential rental, or low income residential rental?

_____ Is this property used as a vacation home or recreational unit? Number of days rented: _____ Number of days used by you: _____

_____ If there has been a purchase, refinancing, additional refinancing for improvements, etc… or sale of property, bring in contracts.

Total number of square feet of entire structure: _____

If this property is partly rental, partly personal:

Total number of square feet used 100% by tenants: _____

ADDRESS / LOCATION OF PROPERTY: _____

INCOME NOTE: Security deposits are not considered income by the internal Revenue Service until you keep all or part of it.													
Tenant's Name	January	February	March	April	May	June	July	August	September	October	November	December	Total

EXPENSES CHECK (✓) those items of expense that are partly personal. Do not include any expense that is 100% personal.													
ADVERTISING	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	
	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	
AUTO/TRAVEL – miles	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	
- lodging	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	
- food (need separate totals from lodging)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	
* CLEANING/MAINT – supplies	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	
- equipment	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	
- snow removal	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	
- yardwork	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	
	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	
* COMMISSIONS / MGMT. FEES	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	
INSURANCE	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	
LEGAL / PROFESSIONAL FEES	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	
MORTGAGE INTEREST – building / land Paid to Financial Institution Only	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	
* OTHER INTEREST – building / land	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	
- improvements	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	
- equipment	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	

* 1099s - Amount of $600 or more paid to individuals (not corporations)s for rent, interest or services rendered to you require information returns be filed by payor.

- Due date of return is January 31 – Non filing penalty can be $150 each recipient
- If recipient does not furnish you with his/her Social Security Number, you are required to withhold

Name	Address	Social Security Number	Amount	Purpose of Payment

EXPENSES (con t)

	January	February	March	April	May	June	July	August	September	October	November	December	Total
* REPAIRS – carpentry	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	
- electrical	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	
- painting / decorating	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	
- plumbing / heating	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	
	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	
	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	
SUPPLIES – miscellaneous	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	
- office / postage	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	
	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	
TAXES – real estate	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	
- city fees	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	
UTILITIES – electricity	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	
- garbage / sewer	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	
- heat	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	
- telephone	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	
- water / softener	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	
WAGES / SALARIES	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	
OTHER	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	
OTHER	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	
OTHER	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	
OTHER	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	
OTHER	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	
OTHER	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	

MAJOR PURCHASES and IMPROVEMENTS

CHECK last year's depreciation schedule to see if all items are current.

Item Purchased	Date Purchased	New/Used	Date Received	Cost Incl. Sales Tax	Item Traded	Date of Trade	Cash to Boot	Date Acquired	Trade W/ Related Party

SALES OR OTHER DISPOSITION OF PROPERTY USED FOR THIS RENTAL UNIT

Item Sold	Date Sold	Gross Amount	Sales Expense (if any)	Date Acquired	Cost

* 1099s - Amount of $600 or more paid to individuals (not corporations)s for rent, interest or services rendered to you require information returns be filed by payor.

- Due date of return is January 31 – Non filing penalty can be $150 each recipient
- If recipient does not furnish you with his/her Social Security Number, you are required to withhold

By signing this document, I attest that all information is true and correct to the best of my knowledge in order to complete my tax return. I hold the tax preparer harmless of any information that may be misleading or untrue; obtained by me in order to prepare my tax return.

Tax Payer Signature ______________________ Spouse Signature ______________________ Date ______________