

Rental Real Estate Tax Organizer



Client Name:

Tax Year:

PROPERTY DESCRIPTION

Property Address:

Single Family Residence

Multi-Family Residence *

Vacation /Short Term Rental

Commercial

Land

Self-Rental

Is this your main home? YES NO

Was the property 100% disposed of this tax year? YES NO

Is this a new rental property?

If yes, what is the value of the land?

How much did you purchase the property for: \$ What was the purchase date?

Fair Rental Days:

Personal Use Days: What is your ownership percentage?

**If property is a multi-family dwelling and the taxpayer partially occupies property, enter the percentage occupied by taxpayer:*

RENTS COLLECTED & GENERAL EXPENSES

Rental Income received	\$		Cleaning and Maintenance:	\$
Auto and Travel:	\$	See Auto Expense Worksheet	Insurance (PMI included)	\$
Commissions:	\$		Management Fees:	\$
Legal and Professional Fees:	\$		Interest (Other):	\$
Interest (Mortgage):	\$		Supplies:	\$
Repairs:	\$		Utilities:	\$
Property Taxes:	\$		Other Expenses:	\$
Advertising:	\$		Other Expenses:	\$

REPAIR EXPENSES DETAILS

Date and Type of Repair:			Repair Cost:	\$
Date and Type of Repair			Repair Cost:	\$

****If this property was claimed on previous tax returns, please send in the most recent depreciation schedule.***

Use separate copies of this form for any additional properties.

Signature of Taxpayer

Date

Signature of Spouse

Date

Auto Expense Worksheet



Client Name: _____

Tax Year: _____

VEHICLE INFORMATION

Business Name & Profession

Description of Vehicle:

Date Placed In Service:

Do you or your spouse have another vehicle available for personal use? YES NO

Was your vehicle available for use during off-duty hours? YES NO

Do you have evidence to support your deduction? YES NO

If yes, is the evidence written? YES NO

Enter the Number of Miles Your Vehicle Was Used for Each Purpose Below:

Business Miles: *Commuting:* *Other:*

AUTO RELATED EXPENSES

Garage Rent:	\$		Gas:	\$
Insurance:	\$		Licenses:	\$
Tolls:	\$		Parking Fees:	\$
Lease Payments:	\$		Repairs:	\$
Tires:	\$		Oil:	\$
Other Expenses(List)			Other Expense	Business % to Apply
	\$			%
	\$			%

Signature of Taxpayer

Date

Signature of Partner/Spouse

Date