



Rental Income & Expenses

Address: _____	Tax Year: _____
Taxpayer Name: _____	

Income

Rent Received	_____	
Security Deposit Received	_____	
Other: _____	_____	
Total	_____	\$ -

Refunds

Security Deposit Returned	_____	
Materials/Supplies Returned	_____	
Total	_____	\$ -

Improvements to Property

Remodel: _____	_____	Date	_____
Remodel: _____	_____	Date	_____
Other: _____	_____	Date	_____

Assets Purchased (\$2500 or more)

1	_____	Date	_____
2	_____	Date	_____
3	_____	Date	_____
4	_____	Date	_____

Repairs & Maintenance

Supplies	_____
Labor	_____

Operating Expenses

Advertising	_____
Cleaning	_____
HOA Dues	_____
Legal Fees	_____
Licenses/City fees/Permits	_____
Management Fees	_____
Interest (not mortgage)	_____
Pest Control	_____
Professional Services	_____

Housing Expenses

Insurance	_____
Mortgage Interest	_____
Property Taxes	_____
Insurance	_____
Total	\$ -