

Name: _____
Print Name

Tax Year: _____

Address of Property: _____
One Address Per Worksheet

Property

# of day's property was for personal use this year.	_____ days
Cost of improvements prior to rental.	\$ _____
Date property was purchased.	___/___/___
Date property was sold- if applicable.	___/___/___
If property was originally for personal use, date property was converted to rental.	___/___/___
Original cost of property.	\$ _____
Percentage of ownership.	_____ %
Percentage of tenant occupancy.	_____ %
Sales price of property if sold.	\$ _____
Type of property.	condominium <input type="checkbox"/> duplex <input type="checkbox"/> land <input type="checkbox"/> single family dwelling <input type="checkbox"/>

Income

Rents received.	\$ _____
Royalties received.	\$ _____

Expenses

Advertising.	\$ _____	Painting and decorating.	\$ _____
Association dues.	\$ _____	Pest control.	\$ _____
Auto and travel.	\$ _____	Plumbing and electrical.	\$ _____
Cleaning and maintenance.	\$ _____	Repairs.	\$ _____
Commissions.	\$ _____	Supplies.	\$ _____
Insurance.	\$ _____	Taxes real estate.	\$ _____
Landscaping.	\$ _____	Taxes other.	\$ _____
Legal and professional fees.	\$ _____	Telephone.	\$ _____
Licenses and permits.	\$ _____	Utilities.	\$ _____
Management fees.	\$ _____	Wages and salaries.	\$ _____
Miscellaneous expenses.	\$ _____	Other expenses.	\$ _____
Interest- mortgage.	\$ _____	_____	\$ _____
Interest-other.	\$ _____	_____	\$ _____

Signature is required to process this tax deduction

You should retain all original receipts, checks, bank statement and mileage logs to support these deductions. I declare that the information I have provided to Nancy L Shoemaker CPA, P.A. is to the best of my knowledge is true, correct and complete.

Signature

Date