

Rent Income and Expenses

| General Information | | | | | |
|--|------|------|--|--|--|
| Property Description | | | | | |
| Address / Location | | | | | |
| Check Ownership □Taxpayer □ Spouse □ Joint | | | | | |
| Did you make any payments that require you to file form 1099 | □Yes | □ No | | | |
| If yes, did you or will you file all required forms 1099 | □Yes | □ No | | | |
| Enter ownership percentage (if not 100%) | | | | | |
| If not 100%, are you reporting 100% of the income and expenses | □Yes | □ No | | | |
| Is this a rental property | □Yes | □ No | | | |
| Days of the year rented | / | 365 | | | |
| Days of the year used for person use | /: | 356 | | | |
| Did you actively participate in this properties management during 2022 | □Yes | □ No | | | |
| Did you materially participate in this properties management during 2022 | □Yes | □ No | | | |
| Did you dispose of this property in a fully taxable transaction | □Yes | □ No | | | |
| Income & Expenses | | | | | |
| <u> </u> | | | | | |
| Gross Rental Income | | | | | |
| A di continin a | | | | | |
| | | | | | |
| Travel (does not include car/truck expenses) | | | | | |
| Cleaning and maintenance | | | | | |
| | | | | | |
| Mortgage insurance premiums – qualified (not of Form 1098) | | | | | |
| | | | | | |
| Other Insurance | | | | | |
| | | | | | |
| Other Insurance | | | | | |
| Other Insurance | | | | | |
| Other Insurance | | | | | |
| Other Insurance | | | | | |

| Realestate taxes (not on Form 1098) | · · · · | | | |
|---|------------|------------|-----------|--|
| Other taxes | | | | |
| Utilities | | | | |
| Other expenses | | | | |
| | | | | |
| | | | | |
| | | | | |
| Car and Truck Expenses | | | | |
| Description of vehicle | | | | |
| Date placed in service | | | | |
| Date acquired | | | | |
| Ending mileage reading | | | | |
| Beginning mileage reading | | | | |
| Total business miles driven | | | | |
| Is this a leased vehicle | | □Yes | □No | |
| Is another vehicle available for personal use | | □Yes | □ No | |
| Was vehicle available during off duty hours | | □Yes | □ No | |
| Was vehicle used primarily by a greater than 5% owner or related pe | erson | □Yes | □ No | |
| Do you have evidence to support the business use claimed | | □Yes | □ No | |
| If yes, is the evidence written | | □Yes | □ No | |
| Major Improvements (bathroom, water he | ater, kito | hen, etc.) | | |
| <u>Description</u> | | Co | <u>st</u> | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |