



Rental Income Form

Taxpayer Name: _____

Property Name: _____

Property Address: _____

Total days rented at fair market value: _____ / 365

Total days of personal use: _____ / 365

Total days: _____ / 365

Did you participate in the rental activities? Yes / No

Is this the first year as a rental? Yes / No

If yes, property purchase price: \$ _____

Purchase Date: _____

Date turned into a rental: _____

Rental Income	Amount
Rent Received	
Security Deposit	
Other Amounts: (please specify)	

Expenses	Amount
Advertising	
Auto and Travel	
Cleaning and Maintenance	
Commissions	
Insurance	
Legal and Other Professional Fees	
Mortgage Interest Paid	
Property Taxes	
Other Interest	
Repairs	
Supplies	
Utilities	
Other: (please specify)	