



Business Name _____
 Address of Property: _____
 # of Rental Days: _____
 # of Personal Days: _____

Income	Total
Rents Received	

Expenses	
Advertising	
Cleaning and Maintenance	
HOA Fees	
Insurance	
Legal and Professional Fees	
Management Fees	
Mortgage Interest(do not include Principle)	
Other Interest	
Repairs	
Supplies	
Taxes	
Travel	
Utilities	
Depreciation	
Other Expenses	

For other Expenses Please Specify:

New Asset Purchases over \$500.00

Total Expenses _____
NET INCOME _____



Business Name _____

Address of Property: _____

	Y	N
Did you make any payments that would require you to file Form(s) 1099?	<input type="checkbox"/>	<input type="checkbox"/>
If "Yes," did you or will you file required Form(s) 1099?	<input type="checkbox"/>	<input type="checkbox"/>

Auto/Mileage

	Y	N
Was your vehicle available for personal use during off-duty hours?	<input type="checkbox"/>	<input type="checkbox"/>
Do you (or your spouse) have another vehicle available for personal use?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have evidence to support your deduction?	<input type="checkbox"/>	<input type="checkbox"/>
If "Yes," is the evidence written?	<input type="checkbox"/>	<input type="checkbox"/>

Business Miles	
Personal Miles	
Total Miles	
Auto Expenses	

Home Office

Home Office Square Footage	
Total Home Square Footage	
Home Office Expenses	