



# Additional Rental Properties Worksheet

Taxpayer Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

## X. RENTAL INCOME AND EXPENSE\*

If you have more than two properties, download additional forms from [www.flightax.com](http://www.flightax.com). Use yearly totals below! Send last year's tax return with this organizer if Flightax did not prepare your return. If you own only a portion of the property or only a portion is rented out, please include only the amounts that apply.

	Property		Property	
		OFFICE USE ONLY		OFFICE USE ONLY
Date First Used as a Rental				
Purchase Price of Home	\$		\$	
Ownership %	%		%	
Type of Property				
Property Street Address, City, State				
<b>Total Rent Received for the Year</b>	<b>\$</b>		<b>\$</b>	
Annual Expenses	Property	OFFICE USE ONLY	Property	OFFICE USE ONLY
Advertising	\$		\$	
Travel / Hotel Expense	\$		\$	
Cleaning / Maintenance	\$		\$	
Insurance	\$		\$	
Legal / Professional Fees	\$		\$	
Management Fees & Commissions	\$		\$	
Mortgage Interest	\$		\$	
Real Estate Tax	\$		\$	
Supplies	\$		\$	
Repairs <small>If total exceeds \$1,000—please provide itemized list</small>	\$		\$	
Utilities	\$		\$	
Telephone	\$		\$	
Condo / HOA Fees	\$		\$	
Lawn Care	\$		\$	
Bank Fees	\$		\$	
Other—Specify:	\$		\$	

### List Furniture & Equipment Purchased and Major Improvements made during the year (not included above)

Description of Purchase/Major Improvement <small>Do not include routine maintenance or minor repair items.</small>	Property		Property	
	Cost	Purchase/Improvement Date	Cost	Purchase/Improvement Date
	\$		\$	
	\$		\$	
	\$		\$	

Important Questions	Property	Property
Enter the number of months that this property was available for rent this year.		
List the number of days each property was used for personal use.		
Did you pay anyone a fee to manage this property for you this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you actively participate in the management of this property?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the average rental period/lease for the property 7 days or less?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

### Rental Comments and Other Expenses