

Taxpayer _____ Year _____

Rental Income Questionnaire

Address of Property	Rents Received
Property A	
Property B	
Property C	
Property D	

Expenses	Property A	Property B	Property C	Property D
Advertising				
Cleaning				
Electricity				
Insurance				
Interest				
Heating Fuel				
Legal & Accounting				
Licenses				
Painting				
Repairs				
Supplies				
Real Estate Taxes				
Personal Property Taxes				
Telephone				
Water/Sewer				
Other (list)				
Vehicle Exp. (miles used _____)				

Assets Purchased (Buildings, Land and Equipment)

(Please bring in a detailed depreciation schedule from last year.)

Date	Item	Cost	Comments

Please use the back of this sheet for additional items or comments.