

RENTAL PROPERTY CHECKLIST

Name _____
 Tax Year _____

NOTE: Please fill out one checklist for each rental property.

If financial statements are available for the rental property, please attach a copy.

Address of Property _____
 (Note: If the property is located in a foreign country, contact us to determine if there are additional filing requirements.)

Owner #1 name _____
 Co-Owner #2 name _____
 Co-Owner #3 name _____

Date acquired (M/D/Y) _____
 If acquired this year, allocation of total purchase price to house/building \$ _____
 If acquired this year, allocation of total purchase price to land \$ _____
 If not rented previously, date property was first rented or held for rent (M/D/Y) _____
 If previously lived in, fair market value at start of rental \$ _____
 Percentage of property rented (vs. percentage lived in) _____ %

<u>Capital Additions</u>	Description	Date Acquired			Cost
		M	D	Y	
Capital improvements to property:	_____	_____	_____	_____	\$ _____
	_____	_____	_____	_____	\$ _____
Furnishings:	_____	_____	_____	_____	\$ _____
	_____	_____	_____	_____	\$ _____
Other:	_____	_____	_____	_____	\$ _____
	_____	_____	_____	_____	\$ _____

Rental Income and Expenses

Days of personal use	_____	Advertising	\$ _____
Days rented	_____	Legal & accounting	\$ _____
Days held for rent but not rented	_____	Telephone	\$ _____
Rental income	\$ _____	Commissions	\$ _____
Property taxes	\$ _____	Supplies	\$ _____
Maintenance and repairs	\$ _____	Real estate and other licenses	\$ _____
Interest	\$ _____	Auto expenses	\$ _____
Insurance	\$ _____	Other (describe):	_____
Light, heat & water	\$ _____		\$ _____
Property management or condo fees	\$ _____		\$ _____
			\$ _____