

## Part 9A: RENTAL INCOME AND DEDUCTIONS

Y  N **Did you (or your spouse) have any rental income last year?** If "no" please skip this and go to Part 10

Provide details on income and expenses for rental properties. Please fill out a **separate sheet** for each rental property.

◆ **RETURNING CLIENTS:** Is your rental address same as last year?  Y  N If no, fill in new address below.

Property Description	Property Address (Street, City, State, Zip Code)
Select Property Type: <input type="checkbox"/> Single Family <input type="checkbox"/> Multi-Family <input type="checkbox"/> Vacation Home <input type="checkbox"/> Commercial	
Ownership percentage: <input type="checkbox"/> 100% or <input type="checkbox"/> ____%	Owner-occupied rentals: what % of your home do you rent? ____%
Number of days rented at fair market value # _____	Number of days of personal use # _____

### INCOME

Rental Income Received: \_\_\_\_\_ Deposits Received: \_\_\_\_\_ Other Income: \_\_\_\_\_

### EXPENSES

Advertising		Utilities	
Auto (# miles driven for rental business)		Condo/Homeowner Assoc. Dues	
Cleaning & Maintenance		Electricity	
Commissions Paid (paid to rental agencies)		Gas/Oil/Fuel	
Insurance (PMI, liability and/or umbrella)		Security System	
Legal & Accounting Fees		Trash / Hauling	
Management Fees		Water/Sewer	
Mortgage Interest (provide Form 1098)		Yardwork/Snow Removal	
Other Interest Paid		Wages (for employees)	
Real Estate Taxes		Other: _____	
Repairs		Other: _____	
Supplies		Other: _____	

**CAPITAL IMPROVEMENTS & BUSINESS ASSETS** (improvements are permanent upgrades like new carpeting, new roof, new appliances, etc. / business assets are new items like snow blowers, ladders, etc.)

Description of Improvement	Date Placed into Service	Total Cost

## Part 9B: SHORT-TERM RENTAL (AIRBNB, HOMEAWAY, VRBO, ETC.)

Income from a short-term rental is taxable, with a few exceptions. Please complete all info below.

Income Received from Short Term Rentals: _____	
How many days was the property rented out last year? _____	Was average stay of guests 7 days or less? <input type="checkbox"/> Yes <input type="checkbox"/> No
Fees paid to online services: _____	Sales tax collected and remitted: _____