

PARMA

EST. 2002

ACCOUNTING FIRM

CELEBRATING 20 YEARS WITH YOUR COMPANY, YOUR FAMILY, AND YOU

# REMEMBER TO TREAT YOUR RENTAL PROPERTY AS A BUSINESS!

**Rental Properties and Rules:** 

Generally, businesses are required to file Form 1099. Landlords are required to issue 1099s for services rendered for their rental properties. If an individual or company provides a service such as repairs, legal and professional fees, tax planning and preparation, cleaning, pest control, management, etc. for an amount in excess of \$600.00, you will be required to report and issue the Form 1099.

When you contract services, please provide the payee with Form W-9 (enclosed – additional copies can be made or printed.) This will allow you to obtain the address and Tax ID number.

They <u>must</u> fill out <u>before</u> payment, both for ease and records.

1099s must also be prepared and remitted by January 31<sup>st</sup> of every vear.

We can help with this process as needed.

This is a must!

If you have any questions, please contact us prior to scheduling an appointment or drop-off.



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### **General Rules for Landlords**

- First and last month's rent are included in the current year income even if the last month's rent will be applied in a future year. Advance rent (e.g. payment of next year's today) is all included in income for the current year, regardless of what year the payments are for.
- Non-refundable deposits are included in current year rent, even if the fee, for example, a non-refundable cleaning fee, may be used until the tenant moves out in the future year. Security deposits need not be claimed as income if you intend to return the deposit to the tenant at the end of the lease term.
- Barter is income. If, for example, as part of the rent, your tenant agrees to maintain the gardens and pool, you must show the value of these services as rental income. By the same token, you may also deduct the same amount as a rental expense.
- Expenses paid by your tenant (see barter income) For example, you're on vacation and the pipe in the rental unit have a leak; you tenant pays to have it fixed then deducts it from their rent. You must then include the full rent income and write off the plumbing expense against it.
- ⇒ Lease cancellation. If you tenant pays you to cancel the lease, include the payment as rental income.
- ⇒ Option payments. If your tenant signs a lease with an option to buy, the option payments are generally rental income. But once the tenant exercises the right to buy the property, all payments received after the sale is considered part of the selling price.
- ⇒ If you rent out part of your personal residence for fewer than 15 days, you need not include that rent you receive in your income.

Make sure you keep all lease/rental agreements and tenant applications. When under audit, the IRS likes to look at these documents as part of their verification that this is indeed a rental property.

Also, keep all cancelled checks and credit card receipts for all rental expenses to deducted on your tax return.



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#### Additional Information

- ⇒ Renting to relatives can be an audit nightmare! The IRS views all transactions between related parties as suspect. In order to take all of the deductions to which you are entitled, and not have the rental reclassified by the IRS to "personal use," make sure the rent is charged at <u>fair market value</u> and that you are treating the rental in a professional manner maintaining proper documentation (lease agreement/rental agreement) and substantiating the rent you are charging to the relative.
- ⇒ Limits on deductions applying to rental properties Rentals are considered passive activities. Unless you are a real estate professional, you can deduct losses from these activities only against other passive income. Any unused losses and credits may be carries forward to future tax years. There is an exception. If you actively participate in the activity, you may deduct \$25,000 in losses in the current year. If your modified adjusted gross income exceeds \$100,000 (\$50,000 if married filing separately), the amount of deductible loss will phase out. There is no deduction allowed currently if you income is greater than \$150,000. A deduction for the cost of the property, the cost of improvements, furniture, furnishings, machinery, and equipment expensed over the useful life.
- ⇒ Depreciation is a deduction for the cost of the property, the cost of improvements, furniture, furnishing, machinery, and equipment expensed over the useful life. You cannot deduct depreciation for land or any equipment you purchase to make improvements to the property. For example, if you buy a table saw so you can cut baseboard and other lumber for a remodel to the property, you cannot take a deduction, depreciation or otherwise, for the cost of the saw.

### (Rev. October 2018) Department of the Treasury Internal Revenue Service

### **Request for Taxpayer Identification Number and Certification**

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Give Form to the requester. Do not send to the IRS.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.                                                                                                                                                                                                                          |                                                                 |                                                                                                              |                                                                |  |  |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|--|--|--|
| Print or type.<br>See Specific Instructions on page 3.                                                                                                                                                                                                                                                                                                                                                                                                                                             | 2 Business name/disregarded entity name, if different from above                                                                                                                                                                                                                                                                   |                                                                 |                                                                                                              |                                                                |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Check appropriate box for federal tax classification of the person whose following seven boxes.                                                                                                                                                                                                                                    |                                                                 | 4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):            |                                                                |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ☐ Individual/sole proprietor or ☐ C Corporation ☐ S Corporatingle-member LLC                                                                                                                                                                                                                                                       | ∐ Trust/estate                                                  | Exempt payee code (if any)                                                                                   |                                                                |  |  |  |
| r typ<br>uctio                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Limited liability company. Enter the tax classification (C=C corporation  Note: Check the appropriate box in the line above for the tax classific                                                                                                                                                                                  | Franchise from FATCA reporting                                  |                                                                                                              |                                                                |  |  |  |
| Print or type.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | LLC if the LLC is classified as a single-member LLC that is disregarde another LLC that is not disregarded from the owner for U.S. federal ta is disregarded from the owner should check the appropriate box for the                                                                                                               | Exemption from FATCA reporting code (if any)                    |                                                                                                              |                                                                |  |  |  |
| 9                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ☐ Other (see instructions) ▶                                                                                                                                                                                                                                                                                                       |                                                                 | (Applies to accounts maintained outside the U.S.)                                                            |                                                                |  |  |  |
| See Sp                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 5 Address (number, street, and apt. or suite no.) See instructions.                                                                                                                                                                                                                                                                |                                                                 |                                                                                                              | and address (optional)                                         |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 6 City, state, and ZIP code                                                                                                                                                                                                                                                                                                        |                                                                 |                                                                                                              |                                                                |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 7 List account number(s) here (optional)                                                                                                                                                                                                                                                                                           |                                                                 |                                                                                                              |                                                                |  |  |  |
| Par                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Taxpayer Identification Number (TIN)                                                                                                                                                                                                                                                                                               |                                                                 |                                                                                                              |                                                                |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | our TIN in the appropriate box. The TIN provided must match the                                                                                                                                                                                                                                                                    | name given on line 1 to av                                      | oid Social sec                                                                                               | curity number                                                  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | withholding. For individuals, this is generally your social security                                                                                                                                                                                                                                                               |                                                                 |                                                                                                              |                                                                |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | at alien, sole proprietor, or disregarded entity, see the instructions                                                                                                                                                                                                                                                             |                                                                 |                                                                                                              | -     -                                                        |  |  |  |
| entitie:<br><i>TIN</i> , la                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | s, it is your employer identification number (EIN). If you do not have                                                                                                                                                                                                                                                             | a number, see How to ge                                         |                                                                                                              |                                                                |  |  |  |
| •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                    | - d Ala 14/b-4 A/                                               | or<br>Employer                                                                                               | identification number                                          |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | f the account is in more than one name, see the instructions for lin<br>or <i>To Give the Requester</i> for guidelines on whose number to enter.                                                                                                                                                                                   |                                                                 | and Employer                                                                                                 | Certain Cation Incinioer                                       |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | who are the requester for galactimes on whose number to direct.                                                                                                                                                                                                                                                                    |                                                                 |                                                                                                              | -                                                              |  |  |  |
| Part                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | II Certification                                                                                                                                                                                                                                                                                                                   |                                                                 |                                                                                                              |                                                                |  |  |  |
| Under                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | penalties of perjury, I certify that:                                                                                                                                                                                                                                                                                              |                                                                 |                                                                                                              |                                                                |  |  |  |
| 1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and 2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and |                                                                                                                                                                                                                                                                                                                                    |                                                                 |                                                                                                              |                                                                |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | a U.S. citizen or other U.S. person (defined below); and                                                                                                                                                                                                                                                                           |                                                                 |                                                                                                              |                                                                |  |  |  |
| 4. The                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | FATCA code(s) entered on this form (if any) indicating that I am exc                                                                                                                                                                                                                                                               | empt from FATCA reportin                                        | ng is correct.                                                                                               |                                                                |  |  |  |
| you ha<br>acquis                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | eation instructions. You must cross out item 2 above if you have been<br>refailed to report all interest and dividends on your tax return. For real<br>tion or abandonment of secured property, cancellation of debt, contribution in the certification and interest and dividends, you are not required to sign the certification | l estate transactions, item 2<br>outions to an individual retir | 2 does not apply. For rement arrangement                                                                     | or mortgage interest paid,<br>t (IRA), and generally, payments |  |  |  |
| Sign<br>Here                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Signature of<br>U.S. person ▶                                                                                                                                                                                                                                                                                                      |                                                                 | Date ►                                                                                                       |                                                                |  |  |  |
| General Instructions                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                    | • Form 1099-DIV (di funds)                                      | Form 1099-DIV (dividends, including those from stocks or mutual funds)                                       |                                                                |  |  |  |
| Sectio<br>noted.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | references are to the Internal Revenue Code unless otherwise                                                                                                                                                                                                                                                                       | •                                                               | • Form 1099-MISC (various types of income, prizes, awards, or gross                                          |                                                                |  |  |  |
| related                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>developments</b> . For the latest information about developments to Form W-9 and its instructions, such as legislation enacted ey were published, go to www.irs.gov/FormW9.                                                                                                                                                     | transactions by brok                                            | <ul> <li>Form 1099-B (stock or mutual fund sales and certain other<br/>transactions by brokers)</li> </ul>   |                                                                |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                    |                                                                 | • Form 1099-S (proceeds from real estate transactions)                                                       |                                                                |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ose of Form                                                                                                                                                                                                                                                                                                                        | •                                                               | • Form 1099-K (merchant card and third party network transactions)                                           |                                                                |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | vidual or entity (Form W-9 requester) who is required to file an ation return with the IRS must obtain your correct taxpayer                                                                                                                                                                                                       | <ul> <li>Form 1098 (home<br/>1098-T (tuition)</li> </ul>        | <ul> <li>Form 1098 (home mortgage interest), 1098-E (student loan interest),<br/>1098-T (tuition)</li> </ul> |                                                                |  |  |  |

• Form 1099-C (canceled debt)

alien), to provide your correct TIN.

later.

• Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident

If you do not return Form W-9 to the requester with a TIN, you might

Form W-9 (Rev. 10-2018)

identification number (TIN) which may be your social security number

taxpayer identification number (ATIN), or employer identification number

(EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information

(SSN), individual taxpayer identification number (ITIN), adoption

returns include, but are not limited to, the following.

• Form 1099-INT (interest earned or paid)

## Rental Property Schedule - One Page Per Property

| Spouse Name  General: (Required for all) Property Description  Address:    I. Finter "N" for Active Participant.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Fill out COMPLETELY or mark "N/A Taxpayer Name | A". DO NOT leave blank                | k. Use a separate Works      |                        | r                                     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|---------------------------------------|------------------------------|------------------------|---------------------------------------|
| Property Description Address City State Zip Circle one) Joint  GENERAL QUESTIONS:  1. Enter "X" if Property was used for personal use by you or your family for more than 14 days or 10% of the total rented days.  If Checked, enter the number of days for personal use If Checked, enter the number of days rented  Ouestions Related to Rental of Your Personal Develling (Airbho, VRBO, etc)  If only a portion of the dwelling is rented out: 1a. Enter number of rooms, OR square footage of area, rented 1b. Einter total number of rooms, OR square footage of dwelling 1c. Enter number of rooms, OR square footage of dwelling 1s. Rent you paid (If you rent rather than own the dwelling you're renting out.)  Income:  Rent you paid (If you rent rather than own the dwelling you're renting out.)  S  Property Expense:  Current Year  Advertising Cleaming Maintenance Subject of the state | Spouse Name                                    |                                       | <u> </u>                     | Social Security Number | r                                     |
| Property Description Address City State Zip Circle onc) Joint    Circle onc  Joint                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | General: (Required for all)                    |                                       |                              |                        |                                       |
| Address Owner of Property Taxpayer (circle one) Joint GENERAL OUESTIONS:  1. Enter "X" for Active Participant 2. Enter "X" if Property was used for personal use by you or your family for more than 1d days or 10% of the total rented days.  If Checked, enter the number of days for personal use If Checked, enter the number of days rented Ouestions Related to Rental of Your Personal Dwelling (Altribub, VRBO, etc) If only a portion of the dwelling is rented out.  In. Enter number of rooms, OR square footage of area, rented Rooms Sq Ft. (circle one)  Rents Received Rents Received Sc Royalties  Income:  Current Year  Adventising Cleaning Maintenance Commissions Insurance Sc Insurance Legal and Other Professional Insurance Legal and Other Professional Management Fees Qualified Mortgage Intrest Other Interest Repairs Supplies Real Fistate Taxes Other Taxes Utilities Sc Other Taxes Utilities Sc Other Taxes Cother Cother Cother Cother Cother Taxes Cother Taxes Cother Cother Cother Cother Cother Coth | D                                              |                                       |                              |                        |                                       |
| GENERAL OUESTIONS:  1. Enter "X" for Active Participant.  2. Enter "X" if Property was used for personal use by you or your family for more than 14 days or 10% of the total rented days.  If Checked, enter the number of days for personal use If Checked, enter the number of days rented  Ouestions Related to Rental of Your Personal Drelling (Airbhb, VERD, etc)  If only a portion of the dwelling is rented out:  1a. Enter number of frooms, OR square footage of area, rented  Repairs Supplies to area being rented (One tinculde again below.)  5. Repairs Supplies to area being rented (One tinculde again below.)  5. Rent you paid (If you rent rather than own the dwelling you're renting out.)  7. Rent you paid (If you rent rather than own the dwelling you're renting out.)  8. Rents Received  8. Rooms  8. Current Year  Advertising  9. Note: If printed material is received from client which CLEARLY indicates all info needed, fill in address above, stack printed material is received from client which CLEARLY indicates all info needed, fill in address above, stack printed material is received from client which CLEARLY indicates all info needed, fill in address above, stack printed material is received from client which CLEARLY indicates all info needed, fill in address above, stack printed material is received from client which CLEARLY indicates all info needed, fill in address above, stack printed material is received from client which CLEARLY indicates all info needed, fill in address above, stack printed material is received from client which CLEARLY indicates all info needed, fill in address above, stack printed material is received from client which CLEARLY indicates all info needed, fill in address above, stack printed material is received from client which CLEARLY indicates all info needed, fill in address above, stack printed material is received from client which CLEARLY indicates all info needed, fill in address above, stack printed material is received from client which CLEARLY indicates all info needed, fill in ad |                                                |                                       |                              | Owner of Property      | Taxnaver                              |
| Section   Commissions   Section      |                                                | nte Zip                               |                              |                        |                                       |
| 1. Enter "X" for Active Participant. 2. Enter "X" if Property was used for personal use by you or your family for more than 14 days or 10% of the total rented days.  If Checked, enter the number of days rented  Diffusion Related to Rental of Your Personal Dwelling (Airbnb. VRBO.etc)  If only a portion of the dwelling is rented out:  Ia. Enter number of rooms, OR square footage of area, rented  Ib. Finter total number of rooms OR total square footage of dwelling  Repairs Supplies to area being rented (Don' tinclude again below,)  3. Rent you paid (If you rent rather than own the dwelling you're renting out.)  Income:  Rents Received Rents Received Royalities  Property Expense:  Current Year  Rents Received Royalities  Cleaning/Maintenance Commissions Cleaning/Maintenance Legal and Other Professional Insurance Legal and Other Professional Management Fees Qualified Mortgage Interest Other Interest Rents Real Istate Taxes Cother Interest Supplies Real Istate Taxes Cother Scott Cotted Accumulated Depreciation, el Method of Depreciation and Years New Assets: Please provide a detailed depreciation schedule The schedule should include: a) Assest Description, b) Date Placed Description  In Service Description In Service Purchase Amount  Service Taxes Cother Taxes Coth |                                                | 1                                     |                              |                        |                                       |
| 2. Enter "X" if Property was used for personal use by you or your family for more than 14 days or 10% of the total rented days.  If Checked, enter the number of days rented  Ouestions Related to Rental of Your Personal Dwelling (Airbhb, VRBO, etc)  If only a portion of the dwelling is rented out:  1a. Enter number of rooms, OR square footage of area, rented  1a. Enter number of frooms OR total square footage of welling  1b. Enter total number of rooms OR total square footage of welling  1c. Repairs Supplies to area being rented (Don't include again below.)  3. Rent you paid (If you rent rather than own the dwelling you're renting out.)  1c. Rents Received  Rents Received  S  Rents Received  S  Current Year  Advertising  Cleaning/Maintenance  Cleaning/Maintenance  Cleaning/Maintenance  Cleaning/Maintenance  Legal and Other Professional  Insurance  Legal and Other Professional  Management Fees  Qualified Mortgage Interest  Other Interest  Repairs  S  Real Estate Taxes  Other Taxes  Other Taxes  S  Other Taxes  S  Other:  S  Existing Assets: Please provide a detailed depreciation schedule  The schedule should include: a) Assest Description. b) Date Placed  Description  In Service  Purchase Amount  Assets  Purchase Amount  S  Purchase Amount  S  Purchase Amount                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                | D .:                                  |                              |                        | $\neg$                                |
| 14 days or 10% of the total rented days.   If Checked, enter the number of days for personal use   If Checked, enter the number of days rented                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                | -                                     |                              |                        |                                       |
| If Checked, enter the number of days for personal use If Checked, enter the number of days rented  Ouestions Related to Rental of Your Personal Dwelling (Athorb.) YBBO, etc)  If only a portion of the dwelling is rented out:  Ia. Enter number of rooms, OR square foloage of area, rented  Rooms Sq Ft (check one)  Ib. Enter total number of rooms OR total square footage of dwelling  Repairs/Supplies to area being rented (Don't include again below.)  Rent you paid (If you rent rather than own the dwelling you're renting out.)  Income:  Rents Received  Rents Received  Royalties  S  Current Year  Advertising  Cleaning/Maintenance  Cleaning/Maintenance  Cleaning/Maintenance  Cleaning/Maintenance  Cleaning/Maintenance  Commissions  Legal and Other Professional  Insurance  Legal and Other Professional  S  Qualified Mortgage Interest  Other Interest  Repairs  Real Estate Taxes  Other Taxes  Utilities  S  Other:  S  Real Existing Assets: Please provide a detailed depreciation schedule  The xchedule should include: a) Assets Description, b) Date Placed in Service, c) Cost  a) Accumulated Depreciation, e) Method of Depreciation and Vears  New Assets Placed in Service This Year:  Date Placed  Description  In Service  Purchase Amount  S  Ft (check one)  Rooms  Sq Ft (circle one)  Rooms  Sq Ft |                                                |                                       | l use by you or your far     | nily for more than     | $\neg$                                |
| If Checked, enter the number of days rented    Ouestions Related to Rental of Your Personal Dwelling (Airbnb, VRBO, etc)   If only a portion of the dwelling is rented out:   1a. Enter number of rooms, OR square footage of area, rented   Rooms   Sq. Ft. (circle one)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | _                                              | · · · · · · · · · · · · · · · · · · · |                              |                        |                                       |
| Property Expense:   Current Year   Note: If printed material is received from client which CLEARLY indicates all info needed, fill in address above, stack printed material in seceived fill in address above, stack printed material in large print below. No need to re-write here as long as info is easily readable.    Advertises   S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                |                                       | • •                          | al use                 | <del></del> '                         |
| If only a portion of the dwelling is rented out:  1a. Enter number of rooms, OR square footage of area, rented  1b. Enter total number of rooms (OR total square footage of dwelling  2. Repairs/Supplies to area being rented (Don't include again below.)  3. Rent you paid (If you rent rather than own the dwelling you're renting out.)  5. Some service of the service o |                                                |                                       | •                            |                        | <u> </u>                              |
| The transport of corons, OR square footage of area, rented   Rooms   Sq. Ft. (check one)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | -                                              |                                       | <u>ing (Airono, VKBO, et</u> | <u>c)</u>              |                                       |
| Ib. Enter total number of rooms OR total square footage of dwelling   Rooms   Sq Ft (circle one)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                |                                       | a rantad                     |                        | Pooms Sa Et (chack one)               |
| 2. Repairs/Supplies to area being rented (Don't include again below.) 3. Rent you paid (If you rent rather than own the dwelling you're renting out.)    Income:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                |                                       |                              |                        | - ` ` '                               |
| Income: Rents Received Sandardises above, state printed material is received from client which CLEARLY indicates all info needed, fill in address above, state printed material below this page and write "See next xx pages" in large print below. No need to re-write here as long as info is easily readable.    Outlified Mortgage Interest Sandardises Sand   |                                                |                                       |                              | \$                     | Rooms Sq Ft (effete one)              |
| Income: Rents Received Royalties   S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                |                                       |                              | T                      | _                                     |
| Rents Received Royalties \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 5. Reint you paid (if you fellt fu             | mer than own the awe                  | aning you're renaing ou      | Ψ                      | _                                     |
| Rents Received Royalties \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                |                                       |                              |                        |                                       |
| Rents Received Royalties \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Income:                                        |                                       | Current Year                 |                        |                                       |
| Property Expense:   Current Year   Advertising   S   Note: If printed material is received from client which CLEARLY indicates all info needed, fill in address above, stack printed material Insurance   S   S   S   S   S   S   S   S   S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                |                                       |                              |                        |                                       |
| Property Expense:  Advertising Cleaning/Maintenance Cleaning/Maintenance Cleaning/Maintenance Commissions Insurance Legal and Other Professional Management Fees Qualified Mortgage Interest Other Interest Repairs Supplies Real Estate Taxes Other Taxes Utilities Other:  S Utilities Other: S S S S S S S S S S S S S S S S S S S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                |                                       | \$                           | <del></del>            |                                       |
| Advertising Cleaning/Maintenance Cleaning/Maintenance S Cleaning/Maintenance S Insurance Insurance Legal and Other Professional Management Fees Qualified Mortgage Interest Other Interest Repairs Supplies Real Estate Taxes Other Taxes Utilities Other: S Utilities Other: S S S S S S S S S S S S S S S S S S S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 2.50 y 11.102                                  |                                       | · <del>*</del>               |                        |                                       |
| Advertising Cleaning/Maintenance Cleaning/Maintenance S Cleaning/Maintenance S Insurance Insurance Legal and Other Professional Management Fees Qualified Mortgage Interest Other Interest Repairs Supplies Real Estate Taxes Other Taxes Utilities Other: S Utilities Other: S S S S S S S S S S S S S S S S S S S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Property Expense:                              |                                       | Current Year                 |                        |                                       |
| Cleaning/Maintenance Commissions S Insurance Legal and Other Professional Management Fees Qualified Mortgage Interest Other Interest S Repairs Supplies Real Estate Taxes Other Taxes Utilities Other: S S S S S S S S S S S S S S S S S S S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                |                                       |                              | Note: If prin          | ted material is received from client  |
| Commissions  Insurance  Legal and Other Professional  Management Fees Qualified Mortgage Interest  Other Interest  Repairs  Supplies  Real Estate Taxes Other Taxes Utilities Other:  S  Cother:  S  S  S  S  S  S  S  S  S  S  S  S  S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | _                                              | ce                                    | \$                           | -                      |                                       |
| Insurance Legal and Other Professional Legal and Other Professional Management Fees Qualified Mortgage Interest Other Interest Repairs Supplies Real Estate Taxes Other Taxes Other Taxes Other: S Utilities Other: S S S S S S S S S S S S S S S S S S S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | _                                              |                                       | \$                           |                        | · · · · · · · · · · · · · · · · · · · |
| Legal and Other Professional  Management Fees Qualified Mortgage Interest Other Interest Sepairs Supplies Supplies Real Estate Taxes Other Taxes Utilities Other: S Other: S S S S S S S S S S S S S S S S S S S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Insurance                                      |                                       | \$                           |                        | •                                     |
| Management Fees Qualified Mortgage Interest S Other Interest S Supplies S Real Estate Taxes Other Taxes Utilities S Other: S S S S S S S S S S S S S S S S S S S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Legal and Other Pro                            | fessional                             | \$                           |                        |                                       |
| Other Interest Repairs Supplies Supplies Real Estate Taxes Other Taxes Utilities S Other: S S S S S S S S S S S S S S S S S S S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | _                                              |                                       | \$                           |                        |                                       |
| Repairs Supplies Real Estate Taxes Other Taxes Utilities Other: \$  S  S  S  S  S  S  S  S  S  S  S  S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Qualified Mortgage                             | Interest                              | \$                           | <u> </u>               |                                       |
| Supplies Real Estate Taxes Other Taxes Utilities Other: \$ Utilities S Other: \$ S S S S S S S S S S S S S S S S S S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Other Interest                                 |                                       | \$                           |                        |                                       |
| Real Estate Taxes  Other Taxes  Utilities  Other:  S  Other:  S  S  S  S  Assets  Existing Assets: Please provide a detailed depreciation schedule  The schedule should include: a) Assest Description, b) Date Placed in Service, c) Cost  d) Accumulated Depreciation, e) Method of Depreciation and Years  New Assets Placed in Service This Year:  Description  Description  In Service  Purchase Amount  S  S  S  Other:  S  Description  S  S  Other:  S  S  Description  Descrip | Repairs                                        |                                       | \$                           |                        |                                       |
| Other Taxes  Utilities  Other:  S  Other:  S  S  S  S  S  Assets  Existing Assets: Please provide a detailed depreciation schedule  The schedule should include: a) Assest Description, b) Date Placed in Service, c) Cost  d) Accumulated Depreciation, e) Method of Depreciation and Years  New Assets Placed in Service This Year:  Date Placed  Description  in Service  Purchase Amount  S  2  S  S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Supplies                                       |                                       | \$                           |                        |                                       |
| Utilities  Other:  S  S  S  S  S  S  S  S  S  S  S  S  S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Real Estate Taxes                              |                                       | \$                           |                        |                                       |
| Other:  S S S S S S S S S S S S S S S S S S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                |                                       | \$                           | <u></u>                |                                       |
| Assets Existing Assets: Please provide a detailed depreciation schedule  The schedule should include: a) Assest Description, b) Date Placed in Service, c) Cost  d) Accumulated Depreciation, e) Method of Depreciation and Years  New Assets Placed in Service This Year: Date Placed  Description in Service Purchase Amount  1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                |                                       | \$                           | <u>—</u>               |                                       |
| Assets Existing Assets: Please provide a detailed depreciation schedule  The schedule should include: a) Assest Description, b) Date Placed in Service, c) Cost  d) Accumulated Depreciation, e) Method of Depreciation and Years  New Assets Placed in Service This Year: Date Placed  Description in Service Purchase Amount  1 \$ 2 \$ 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Other:                                         |                                       | \$                           | <u></u>                |                                       |
| Assets Existing Assets: Please provide a detailed depreciation schedule  The schedule should include: a) Assest Description, b) Date Placed in Service, c) Cost  d) Accumulated Depreciation, e) Method of Depreciation and Years  New Assets Placed in Service This Year: Date Placed  Description in Service Purchase Amount  1 \$ 2 \$ 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                |                                       | \$                           |                        |                                       |
| Assets Existing Assets: Please provide a detailed depreciation schedule  The schedule should include: a) Assest Description, b) Date Placed in Service, c) Cost  d) Accumulated Depreciation, e) Method of Depreciation and Years  New Assets Placed in Service This Year: Date Placed  Description in Service Purchase Amount  1 \$ 2 \$ 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                |                                       | \$                           |                        |                                       |
| The schedule should include: a) Assest Description, b) Date Placed in Service, c) Cost d) Accumulated Depreciation, e) Method of Depreciation and Years  New Assets Placed in Service This Year: Date Placed  Description in Service Purchase Amount  1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                |                                       | \$                           |                        |                                       |
| The schedule should include: a) Assest Description, b) Date Placed in Service, c) Cost d) Accumulated Depreciation, e) Method of Depreciation and Years  New Assets Placed in Service This Year: Date Placed  Description in Service Purchase Amount  1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                |                                       | \$                           | <u> </u>               |                                       |
| The schedule should include: a) Assest Description, b) Date Placed in Service, c) Cost d) Accumulated Depreciation, e) Method of Depreciation and Years  New Assets Placed in Service This Year: Date Placed  Description in Service Purchase Amount  1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Amada                                          |                                       |                              |                        | ı                                     |
| d) Accumulated Depreciation, e) Method of Depreciation and Years  New Assets Placed in Service This Year: Date Placed  Description in Service Purchase Amount  1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Existing rissets. Tieu                         |                                       |                              |                        |                                       |
| New Assets Placed in Service This Year:  Description  I Service  S  S  S  Date Placed  Purchase Amount  S  S  S  Description  S  S  S  S  Date Placed  Purchase Amount  S  S  Date Placed  Purchase Amount  S  Date Placed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                | · · · · · · · · · · · · · · · · · · · | ± ′                          | 'in Service, c) Cost   |                                       |
| Description in Service Purchase Amount   1 \$   2 \$   3 \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                |                                       |                              |                        |                                       |
| 1 \$ \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                | service This Year:                    |                              | TO 1 A                 |                                       |
| \$ 2 3 4 5 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <u>Description</u>                             |                                       | in Service                   | Purchase A             | amount                                |
| 3 <u>\$</u> 4 <u>\$</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 1                                              |                                       |                              | <u>\$</u>              | <del></del>                           |
| 5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 2                                              | <del></del> .                         |                              | <u>\$</u>              |                                       |
| <u> </u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 3                                              | <del></del>                           |                              | <u>\$</u>              | <del></del>                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | T                                              |                                       |                              | _Φ                     |                                       |