

RENTAL INCOME AND EXPENSES

NAME _____ ID# _____

ADDRESS/LOCATION OF PROPERTY _____

OWNERSHIP (H,W, J) _____ ANY PERSONAL USE? _____

IF OWNER OCCUPIED, PLEASE PROVIDE:

Total Number of Square Feet in Entire Structure: _____

Total Number of Square Feet Used 100% by Tenants: _____

INCOME	Tenant's Name	Total Rent Received	Security Deposit Not Returned

EXPENSES	AMOUNT	EXPENSES	AMOUNT
Advertising	_____	Supplies	_____
Auto & Travel	_____	Miscellaneous	_____
Miles	_____	Office	_____
Hotel	_____	Postage	_____
Cleaning & Maintenance	_____	Taxes	_____
Supplies	_____	Real Estate	_____
Labor	_____	City Fees	_____
Co-op Maintenance	_____	Utilities	_____
Common Charges	_____	Electric	_____
Commissions/Management Fees	_____	Garbage	_____
Insurance	_____	Heat	_____
Interest	_____	Telephone	_____
Building	_____	Water/Sewer	_____
Improvements	_____	Wages/Salaries	_____
Legal and Accounting Fees	_____	Other (List)	_____
Repairs	_____	_____	_____
Carpentry	_____	_____	_____
Electrical	_____	_____	_____
Painting/Decorating	_____	_____	_____
		TOTAL	_____

>>>> CHECK LAST YEAR'S DEPRECIATION SCHEDULE TO BE SURE ALL ITEMS ARE CURRENT <<<<<

MAJOR PURCHASES AND IMPROVEMENTS

Items Purchased	Date Purchased	Cost (including Sales Tax)	New/Used	Item Traded

SALES OR OTHER DISPOSITIONS

Items Sold	Date Sold	Selling Price	Expenses	Date Acquired	Cost

Questions: _____

