

Rental Property Questionnaire

Taxpayer Name: _____ Tax Year: _____

Phone: _____ Email: _____

PROPERTY	A	B	C
Address <i>with</i> Zip code	_____	_____	_____
	_____	_____	_____
Rents Received	_____	_____	_____
Expenses:			
Advertising	_____	_____	_____
Cleaning	_____	_____	_____
Commissions	_____	_____	_____
Insurance	_____	_____	_____
Legal Fees	_____	_____	_____
Management Fees	_____	_____	_____
Bank Mortgage Interest Paid	_____	_____	_____
Owner Financing * Interest Paid	_____	_____	_____
Mortgage Insurance PMI	_____	_____	_____
Repairs	_____	_____	_____
Supplies	_____	_____	_____
Real Estate Taxes	_____	_____	_____
Utilities: Elec, Gas Water,MSD, Trash	_____	_____	_____
Pest Control	_____	_____	_____
Yard & Lawn	_____	_____	_____
Painting	_____	_____	_____
Occupancy Permits	_____	_____	_____
Other Expenses (list)	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Mileage Driven to Inspect Property or Collect Rents	_____ Miles	_____ Miles	_____ Miles

* Provide Name, Address and Social Security Number for anyone you pay owner financing to.

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Please list improvements and major purchases below. Do not list repairs shown as expenses.

PROPERTY	A	B	C
Appliances	_____	_____	_____
Furniture	_____	_____	_____
Carpeting	_____	_____	_____
Furnace or A/C	_____	_____	_____
Fencing	_____	_____	_____
New Roof	_____	_____	_____
Carpentry	_____	_____	_____
Major Additions	_____	_____	_____
Refinancing Fees	_____	_____	_____
Other Improvements:			
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

New Clients Only: Please attach prior depreciation schedules.

DO NOT USE THIS QUESTIONNAIRE FOR ANY PROPERTY THAT YOU PERSONALLY USED FOR MORE THAN 7 DAYS THIS YEAR

Vacation Property is subject to special rules