

Long Term Rental Property Worksheet

This worksheet for reporting rental stays longer than 30 consecutive days. If this property was purchased for the current tax year please include your closing statement. If this is the first year we are doing your taxes for an established property, please include the prior year depreciation schedule.

Property Description (single family, mutli, etc.) _____

Property Address: Street _____

City, State and Zip Code _____

Employer Identification Number (EIN), if applicable _____

Name of LLC for property, if applicable _____

Is this property owned by the taxpayer, spouse or jointly? _____

Days rented at fair rental value _____

Days of Owner/Personal use _____

Is the rental property occupied by the owner? Yes No

If owner occupied, please note the square footage of living space of dedicated space occupied by owner. _____

Total living square foot area of property _____

Did you make any payments to any individual for over \$600 for the year that would require you to file Form 1099/1096? Yes No

If yes, did you file the 1099/1096 forms? Yes No

RENTAL INCOME (total money received before any fees/expenses):

EXPENSES:

Advertising _____

Travel- air, taxi (for auto - see Vehicle Worksheet) _____

Cleaning and Maintenance _____

Commissions and Fees (paid to realtor) _____

Insurance (property/liability) _____

Legal and Professional Fees _____

Management/Condo/Rental Fees _____

Interest Expense - Mortgage INTEREST only _____

Interest Expenses - Business Credit Card, etc. _____

Repairs (items under \$3,000) _____

Supplies (equipment, misc items) _____

Taxes - School/Property _____

Taxes - Other, LLC fee _____

Utilities (electric, heating fuel, cable) _____

Water & Sewer _____

OTHER EXPENSES (list details below):

_____	_____
_____	_____
_____	_____
_____	_____

Major Improvements, furnishings/appliances over \$3,000? (list details below):

Description of Improvement:	<u>Cost</u>	<u>Date Paid</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Other Tax/Rental Information for BTG:

Auto/Truck Expenses- See Vehicle Worksheet

Auto and Truck Expense worksheet	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
Year of Vehicle				
Make and Model of vehicle				
Date Purchased or Acquired				
Date placed in business service				
Type of Vehicle (Auto or Truck)				
Total miles driven (sum equals 3 lines below)				
Business miles				
Commuting miles				
Personal miles				
Did you have another vehicle for personal use	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Vehicle used primarily by owner or related person	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Do you have written evidence (mileage log, report) of business use claimed	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Vehicle leased	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Actual Expenses (If using this method, typical of heavy or costly vehicles):				
Cost of Vehicle (including special installed equipment i.e. Tool box, Plow)				
Gasoline				
Oil, maintenance and repairs				
Insurance				
Registration and license				
Lease payments				
Interest ONLY portion of Vehicle loan payments (NOT full monthly payment)				
Did you sell or trade in a previously used business vehicle-	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
If YES, please include the dealer invoice or other documentation.				