

## Short Term / Air BnB Rental Property Worksheet

### This worksheet for reporting rental stays shorter 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's depreciation schedule.

Property Description (single family, multi, 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? \_\_\_\_\_

Number of days rented at fair rental value \_\_\_\_\_

Number of days of 100% Owner/Personal use \_\_\_\_\_

Is the rental property occupied by the owner?  Yes  No

If owner occupied during rental, 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 people 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

Check this box and include your Air BNB/VRBO/3rd party annual statement.

### RENTAL INCOME

(money received before any fees deducted. Do Not include sales tax) \_\_\_\_\_

### EXPENSES:

Advertising \_\_\_\_\_

Travel - air, taxi (For auto - see Vehicle Worksheet) \_\_\_\_\_

Cleaning and Maintenance (lawn care, plowing) \_\_\_\_\_

Commissions and Fees \_\_\_\_\_

Insurance (property / liability) \_\_\_\_\_

Legal, Professional, Accounting Fees \_\_\_\_\_

Management/Rental Fees \_\_\_\_\_

Interest Expense - Mortgage INTEREST only \_\_\_\_\_

Interest Expenses - Business Credit Card, etc. \_\_\_\_\_

Repairs (items under \$3,000) \_\_\_\_\_

Food and Concierge Items \_\_\_\_\_

Supplies (paper products, kitchen supplies, outdoor items) \_\_\_\_\_

Linens/Decoration	_____
Taxes - School/Property	_____
Taxes - Other, LLC fee	_____
Utilities (electric, heating fuel, cable, internet)	_____
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**

<b>Auto and Truck Expense worksheet</b>	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"/>
<b>Actual Expenses (If using this method, typical of heavy or costly vehicles):</b>				
Cost of Vehicle (including special installed equipment i.e. Tool box, Plow)				
Gasoline				
Oil, maintenance and repairs				
Insurance				
Registration and license				
Lease payments				
Interest <b>ONLY</b> 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.				