



## RENTAL PROPERTY TAX ORGANIZER

Taxpayer Name: \_\_\_\_\_

Property Address, inc State and Zip: \_\_\_\_\_

**Type of Property:** Single-Family ☐ Multi-Family ☐ Vacation/Short-Term ☐ Land ☐ Commercial ☐

**Number of Days Rented** \_\_\_\_\_ **Number of Days Used for Personal** \_\_\_\_\_ **Percentage of Property Occupied by You** \_\_\_\_\_ %

Was This Property Acquired in 2025? Yes ☐ No ☐ Was This Property Disposed of in 2025? Yes ☐ No ☐

If yes to either the last 2 questions, please provide date(s): Date Acquired \_\_\_\_\_ Date Sold \_\_\_\_\_

Total Rents Received: \_\_\_\_\_

Other Income Received: \_\_\_\_\_

### EXPENSES

Advertising \_\_\_\_\_ Legal/Professional \_\_\_\_\_ Taxes \_\_\_\_\_

Auto (# of miles) \_\_\_\_\_ Management Fees \_\_\_\_\_ Utilities \_\_\_\_\_

Cleaning/Maint \_\_\_\_\_ Mortgage Interest \_\_\_\_\_ Travel \_\_\_\_\_

Commissions \_\_\_\_\_ Other Interest \_\_\_\_\_ Other \_\_\_\_\_

HOA/Homeowners \_\_\_\_\_ Repairs \_\_\_\_\_ Other \_\_\_\_\_

Insurance \_\_\_\_\_ Supplies \_\_\_\_\_ Other \_\_\_\_\_

### CAPITAL EXPENDITURES

Were there Capital Improvements or did you add/replace any appliances? Provide details below on expenditure, dates and description of improvements carried out, DO NOT include in repairs above:

Item \_\_\_\_\_ Date \_\_\_\_\_ Amount \_\_\_\_\_

Item \_\_\_\_\_ Date \_\_\_\_\_ Amount \_\_\_\_\_

Item \_\_\_\_\_ Date \_\_\_\_\_ Amount \_\_\_\_\_

Item \_\_\_\_\_ Date \_\_\_\_\_ Amount \_\_\_\_\_