



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 _____