

RENTAL PROPERTY TAX ORGANIZER

raxpayer Name:			
Property Address, in	c State and Zip:		
Type of Property: Singl	e-Family Multi-Fami	ly Vacation/Short-Term L	and Commercial
Number of Days Rented	Number of Da	ays Used for Personal Percent	tage of Property Occupied by You
Was This Property Acqui	red in 2023? Yes	No Was This	Property Disposed of in 2023? Yes
If yes to either the last 2	questions, please provide	e 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 EXPENDI	TURES		
•		ou add/replace any appliances? rovements carried out, DO NOT	
Item	Date	Amount	