

2020 RENTAL ORGANIZER

CLIENT NAME _____

Prop #	TP SP J	S M V L C	Description of Property and Location	Name on Deed	Name on Mortgage	Mortgage Balance 12-31-20
1						
2						
3						
4						

H= Husband W= Wife J=Joint /// S= Single Family M= Multi Family V= Vacation L= Land C= Commercial

INCOME	1	2	3	4
1. Rents Received (Not security deposit)				
2. Royalties Received				
3. Other				

EXPENSES	1	2	3	4
10. Advertising				
11. Auto and Travel (complete "Vehicle Expenses" section on back also)				
12. Association Dues				
13. Cleaning and Maintenance				
14. Insurance				
15. Legal & Other Professional Fees				
16. Management Fees				
17. Mortgage Int Paid Banks, provide 1098				
18. Other Interest (security deposit interest)				
19. Repairs				
20. Supplies				
21. Property Taxes - 2020				
23. Utilities				
24. License (Rental)				
25. Wages and Salaries				
26. Other (please list):				

List on back, purchases of Equipment, Furniture, Vehicles, or Property Improvements

IF YOU USE THIS FORM, PLEASE ALSO COMPLETE THE RENTAL QUESTIONNAIRE

IF A PURCHASE, SALE, OR 1031 EXCHANGE, PLEASE PROVIDE THE CLOSING STATEMENT

NEW EQUIPMENT/CAPITAL IMPROVEMENTS						
If during the year you purchased Equipment, Furniture, Vehicles, or made Property Improvements, list below. (Do not duplicate the other side.)						
Property Number	Description	Date	Cost	Asset Was		If Trade-In Involved
				New	Used	Description

DEPRECIABLE ASSETS SOLD OR DISPOSED OF					
Property Number	Description	Date Acquired	Original Cost	Date Disposed of	Describe Means of Disposal

VEHICLE EXPENSES (vehicle used in association with rental property only)	Vehicle 1	Vehicle 2
1. Enter date vehicle was placed in service		
2. Total mileage vehicle was used from Jan. 1 to Dec. 31 2020		
3. Miles included on line 2 that vehicle was used for rental business Jan 1 to Dec 31, 2020		
4. Do you or your spouse have another vehicle available for personal purposes?	___ YES	___ NO
5. If your employer provided you with a vehicle, is personal use during off-duty hours permitted?	___ YES	___ NO
6A. Do you have evidence to support your deduction?	___ YES	___ NO
6B. If "Yes," is the evidence written?	___ YES	___ NO