

Rental and Royalty Information

Property description:	<input type="checkbox"/> Single Family Residence <input type="checkbox"/> Multi-Family Residence <input type="checkbox"/> Short Term Rental <input type="checkbox"/> Commercial <input type="checkbox"/> Land <input type="checkbox"/> Royalties <input type="checkbox"/> Self-Rental <input type="checkbox"/> Other
Property Address:	
Fair Rental Days:	
Personal Use Days:	
If a multi-dwelling unit, what percentage is occupied by taxpayer:	

- | | YES | NO |
|--|--------------------------|--------------------------|
| 1. Did you actively participate in the rental activity?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Is all investment at risk?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Was the property 100% disposed of last year?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Is this property a single member LLC?..... | <input type="checkbox"/> | <input type="checkbox"/> |

Rental and Royalty Income Information

(Please Provide all Form 1099's)

	AMOUNT
Form 1099's	
Cash and Checks	

Rental and Royalty Expense Information

	AMOUNT		AMOUNT
Advertising		Pest Control	
Association Dues		Plumbing and Electrical	
Cleaning and Maintenance		Repairs	
Commissions		Supplies	
Insurance		Cleaning Supplies	
Landscaping		Tools	
Legal and Professional Fees		Taxes	
License and Permits		Telephone	
Management Fees		Utilities	
Mortgage Interest		Wages and Salaries	
Other Interest Paid		Other	
Painting and Decorating		Other	

1. Did you contribute to a self-employed Health Insurance plan last year?..... YES NO
 ---If Yes, Amount _____
2. Did you contribute to a self-employed retirement plan last year?..... YES NO
 ---If Yes, Amount _____

Business Depreciation

YES NO

Did you purchase or sell any major assets for your business last year?.....

Item Purchased	Date of Purchase	Cost

Item Sold	Date of Sale	Price

Office in the Home

YES NO

Did you have a separate room in your home that is used for business purposes?.....

Area used for business or storage	_____ Square Feet
Total Area of Home	_____ Square Feet
(Daycare only) Hours used for daycare each day	_____ Hours
(Daycare only) Days open for the year	_____ Days

Office in the Home - Expenses	
	AMOUNT
Mortgage interest	
Real estate Taxes	
Renter or Homeowner Insurance	
Repairs and Maintenance	
Electric	
Heat	
Water, Sewer, Trash	
Cable, Internet	
Rent	

Office in the Home – Depreciation			
Property	Date Purchased	Cost	Date Placed into Business Use
House			
Addition & Improvements			

Business-Use Vehicle Information

CAR #1			
Date Vehicle was first used for business purposes:		MAKE:	MODEL:
			Year:
Beginning Odometer Reading:		Ending Odometer Reading:	
Business Miles :	Commuting Miles:	Personal Miles:	
Parking Fees and Tolls:			
Interest on Car Loans (Self-Employed only):			

CAR #2			
Date Vehicle was first used for business purposes:		MAKE:	MODEL:
			Year:
Beginning Odometer Reading:		Ending Odometer Reading:	
Business Miles :	Commuting Miles:	Personal Miles:	
Parking Fees and Tolls:			
Interest on Car Loans (Self-Employed only):			

Vehicle – Deductible Expenses

(There are two methods to figure deductible expenses: Standard mileage rate or actual expenses. If you plan on using the standard mileage rate you DO NOT have to complete the actual expenses.)

ACTUAL EXPENSES

	Amount
Cost of Vehicle	
License	
Gas	
Oil	
Lease Payment	
Insurance	
Garage Rent	
Repairs	
Tires	

- | | YES | NO |
|--|--------------------------|--------------------------|
| 1. Do you have evidence to support these deductions?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| --If Yes, Is the evidence in writing?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Was your vehicle available for personal use?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Was there another vehicle available for personal use?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Do you have an employer-provided vehicle that is available for personal use?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Did you Sell, Trade-in, or dispose of your vehicle this year?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Dispose <input type="checkbox"/> Trade-in <input type="checkbox"/> Sell <input type="checkbox"/> | | |
| 6. Were you reimbursed by your employer for your auto expenses?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| --If Yes, Was the reimbursement included on your Form W-2?..... | <input type="checkbox"/> | <input type="checkbox"/> |