



RENTAL PROPERTY

Complete a separate schedule for each property

Address of property	
Description of property (residential, commercial)	

Number of days the property was occupied by you, a member of your family, or any individual not paying rent at the fair market value	
Number of days the property was rented	
Number of days the property was not occupied	
Did you actively participate in the operation of the rental property during the year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Were more than half of personal services that you or your spouse performed during the year performed in real property trades?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did you or your spouse perform more than 750 hours of service during the year in real property trades or businesses?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was this property purchased in 2009? If yes, please attach settlement statement	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was the mortgage refinanced on this property? If yes, please attach settlement statement	<input type="checkbox"/> Yes <input type="checkbox"/> No
Rents received	
Advertising	
Auto & Travel (miles driven related to this property _____)	
Cleaning and maintenance	
Commissions	
Insurance	
Legal and professional fees	
Management fees	
Mortgage interest	
Other interest	
Repairs and maintenance	
Supplies	
Taxes	
Utilities	

I declare that I have examined and/or completed this worksheet and any accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete.

Prepared and submitted by: _____ Date: _____

Printed name: _____