

Client Name: _____

Tax Year: _____

PART I

Kind and Location of Property

Property A _____

Property B _____

Property C _____

	Property A	Property B	Property C
Rents Received			

PART II- Expenses

Advertising			
Cleaning & Maintenance			
Commissions			
Insurance			
Legal and Accounting			
Management Fees			
Interest			
Repairs: <small>Depreciable Assets see bottom</small>			
Supplies			
Taxes			
Utilities			
Association Dues			
Gardening			
Office Supplies			
Salaries			
Telephone			
Other (list):			

Total Expenses			
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(add lines in Part II).

Auto Miles Driven _____

Days Rented _____

Days Personal Use _____

PART III- Depreciable Assets

Property A, B or C	N=New Asset I= Improvement R=Restoration A=Adaptation to New Use	Description	Date placed in Service	Cost

