RENTAL REAL ESTATE ORGANIZER

Phone: 206-783-6200 x4 Mike@pacifictaxservice.com

GENERAL OWNERSHIP INFORMATION

Name of Owner _____ Tax ID or SS # _____ Phone Number _____

Joint Owner _____ Tax ID or SS # _____ Email _____

Owner Mailing Address _____ City _____ State _____ Zip _____

RENTS RECEIVED & EXPENSES

PROPERTY INFO ***List each property separately***

Property Address _____

City, State, Zip _____

RENTS

Total Rents Received _____

EXPENSES

Advertising	
Automobile Mileage	_____ mi.
Other Travel Expenses	
Cleaning & Maintenance	
Commissions	
Insurance	
Legal & Professional Fees	
Management Fees	
Mortgage Interest	
Other Interest	
Repairs	
Supplies	
Taxes	
Utilities	
Other *(Please List)*	
_____	
_____	
_____	

Did you issue 1099 forms to all required vendors? ❑ Yes ❑ No

Number of Days Rented in Year _____

Number of Days Used for Personal Purposes _____

Type of Rental Property _____

(Single Family, Multi-Family, Vacation/Short-Term, Land, Commercial)

OTHER INFORMATION:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

CAPITAL IMPROVEMENTS

Item or Improvement Description	Date	Amount	