

TOMMY DO INCOME TAX & FINANCIAL SERVICES

RENTAL REAL ESTATE ORGANIZER

Phone: 206-783-6200 x5

Tommy@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	<i>List each property separately</i>	
Property Address _____		Did you issue 1099 forms to all required vendors? <input type="checkbox"/> Yes <input type="checkbox"/> No
City, State, Zip _____		Number of Days Rented in Year _____
RENTS		Number of Days Used for Personal Purposes _____
Total Rents Received _____		Type of Rental Property _____
EXPENSES		(Single Family, Multi-Family, Vacation/Short-Term, Land, Commercial)
Advertising _____		OTHER INFORMATION:
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) _____		_____
_____		_____
_____		_____
_____		_____

CAPITAL IMPROVEMENTS

Item or Improvement Description	Date	Amount	Use (Business, Home Office, or Rental)