## Name \_\_\_\_\_\_ (year)

Address / Location of Property \_\_\_\_\_

Ownership? <u>H/W/Jt</u> Any Personal Use? <u>Yes/</u>

INCOME	Tenant's Name	Total Rent Received	Security Deposit Not Returned	Days Rented

EXPENSES	AMOUNT
Advertising	
Auto & Travel	
Miles	
Food	
Hotel	
Cleaning & Maintenance	
Supplies	
Snow Removal	
Yard Work	
Commissions	
Insurance	
Legal & Accounting Fees	
Interest – Banks	
- Others	
Management Fees	
Repairs	

EXPENSES	AMOUNT
Supplies	
Miscellaneous	
Office	
Postage	
Taxes	
Real Estate	
City	
Utilities	
Electric	
Garbage	
Gas	
Telephone	
Water / Sewer	
Other (List)	
TOTAL	

## \* \* CHECK LAST YEAR'S DEPRECIATION SCHEDULE TO BE SURE ALL ITEMS ARE CURRENT \* \*

## MAJOR PURCHASES AND IMPROVEMENTS

Item Purchased	Date Purchased	Cost (Including Sales Tax)	New / Used	Item Traded

## SALES OR OTHER DISPOSITIONS

Item Sold	Date Sold	Selling Price	Expenses	Date Acquired	Cost

<b>Questions:</b>		