

2024 Rental

Complete one form for each rental property

Taxpayer Name _____ SSN _____

Owned by _____ Filer _____ Spouse _____ Joint _____

General Information

If no change from prior year check here _____

Employer Identification Number (if applicable) _____ Do not enter Security number. Provide SS4 letter issued by IRS with EIN number

Type of Property _____
 (1) Single Family Residence (2) Multi-Family Residence (3) Vacation/short Term Rental (4) Commercial
 (5) Land (6) Royalties (7) Self-Rental (8) Other

Property address _____
 City _____ State _____ Zip _____

<p><u>Did you buy this property in 2024? Y or N</u> If Yes Please provide Closing statement from purchase Property tax bill</p>	<p><u>Did you sell this property in 2024? Y or N</u> If yes please provide Closing statement from both purchase and sale Total cost improvements made to the property. Please separate by regular repairs and major upgrade.</p>
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Notes _____

Was the property used for personal use by you or your family for more than 14 days or 10% of the total days rented?
 _____ Yes _____ No If yes: _____ # of days personal use _____ # of days rented

Did you "materially participate" in the rental? _____ Yes _____ No

Did you make any payments in 2024 that would require you to file Form(s) 1099? _____ Yes _____ No
 If yes provide copies

Rental Income

	Amount
Royalty received	
Rent received	
Other income	

Property Expenses

Advertising	_____
Cleaning and Maintenance	_____
Commission and fees	_____
Insurance (other than health)	_____
Interest	_____
Legal and professional fees	_____
Office expense	_____
Repairs	_____
Office rent	_____
Supplies	_____
Real Estate Taxes	_____
Travel expenses (do not include meals)	_____
Meals while traveling	_____
Meals with clients	_____
Other taxes	_____
Utilities	_____
Other expenses	_____

Assets Placed in Service during 2024 Any item costing more than \$1,000 & will last more than one year.

Description	Date Placed in Service	Purchase amount
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Taxpayer Certification

The information provided is complete and accurate to the best of my knowledge.

Signature

Printed name

Date