

# 2025 Rental

Complete one form for each rental property

Taxpayer Name \_\_\_\_\_ Social \_\_\_\_\_

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 \_\_\_\_\_

### Did you buy this property in 2025? Y or N

If Yes Please provide  
Closing statement from purchase  
Property tax bill

### Did you sell this property in 2025? Y or N

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.

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 2025 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	_____

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**Assets** Placed in Service during 2025 Any item costing more than \$1,000 & will last more than one year.

Description	Date Placed in Service	Purchase amount

When the return is complete, how do you want to receive your copy?

\_\_\_\_\_ Digital copy only.  
 We can upload to our client portal or email to you with password protection.

\_\_\_\_\_ Print a paper copy for me.

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**Taxpayer Certification**

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed name

\_\_\_\_\_  
Date