Debra Thompson, CPA

RENTAL PROPERTY INCOME / EXPENSE

Name *(First, Initial, Last Name)*	SSN

Street Address of Property	City	State	Zip Code

Rental Income $ _____

EXPENSES

Expense Type	Amount	Expense Type	Amount
Advertising	$	Interest - Mortgage	$
Cleaning and Maintenance	$	Interest - Other	$
Commissions	$	Repairs	$
Insurance	$	Supplies	$
Legal and other professional fees	$	Taxes	$
Management fees	$	Utilities	$

OTHER EXPENSES

	$		$
	$		$
	$		$
	$		$

AUTO

Business Miles _____

PURCHASES *(For purchases greater than $1,500)*

Date of Purchase	Description	Purchase Amount
		$
		$
		$
		$
		$
		$