

RENTAL PROPERTY – PRINCIPAL RESIDENCE

Full Name: _____

☐ First year of Rental Income at this location

Date of Purchase: _____

☐ Last year of Rental Income at this location

Rented Sq Ft: _____

Total Sq Ft: _____

Office Sq Ft: _____ (if applicable)

Revenue: _____**DIRECT EXPENSES**

Insurance: _____

Heat/Gas: _____ (Only if you paid, leave blank if tenants pay)

Hydro: _____ (Only if you paid, leave blank if tenants pay)

Mtg Interest: _____ (Mortgage Interest – ONLY Interest)

Prop. Tax: _____

Prop Mgmt: _____

Repairs: _____

Other.: _____ Please Specify: _____

BUSINESS EXPENSES

Advertising: _____

Bad Debts: _____

Bank Fees: _____

Office Exp.: _____

Professional: _____

Rent: _____

Telephone: _____

Travel: _____

Other: _____

Notes:

Rent unpaid

Legal, Accounting, Consulting, Other

