

## RENTAL and ROYALTY INCOME

Property Number: \_\_\_\_\_

Description and Location:

\_\_\_\_\_

\_\_\_\_\_

Primary owner of property : (T = Taxpayer, S = Spouse, J = Joint ) \_\_\_\_\_

Is this a rental property ? \_\_\_ YES      \_\_\_ NO

If "YES", was the property used for personal purposes during the tax year ? \_\_\_ YES      \_\_\_ NO

If "YES", please complete the information below:

Number of days the property was occupied by you, a member of the family, or any individual not paying rent at the fair market value + \_\_\_\_\_

Number of days the property was actually rented at the fair market value + \_\_\_\_\_

Number of days the property was not occupied + \_\_\_\_\_

TOTAL days in the tax year = 365

Did you actively participate in the operation of the rental property during 2021 ? \_\_\_ YES      \_\_\_ NO

If "YES", did you materially participate ? \_\_\_ YES      \_\_\_ NO

Was the property acquired before 10/22/86 ? \_\_\_ YES      \_\_\_ NO

| INCOME             | 2021 | 2020 |
|--------------------|------|------|
| Rents Received     |      |      |
| Royalties Received |      |      |

| EXPENSES                          | 2021 | 2020 |
|-----------------------------------|------|------|
| Advertising                       |      |      |
| Auto and Travel                   |      |      |
| Cleaning and maintenance          |      |      |
| Commissions                       |      |      |
| Insurance                         |      |      |
| Legal and other professional fees |      |      |
| Mortgage interest paid to banks   |      |      |
| Other interest                    |      |      |
| Repairs                           |      |      |
| Supplies                          |      |      |
| Taxes                             |      |      |
| Utilities                         |      |      |
| Management Fees                   |      |      |
| Depreciation or depletion expense |      |      |
| Other expenses:                   |      |      |
|                                   |      |      |
|                                   |      |      |
|                                   |      |      |
|                                   |      |      |