

610 Auburn Ravine Rd, Suite A Auburn, CA 95603

530.885.9705 ph 530.885.9706 fx

### 1. Rental Information

#### **Property Details**

Please complete a separate worksheet for each renatl property

Owner Name

Owner Phone Number

Type of Property:

Single Family ResidenceVacation Property

Bare Land

□ Multiple Family Residence □ Commercial

Address

Number of Days Rented

Number of Personal Use Days

% of Ownership

### 2. Assets & Improvements

On a separate sheet, please provide a list of all rental assets & improvements. Please include:

- Assets acquired or major repairs/improvements made during this tax year. Indicate date, amount paid, and any trade-in.
- Assets disposed of in this tax year. Indicate any gain or loss on the asset sale, or if asset was "junked."
- **Prior Depreciation**. For new clients, please provide the depreciation report from your last year's tax return, including detailed asset list and asset life history.

### 3. Additional Requirements

Please provide copies of the following documents if applicable:

- Balance Sheet for tax year, with prior year comparison
- Profit & Loss for tax year
- Complete General Ledger, formatted for 1 page wide.
- Forms 1099 issued
- Forms 1099 received
- Any notices received from Tax Agencies for the tax year

# 2024 Rental Income

Please complete this form to report Rental income and expenses. Additional forms can be printed from our website at: www.churchwelltax.com/resources or give us a call and we will be happy to send you more.

### 4. Income & Expenses

A. Income	
Rents Received	
Other Income	
B. Expenses	
Advertising	
Auto Complete	e section 5
Travel	
Airfare, Train, Etc.	
Lodging	
Auto Rental, Bus, Taxi, Etc.	
Out of Town Laundry	
Cleaning & Maint.	
Commissions	
Insurance	
Professional Fees	
Management Fees	
Mortgage Interest	
Other Interest	
Repairs	
Supplies	
Real Estate Taxes	
Other Taxes	
Utilities	
Other (Specify):	

### 5. Vehicle Expense

Indicate Vehicle Expenses related to rental operations			
Vehicle 1			
Vehicle Make/Model/Year			
Date Purchased			
Beginning/Ending Mileage for Year	/		
Total Miles (Including Personal)			
Rental Related Miles			
Is the vehicle leased?	☐ Yes	□ No	
Do you have written records to support use?	☐ Yes		
Was another vehicle available for personal use?	☐ Yes		
Cost of Fuel, Repairs & Maintenance			
Cost of Insurance, Licence & Fees			
Vehicle 2			
Vehicle Make/Model/Year			
Date Purchased			
Beginning/Ending Mileage for Year	/		
Total Miles (Including Personal)			
Rental Related Miles			
Is the vehicle leased?	☐ Yes	□ No	
Do you have written records to support use?	☐ Yes		
Was another vehicle available for personal use?	Ves		
Cost of Fuel, Repairs & Maintenance			
Cost of Insurance, Licence & Fees			

# 6. Signature

We will complete your return based on the information provided. We will not be able to complete returns where we have reasonable suspicion that the information provided is intentionally incomplete or inaccurate.

If you are having problems providing accurate financial statements, bookkeeping services are available for an additional fee.

To the best of my knowledge, all of the information contained within this document is true, correct, and complete.

Sign:

Date:

# **Additional Notes**

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