# 2019 Individual Taxpayer Organizer Rental Property

(See next page for Organizer)

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| Taxpayer  |                                       |          |                        |                    | SSN   |                  |                     |
|---|---------------------------------------|----------|------------------------|--------------------|---|------------------|---------------------|
| First   | M.I.                                  | Last     |                        | Email              | I   | IP<br>PIN        |                     |
| Occupation  |                                       | Date     | of birth               |                    | Are you nev   | v to our firm?   | Yes No              |
| Address   |                                       | City     |                        |                    | State   | Zip              |                     |
| County  |                                       | Home     | e phone                |                    | Work or cell  |                  |                     |
| Driver's License No.  |                                       |          |                        | State              | Issue Date  | Exp. Date        |                     |
| Spouse  |                                       |          |                        |                    | SSN   |                  |                     |
| First   | M.I.                                  | Last     |                        | Email              | I   | IP<br>PIN        |                     |
| Occupation  |                                       | Date     | of birth               |                    | Are you nev   | v to our firm?   | Yes No              |
| Address<br>(If different from Taxpayer)   |                                       | City     |                        |                    | State   | Zip              |                     |
| County  |                                       | Home     | e phone                |                    | Work or cell  | 1                |                     |
| Driver's License No.  |                                       |          |                        | State              | Issue Date  | Exp. Date        |                     |
| If you moved during 2019, enter your  | previous address                      | 6.       |                        |                    | Date of mov   | e                |                     |
| Marital status at 12/31/19: Single<br>Were you divorced or separated durin<br>Individuals who are in registered dom<br>Have you received any notice from th | ng the year? Ye<br>nestic partnership | s (RDI   | o<br>Ps) and civil uni | Were there any     | d Domestic Partne<br>deaths in the fan<br>dered married for<br>Yes No | nily? Yes No     |                     |
| Names of dependent children<br>Child's full name  | Social Secur                          |          | IP PIN                 | Date of birt       | Months lived h home in 2019   | /                | College<br>student? |
|   |                                       |          |                        |                    |   |                  |                     |
|   |                                       |          |                        |                    |   |                  |                     |
| Did any of the children have income a<br>Is it anticipated that a different taxpay  |                                       | -        |                        | 2                  | f the children hav<br>ent for tax year 20                             | 2                | Yes No              |
| Other dependents or people who liv  | ed with you                           |          |                        |                    |   |                  |                     |
| Name  | Social Security                       | #        | IP PIN                 | Date of birth      | Months lived in<br>home in 2019                                       | Relationship     | Income              |
|   |                                       |          |                        |                    |   |                  |                     |
|   |                                       |          |                        |                    |   |                  |                     |
|   | eposit of refund                      | Dire     | ct debit of balan      | ce due Name of     |   |                  |                     |
| Checking Savings Routing tra  | nsit number                           |          |                        | Account ni         | ımber   |                  |                     |
| Ask your tax preparer for information   | about depositing                      | g a refu | ind into an IRA        | account or splitti | ng the deposit int  | to more than one | account.            |

# Questions—All Taxpayers

(Provide related statements or other documentation.)

"You" refers to both taxpayer and spouse—enter "?" if unsure about a question.

| 100  | Telefs  | 10 00 | ui taxpayer and spo                    | use—enter  | i il ulisule about    | a question.                      |                      |                                  |         |          |  |  |  |
|------|---------|-------|--|--|-----------------------|----------------------------------|----------------------|----------------------------------|---------|----------|--|--|--|
|      | Yes     | No    | Are either you or y                    | our spouse le  | egally blind?         |                                  |                      |                                  |         |          |  |  |  |
|      | Yes     | No    |  |  |                       |                                  |                      |                                  |         |          |  |  |  |
|      | Yes     | No    | Did you have healt                     | h insurance f  | for you, your spous   | se, and all depend               | ents for the entire  | e year?                          |         |          |  |  |  |
|      | Yes     | No    | Did you purchase l                     | nealth insura  | nce through a publ    | ic exchange?                     |                      |                                  |         |          |  |  |  |
|      | Yes     | No    | Will there be any si                   | gnificant cha  | nges in income or     | deductions next y                | ear, such as retire  | ement?                           |         |          |  |  |  |
|      | Yes     | No    | Have you paid alte                     | ve you paid alternative minimum tax (AMT) in previous years?   |                       |                                  |                      |                                  |         |          |  |  |  |
|      | Yes     | No    | Did you pay anyor                      | e for domest   | ic services in your   | home?                            |                      |                                  |         |          |  |  |  |
|      | Yes     | No    | Did you purchase a                     | n new energy   | -efficient car, truck | , or van?                        |                      |                                  |         |          |  |  |  |
|      | Yes     | No    | Are you involved i                     | you involved in bankruptcy, foreclosure, repossession, or had any debt (including credit cards) cancelled? |                       |                                  |                      |                                  |         |          |  |  |  |
|      | Yes     | No    | Are you a member                       | re you a member of the military?   |                       |                                  |                      |                                  |         |          |  |  |  |
|      | Yes     | No    | Were you a citizen                     | of or lived in   | a foreign country?    | •                                |                      |                                  |         |          |  |  |  |
|      | Yes     | No    | Do you own or hav                      | re financial ir  | terest in a foreign   | bank or financial a              | account?             |                                  |         |          |  |  |  |
|      | Yes     | No    | Would you like to a<br>Designee's name | allow your ta  |                       | ner person to discu<br>ne number | uss your return w    | vith the IRS?<br>PIN (any five a | ligits) |          |  |  |  |
|      | Yes     | No    | Were any children                      | born or adop   | ted in 2019? (Provid  | de statement for oth             | er expenses.)        |                                  |         |          |  |  |  |
|      | Yes     | No    | Were any children                      |  | Paid by you: Tuit     | ion \$                           | Student loan int     | erest \$                         | Book    | :s \$    |  |  |  |
|      |         |       | attending college?                     | college  | Paid by student:      | Tuition \$                       | Student loan int     | erest \$                         | Book    | :s \$    |  |  |  |
|      | Yes     | No    | Did you pay any tu                     | uition for a pr  | rivate school for a c | lependent or take                | classes yourself?    |                                  |         |          |  |  |  |
|      |         |       | Student                                |  |                       |                                  |                      | Amount paid \$                   |         |          |  |  |  |
|      |         |       | Name and address of                    | school   |                       |                                  |                      |                                  |         |          |  |  |  |
|      | Yes     | No    | Did you pay for ch                     | ild or depend  | lent care so you co   | uld work or go to                | school? (add state   | ment if needed)                  |         |          |  |  |  |
|      |         |       | Name of provider                       |  |                       |                                  |                      | EIN or SSN                       |         |          |  |  |  |
|      |         |       | Address                                |  |                       |                                  |                      | Amount paid \$                   | d \$    |          |  |  |  |
|      | Yes     | No    | Do you have any c                      | hildren who  | earned more than S    | \$2,200 of investme              | nt income?           |                                  |         |          |  |  |  |
|      | Yes     | No    | Did you make any                       | contribution   | s to a 529 plan in 20 | 019?                             |                      |                                  |         |          |  |  |  |
|      | Yes     | No    | Did you, or will yo                    | u, contribute  | any money to an I     | RA for 2019?                     |                      | Traditional I                    | RA      | Roth IRA |  |  |  |
|      | Yes     | No    | Did you roll over a                    | ny amounts f   | from a retirement a   | account in 2019?                 |                      |                                  |         |          |  |  |  |
|      | Yes     | No    | Did you sell or trar                   | nsfer any stoc   | k or sell rental or i | nvestment proper                 | ty?                  |                                  |         |          |  |  |  |
|      | Yes     | No    | Did you receive an                     | y income from  | m an installment sa   | ale?                             |                      |                                  |         |          |  |  |  |
|      | Yes     | No    | Did you have any i                     | nvestments b   | become worthless o    | or were you a victi              | m of investment      | theft in 2019?                   |         |          |  |  |  |
|      | Yes     | No    | Were you granted,                      | or did you e   | kercise, any employ   | vee stock options o              | during 2019?         |                                  |         |          |  |  |  |
|      | Yes     | No    | Did you receive, se                    | ll, send, exch   | ange, or otherwise    | acquire any finan                | cial interest in an  | y virtual current                | cy?     |          |  |  |  |
|      | Yes     | No    | Did you pay any ir                     | iterest on a lo  | an for a boat or RV   | / that has living qu             | uarters? If yes, pro | ovide details.                   |         |          |  |  |  |
|      | Yes     | No    | Did you pay sales t                    | axes on a ma   | jor purchase in 201   | 19, such as a vehic              | le, boat, or home    | ?                                |         |          |  |  |  |
|      | Yes     | No    | Did you make any                       | charitable co  | ntributions in 2019   | ?                                |                      |                                  |         |          |  |  |  |
| Г    | Yes     | No    | Did you work from                      | a home offic   | e or use your car f   | or business?                     |                      |                                  |         |          |  |  |  |
|      | Yes     | No    | Did you receive inc                    | come from a s  | sharing/gig econor    | my activity (e.g. A              | irbnb, Uber, etc.)   |                                  |         |          |  |  |  |
|      | Yes     | No    | Do you own a busi                      | ness or an in  | terest in a partners  | hip, corporation, I              | LLC, farming acti    | vities, or other v               | enture  | ?        |  |  |  |
|      | Yes     | No    | Did you purchase o                     |  | <u>^</u>              | <u> </u>                         | ~                    |                                  |         |          |  |  |  |
|      | Yes     | No    | If you sold a home,                    | did you clair  | n the First-Time H    | omebuyer Credit v                | when it was purch    | hased? If yes, pro               | ovide c | letails. |  |  |  |
|      | Yes     | No    | Did you refinance a                    | -  |                       | -                                | -                    |                                  |         |          |  |  |  |
|      | Yes     | No    | Did you use any m                      |  | _                     | -                                | -                    |                                  | ve yoı  | ur home? |  |  |  |
|      | Yes     | No    | Did you make any                       | ~ ~  |                       |                                  | -                    |                                  |         |          |  |  |  |
| tate | e infor | matio |  |  |                       | Nonresident                      |                      |                                  |         |          |  |  |  |
|      |         |       | e during 2019 and d                    |  | *                     |                                  |                      |                                  |         |          |  |  |  |
|      | ol dist |       | 0                                      |  |                       |                                  | Do vou rept o        | r own vour hom                   | e? R    | ent Or   |  |  |  |

School district

#### **Income Worksheet**

Provide to your preparer all Forms W-2, 1099-INT, 1099-DIV, 1099-R, 1099-MISC, and other income reporting statements. Do not list dollar amounts for the following forms. Your preparer will report the appropriate amounts.

| Indicat  | e "T" for taxpayer, "S" for spouse, "J" for joint   |            |            | *                | Pro            | vide additional statemen           | ts if more room is needed |  |
|----------|---|------------|------------|------------------|----------------|------------------------------------|---------------------------|--|
| Forms    | W-2—Wage and Tax Statement                          |            |            |                  |                |                                    |                           |  |
| T/S      | Employer name                                       |            |            | T/S              | Employ         | Employer name                      |                           |  |
|          | 1)  |            |            |                  | 4)             |                                    |                           |  |
|          | 2)  |            |            |                  | 5)             |                                    |                           |  |
|          | 3)  |            |            |                  | 6)             |                                    |                           |  |
| Forms    | 1099-INT—Interest Income                            |            |            |                  |                |                                    |                           |  |
| T/S/J    | Name of issuer                                      |            |            | T/S/J            | Name of        | f issuer                           |                           |  |
|          | 1)  |            |            |                  | 4)             |                                    |                           |  |
|          | 2)  |            |            |                  | 5)             |                                    |                           |  |
|          | 3)  |            |            |                  | 6)             |                                    |                           |  |
| Forms    | 1099-DIV—Dividends and Distributions                |            |            |                  |                |                                    |                           |  |
| T/S/J    | Name of issuer                                      | T/S/J Name |            |                  | Name of        | f issuer                           |                           |  |
|          | 1)  |            |            |                  | 4)             |                                    |                           |  |
|          | 2)  |            |            |                  | 5)             |                                    |                           |  |
|          | 3)  |            |            |                  | 6)             |                                    |                           |  |
| Forms    | 1099-R—Distributions From Pensions, Annuiti         | ies, Ret   | irement    | t or Profit      | -Sharing l     | Plans, IRAs, Insurance C           | ontracts, Etc.            |  |
| T/S      | Name of issuer                                      |            |            | T/S              | Name of issuer |                                    |                           |  |
|          | 1)  |            |            |                  | 4)             |                                    |                           |  |
|          | 2)  |            |            | 5)               |                |                                    |                           |  |
|          | 3)  |            |            |                  | 6)             |                                    |                           |  |
| If the d | istribution is before age 59½, give a reason to de  | etermin    | ne if an e | exception        | to penalty     | applies.                           |                           |  |
| Tax-Ex   | empt Interest (such as municipal bonds—inclue       | de state   | ement)     |                  |                |                                    |                           |  |
| Payer    | \$  |            |            | Payer            |                |                                    | \$                        |  |
| Other I  | Income  |            |            |                  |                |                                    |                           |  |
| State ta | x refund  |            | \$         |                  |                | Other                              | \$                        |  |
| Unemp    | loyment compensation                                |            | \$         |                  |                |                                    | \$                        |  |
|          | Security (taxpayer) — provide SSA-1099 or RRB-      | 1099       | \$         |                  |                |                                    | \$                        |  |
| Social S | Security (spouse)—provide SSA-1099 or RRB-10        | 199        | \$         |                  |                |                                    | \$                        |  |
| Unrepo   | orted tips  |            | \$         |                  |                |                                    | \$                        |  |
| Busines  | ss income (see Sole Proprietorship Tax Organizer)   |            |            |                  |                | Stock sales                        | See "Sales and Exchanges  |  |
| Rental   | income (see Rental Property Tax Organizer)          |            |            |                  |                | Sale of other property             | Worksheet" below.         |  |
| Sale     | es and Exchanges Workshee                           | et         |            |                  |                |                                    |                           |  |
|          | e information about sales of stock, real estate, or |            | propert    | v along w        | vith Forms     | 1099-B 1099-S or other             | supporting statements     |  |
| 1 10 100 | e information about sures of stock, real estate, of | Juici      | FICPCIL    | <i>J,</i> mong w |                | , 1077 <b>D</b> , 1077-0, 01 Other | supporting statements.    |  |

| -                       |               |            |           |            |
|-------------------------|---------------|------------|-----------|------------|
| Description of property | Purchase date | Cost/basis | Sale date | Sale price |
|                         |               | \$         |           | \$         |
|                         |               | \$         |           | \$         |
|                         |               | \$         |           | \$         |

#### Notes:

• When stock is sold, you will usually receive Form 1099-B, *Proceeds From Broker and Barter Exchange Transactions*, reporting the proceeds from the sale. However, your statement will not always provide the cost/basis information necessary to compute gain or loss. If the statement does not contain the cost/basis information, you must provide it. You may need to contact your broker for questions about cost/basis and purchase dates of your stock accounts.

• Often, "transfers" of stock or mutual funds within a brokerage account are actually sales of one type of stock and purchase of another. Even if you did not receive any cash from the transaction, you may have taxable gain or loss.

• If your stock dividends are automatically reinvested, the dividends will be taxable even though you did not receive any cash. The transaction is treated as if you had received cash and purchased additional stock. When the stock is sold, the amount reinvested over the years is taken into account. You may need to contact your broker for questions about the amount of reinvested dividends.

• If you sold property other than stock, your taxable gain or loss will be determined by your cost/basis. The cost/basis is usually the original purchase price plus improvements (the cost of repairs and maintenance are not taken into account for cost/basis).

### **Itemized Deductions Worksheet**

Deductions must exceed \$12,200 Single, \$24,400 MFJ, \$18,350 HOH, or \$12,200 MFS to be a tax benefit.

| <b>Medical Expenses.</b> Must exceed 10% of income to be a benefit—<br>include cost for dependents—do not include any expenses that were<br>reimbursed by insurance. |   |  | <b>Charitable Contributions.</b> If over \$500 in noncash charitable contributions, provide details of contributions. Rules require that the taxpayer retain documentation for all contributions. |           |  |                                       |  |                  |  |                     |
|--|---|--|---|-----------|--|---------------------------------------|--|------------------|--|---------------------|
| Dentists   | Dentists \$ Hospitals \$                    |  |   | Cash      |  |                                       | \$   |                  |  |                     |
| Doctors  | \$  | Insurance  | \$  |           |  |                                       | hing or household                              |                  |  |                     |
| Equipment  | \$  | Prescriptions  | \$  |           | items must be in g   |                                       |  | \$               |  |                     |
| Eyeglasses   | \$  | Other  | \$  |           | Did you transfer f   |                                       | A directly to a                                | <i>ф</i>         |  |                     |
| Medical miles:   |   | @ 20¢  |   |           |  | No                                    |  | \$               |  |                     |
| Taxes Paid. Do r   | not include taxes pa                        | aid for full or partia   | al busine   | ess or    | Charitable mileag  |                                       |  |                  |  |                     |
|  |   | less use of the home   |   |           | Casualty and Th  |                                       |  |                  |  |                     |
| State withholding  | 7   |  | Report  | ed on W-2 | If you suffered any  | y sudden, unexpe<br>ly-declared disas | ected damage or loss<br>ter area, provide deta | of property, or  |  |                     |
| State estimated taxes—paid in 2019   |   |  | \$  |           | preparer. Yes  | No                                    | ter area, provide deta                         | ino io your tax  |  |                     |
| Real estate tax—residence \$   |   |  | \$  |           | Miscellaneous Itemized Deductions. Miscellaneous itemized  |                                       |  |                  |  |                     |
| Real estate tax—other  |   |  | \$  |           | deductions subjec  |                                       |  |                  |  |                     |
| Personal property taxes<br>Property tax refund—received in 2019  |   |  | \$<br>\$()  |           | on the federal return. However, these expenses may still be deductible<br>on your state return. For use of home, auto mileage, or other job-relate<br>expenses, provide information on a separate sheet. Were any expenses |                                       |  |                  |  |                     |
|  |   |  |   |           |  |                                       |  |                  |  | Foreign tax paid \$ |
| Other  |   |  | \$  |           | Dues   | \$                                    | Subscriptions                                  | \$               |  |                     |
| Other  |   |  | \$  |           | Investment   | \$                                    | Supplies                                       | \$               |  |                     |
| Other  |   |  | \$  |           | expenses   |                                       |  |                  |  |                     |
|  | 019 from prior yea                          |  |   |           | Job education  | \$                                    | Tax prep fees                                  | \$               |  |                     |
| do not include ir  | nterest or penalties                        | )  | \$  |           | Job seeking  | \$                                    | Tools  | \$               |  |                     |
|  | eipts for sales tax p                       |  | Yes   | No        | Legal fees   | \$                                    | Uniforms                                       | \$               |  |                     |
| Did you purchase<br>Sales tax paid \$  | e a car, plane, boat,<br><i>Purchase pi</i> |  | Yes No  |           | Licenses   | \$                                    | Union dues                                     | \$               |  |                     |
| •  |   |  |   |           | Safety equipment   | \$                                    | Other  | \$               |  |                     |
| or rental-use prop   |   | est paid for full or p<br>siness use of the ho<br>nd ID numbers. |   |           | Other Deduction income limit.  | <b>is.</b> The following              | deductions are not s                           | ubject to a 2% o |  |                     |
|  |   | quity loan   | \$  |           | Gambling losses  | \$                                    | Federal estate tax<br>on IRD                   | \$               |  |                     |
| Main home \$   |   |  | \$  |           | T · · ·  | \$                                    | I  |                  |  |                     |
| Main home\$Second home\$   | E   | quity loan   | Ψ   |           | Impairment-  | Þ                                     | Loss from box 2,                               | \$               |  |                     |

#### **Other Deductions or Questions**

Notes: • Gambling losses are deductible only up to the amount of gambling winnings reported. A log must be kept to verify losses.
• Work clothing is not deductible if adaptable for every day wear. Exception for safety equipment, such as steel-toe boots.

• Expenses to enable individuals, who are physically or mentally impaired, to work are generally deductible.

## **Adjustments Worksheet**

| Educator expenses. Classroom expenses of teachers, counselors, and principals. Maximum \$250 each.  | \$           |
|---|--------------|
| Health savings account deduction (HSA).   | \$           |
| Self-employed SEP, SIMPLE, and qualified plans. Some contributions for 2019 may be made in 2020.  | \$           |
| <i>Self-employed health insurance deduction.</i> Sole proprietors, partners, and 2% S corporation shareholders if not eligible for employer coverage.   | \$           |
| Penalty on early withdrawal of savings.   | \$           |
| IRA deduction. For traditional IRAs. Roth IRAs are not deductible. Some contributions for 2019 may be made in 2020.   | \$           |
| Student loan interest deduction. Paid for taxpayers and dependents. Income limits apply.  | \$           |
| <i>Tuition and fees deduction.</i> Qualified tuition and fees if not claiming education credits. Income limits apply.   | \$           |
| <i>Moving expenses.</i> Available only to members of the Armed Forces (or their spouses or dependents) on active duty that move pursuant to a military order and incident to a permanent change of station. | Ask preparer |
| Business expenses of reservists, performing artists, and fee-based government officials.  | Ask preparer |
|   |              |

### Estimated Tax Payments — Tax Year 2019

| Date paid | Federal | Date paid | State |
|-----------|---------|-----------|-------|
|           | \$      |           | \$    |
|           | \$      |           | \$    |
|           | \$      |           | \$    |
|           | \$      |           | \$    |
|           | \$      |           | \$    |
|           | \$      |           | \$    |
| -         |         |           |       |

## **Tax Preparation Checklist**

Please provide the following documentation:

All Forms W-2 (wages), 1099-INT (interest), 1099-DIV (dividends), 1099-B (proceeds from broker or barter transactions), 1099-R (pensions and IRA distributions), Schedules K-1 from partnerships, S corporations, estates and trusts, and other income reporting statements, including all copies provided from the payer.

Form 1095-A (for health insurance purchased through a public exchange), Form 1095-B (for health insurance purchased outside of a public exchange), or Form 1095-C (for employer-provided health insurance coverage).

If you are a new client, provide copies of last year's tax returns.

The completed Individual Income Tax Organizer. *Note:* If you choose not to fill out the organizer, you must at least answer the "Yes" or "No" questions under "Questions—All Taxpayers."

Copy of the closing statement if you bought or sold real estate.

Mileage figures for any automobile expenses claimed, including total mileage, commuting mileage, and business mileage. Detail of estimated tax payments made, if any.

Income and deductions categorized on a separate sheet for business or rental activities.

List of itemized deductions categorized on a separate sheet for medical, taxes, interest, charitable, and miscellaneous deductions. Copy of all acknowledgement letters received from charitable organizations for contributions made in 2019.

### **Tax Return Preparation**

We will prepare your tax return based on information you provide. In the event your return is audited, you will be responsible for verifying the items reported. It is important that you review the return carefully before signing to make sure the information is correct. Unless otherwise stated, the services for preparation of your return do not include auditing, review, or any other verification or assurance.

#### **Taxpayer Responsibilities**

- You agree to provide us all income and deductible expense information. If you receive additional information after we begin working on your return, you will contact us immediately to ensure your completed tax returns contain all relevant information.
- You affirm that all expenses or other deduction amounts are accurate and that you have all required supporting written records. In some cases, we will ask to review your documentation.
- You must be able to provide written records of all items included on your return if audited by either the IRS or state tax authority. We can provide guidance concerning what evidence is acceptable.
- You must review the return carefully before signing to make sure the information is correct.
- Fees must be paid before your tax return is delivered to you or filed for you. If you terminate this engagement before completion, you agree to pay a fee for work completed. A retainer is required for preparation of late returns.
- You should keep a copy of your tax return and any related tax documents. You may be assessed a fee if you request a copy in the future.

**Signatures.** By signing below, you acknowledge that you have read, understand, and accept your obligations and responsibilities. For a joint return, both taxpayers must sign.

Taxpayer

Spouse

Date

### **Privacy Policy**

The nature of our work requires us to collect certain nonpublic information. We collect financial and personal information from applications, worksheets, reporting statements, and other forms, as well as interviews and conversations with our clients and affiliates. We may also review banking and credit card information about our clients in the performance of receipt of payment. Under our policy, all information we obtain about you will be provided by you or obtained with your permission.

Our firm has procedures and policies in place to protect your confidential information. We restrict access to your confidential information to those within our firm who need to know in order to provide you with services. We will not disclose your personal information to a third party without your permission, except where required by law. We maintain physical, electronic, and procedural safeguards in compliance with federal regulations that protect your personal information from unauthorized access.

# **Rental Property Tax Organizer**

#### **Rental Income and Expenses**

Indicate type of property as 1-Single Family Residence, 2-Multi-Family Residence, 3-Vacation/Short-Term Rental, 4-Commercial, 5-Land, 6-Self-Rental, or 7-Other (describe).

|                                 | Prope               | erty A               | Prope               | Property B           |                       | Property C           |  |  |
|---------------------------------|---------------------|----------------------|---------------------|----------------------|-----------------------|----------------------|--|--|
|                                 | Location o          | of property:         | Location o          | f property:          | Location of property: |                      |  |  |
|                                 |                     |                      |                     |                      |                       |                      |  |  |
|                                 | Trues               |                      | True o              |                      | Туре                  |                      |  |  |
|                                 | Туре                | 2 )/ )/              | Туре                |                      |                       | <u> </u>             |  |  |
|                                 | Any personal us     | 1                    | Any personal us     |                      | Any personal use      |                      |  |  |
|                                 | Fair Rental<br>Days | Personal Use<br>Days | Fair Rental<br>Days | Personal Use<br>Days | Fair Rental<br>Days   | Personal Use<br>Days |  |  |
|                                 |                     |                      |                     |                      |                       |                      |  |  |
| Date placed in service          |                     |                      |                     |                      |                       |                      |  |  |
| Rents received                  | \$                  |                      | \$                  |                      | \$                    |                      |  |  |
| Expenses                        |                     |                      |                     |                      |                       |                      |  |  |
| Advertising                     | \$                  |                      | \$                  |                      | \$                    |                      |  |  |
| Cleaning and maintenance        | \$                  |                      | \$                  |                      | \$                    |                      |  |  |
| Commissions                     | \$                  |                      | \$                  |                      | \$                    |                      |  |  |
| Insurance                       | \$                  |                      | \$                  |                      | \$                    |                      |  |  |
| Legal and professional fees     | \$                  |                      | \$                  |                      | \$                    |                      |  |  |
| Management fees                 | \$                  |                      | \$                  |                      | \$                    |                      |  |  |
| Mortgage interest paid to banks | \$                  |                      | \$                  |                      | \$                    |                      |  |  |
| Other interest                  | \$                  |                      | \$                  |                      | \$                    |                      |  |  |
| Repairs                         | \$                  |                      | \$                  |                      | \$                    |                      |  |  |
| Supplies                        | \$                  |                      | \$                  |                      | \$                    |                      |  |  |
| Taxes                           | \$                  |                      | \$                  |                      | \$                    |                      |  |  |
| Utilities                       | \$                  |                      | \$                  |                      | \$                    |                      |  |  |
| Other (list)                    | \$                  |                      | \$                  |                      | \$                    |                      |  |  |
|                                 | \$                  |                      | \$                  |                      | \$                    |                      |  |  |
|                                 | \$                  |                      | \$                  |                      | \$                    |                      |  |  |
|                                 | \$                  |                      | \$                  |                      | \$                    |                      |  |  |
|                                 | \$                  |                      | \$                  |                      | \$                    |                      |  |  |
|                                 | \$                  |                      | \$                  |                      | \$                    |                      |  |  |

#### **Property Information**

If this is your first year with our firm, please provide a depreciation schedule for all property placed in service before 2019.

Property Purchased. Treat the cost of improvements made to real property as the purchase of a new asset.

| Asset | Date purchased | Cost | Date placed in service |
|-------|----------------|------|------------------------|
|       |                | \$   |                        |
|       |                | \$   |                        |
|       |                | \$   |                        |
|       |                | \$   |                        |
|       |                | \$   |                        |

#### Property Sold or Taken Out of Service

| Asset | Date sold or taken out of service | Selling price | Trade in? |
|-------|-----------------------------------|---------------|-----------|
|       |                                   | \$            |           |
|       |                                   | \$            |           |
|       |                                   | \$            |           |
|       |                                   | \$            |           |
|       |                                   | \$            |           |