



CHARTERED
PROFESSIONAL
ACCOUNTANTS

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REAL ESTATE RENTALS (USD\$)

Identification

Your name		
Final year of rental operation?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Your % of ownership
		%

Income

	# of units	Gross rents
Address		\$USD
City	State	Zip Code
Enter the total of your gross rents		

Gross rental income

Expenses

Personal use percentage

	Total Expense \$USD
Advertising	
Insurance	
Interest	
Office expenses	
Legal, accounting, and other professional fees	
Management and administration fees	
Maintenance and repairs	
Cleaning	
Property taxes	
Travel	
Utilities	
Motor vehicle expenses	
Other expenses - HOA	
Total	

How many days rented? _____ days

How many days of personal use? _____ days

Did you purchase new furniture, appliances, etc. in the new year? _____

If there is a significant bill, please
describe:

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