



1050 Wall St West Ste 350
 Lyndhurst NJ 07071
 201-773-0777 Main
 877-825-2479 Fax
 accounting@taxbizpro.com

Rental Property Expense Worksheet for tax year 2020

Name of the business **X** _____ EIN _____

Name of the legal representative/owner **X** _____ Last 4 of SS# _____

Indicate below your business structure (only for new clients)

- Self-employed (Property is owned by individual)
- Single Member LLC (Property is owned by the LLC-Sch. E of form 1040)
- Single Member LLC taxed as Corporation (From 1120 or 1120S)
- Multi Member LLC taxed as Partnership (Form 1065)
- Multi Member LLC taxed as Corporation (Form 1120 or 1120S)
- Corporation (INC, Corp, Co, PC) (Form 1120 or 1120S)
- Partnership (LLP, LP, GP) (Form 1065)

RENTAL INCOME RECEIVED (IF NOT REPORTED ON 1099) \$

All expenses/deductions MUST have supporting documentation (receipts, check, bill, letter, etc) to support the deductions, don't submit the receipts to us

Expenses	AMOUNT/YEAR
1 Advertising & Marketing	1 \$ _____
2 Bank Fees	2 \$ _____
3 Mortgage and Loans Interest Only Portion (Enclose 1098 if applicable)	3 \$ _____
4 Business Insurance (Liability, E&O, General etc)	4 \$ _____
5 Car (gas, oil change, repairs) - Is the car(s) registered on the business? YES <input type="checkbox"/> NO <input type="checkbox"/>	5 \$ _____
6 Car Insurance	6 \$ _____
7 Car Lease	7 \$ _____
8 Cell Phone	8 \$ _____



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9 Contributions to Charity	9	\$
10 Entertainment Exp. (Suspended)	10	\$
11 Equipment purchased (indicate purchase date)	11	\$
12 Furniture and Fixtures Purchased (indicate purchase date)	12	\$
13 Licenses and Permits	13	\$
14 Meals (with clients, business related)	14	\$
15 Office Cleaning and Maintenance	15	\$
16 Office Expenses (telephone, internet, etc)	16	\$
17 Office Rent	17	\$
18 Repairs & Maintenance	18	\$
19 Office Supplies	19	\$
20 Outside Help/Temps	20	\$
21 Parking Exp	21	\$
22 Postage & Shipping	22	\$
23 Professional Education (seminars, books, etc)	23	\$
24 Professional Fees (Accountant/Attorney etc)	24	\$
25 Property Purchase (include closing documents)	25	\$
26 Property Management Fees	26	\$
27 Property Taxes	27	\$
28 Property Insurance	28	\$
29 Salaries & Wages	29	\$
30 Tolls	30	\$
31 Travel (long range to and from client)	31	\$
32 Utilities	32	\$
33 Other Expenses - indicate what it is	33	\$



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For Auto Expenses

(update only if you changed the car from last year, or you are a new client)

Make/Model _____

Purchase Date _____

Purchase Price/Cost _____

\$ _____

Mileage Info

Total mileage driven this year _____

Business mileage driven this year _____

Home Office Deduction: (update only if anything changed from last year, or you are a new client)

Total square footage of the house _____

Square footage of the office area used exclusively for business in the house _____

Please list any additional info not listed above

Please sign X _____

Date _____