



CHARTERED
PROFESSIONAL
ACCOUNTANTS

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STATEMENT OF REAL ESTATE RENTALS (USD)

Your full name: _____ Tax year ending: _____

Final year of operation? YES NO Your percentage of ownership: _____ %

Rental address: _____ City: _____

State: _____ ZIP: _____

Number of units: _____ Gross Rental Income (USD): _____

Expense Name	Total Expense (USD)
Advertising	_____
Insurance	_____
Interest	_____
Office expenses	_____
Legal, accounting, and professional fees	_____
Management and administration fees	_____
Maintenance and repairs	_____
Cleaning	_____
Property taxes	_____
Travel	_____
Utilities	_____
Motor vehicle expenses	_____
HOA	_____
Pest control	_____
Other expenses	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
TOTAL:	=====

How many days rented: _____ How many days personal use: _____

Did you purchase furniture, appliances, etc. in the year: YES NO

If there was a significant bill, please describe:
