



Nelson Company, P.C. Tax Organizer

Do NOT use estimates and please provide copies of forms

The IRS is more likely to audit if they see a round number (i.e. 0 or 5, seriously)

Rental Property

Name: _____

Before you start entering numbers, please take 30 seconds to read through both pages.

Address: _____

Rental Type: Single Family Res. Multi-Family Residence

Commercial Land

Vacation Rental → _____ Number Days Rented
_____ Number Days Personal Use

Date Rental Began (or Ongoing): _____

Date of Purchase: _____

if new this year, please provide final settlement stmts (final HUD)

if refinanced this year, please provide final settlement stmts (final HUD)

Rents Received _____

Deposits Received _____

Deposits Returned _____

Advertising _____

Tenant Screening/Security Check _____

Property Management Fees Paid _____

Cleaning Fees (include supplies/services) _____

Maintenance (include painting/yard) _____

Hazard Insurance _____

Supplies (include décor and small tools) _____

Repairs (include paint, locksmith, plumbing, etc) _____

Property Taxes _____

Utilities (include water, heat, power, garbage) _____

HOA Fees _____

Office Supplies _____

Legal or Tax Preparation Fees* _____

Cell Phone & Internet Fees* _____

Meals (while working on the property) _____

Number of Miles Driven (for any rental purpose) _____

Please provide these documents:

1098 Mortgage Int.

Property Tax Bill

List appliance purchases on page 2

_____ Business use percentage %

*if not already deducted on a sole proprietorship or business tax form



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Appliances, Major Improvements, Landscape Design

Description	Total Cost	Date in Service
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Other Expenses Not Listed on Page 1

\$ Amount

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Notes