

Office: 410.356.3136 Facsimile: 888.856.3136 P.O. Box 366 Reisterstown, MD 21136

## Schedule of Rental Income & Expenses

| faxpayer:   | Client #: |  |
|---|-----------|--|
| Property Address:   |           |  |
| PLEASE PREPARE THIS WORKSHEET FOR EACH PROPERTY THAT YOU OWNED AND RENTED DURING THE YEAR. YOU MUST SUBMIT A SEPARATE WORKSHEET FOR EACH PROPERTY THAT YOU RENTED IF YOU HAVE MORE THAN ONE |           |  |
| otal Rent Income Recevied for the Year >>>>>>>>   | >>>>>>>   |  |
| expenses  |           |  |
| Accounting  |           |  |
| Advertising   |           |  |
| Association Fees  |           |  |
| Auto expense  |           |  |
| Bank charges  |           |  |
| Computer expense  |           |  |
| Cleaning  |           |  |
| Conventions & Meetings  |           |  |
| Dues & Subscriptions  |           |  |
| Entertainment & Promotion   |           |  |
| Insurance   |           |  |
| Licenses & fees   |           |  |
| Management Company Fees   |           |  |
| Miscellaneous   |           |  |
| Office expense  |           |  |
|   |           |  |

| Vehicle 3       |
|-----------------|
| <u>vomolo o</u> |
|                 |
|                 |
|                 |
|                 |

=======

=======

=======

| Taxpayer:  | Tax year:  |
|--|--|
| Notes/Comments   |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| Please read and sign below a   | es well as include this page with your information in order for us to complete your tax return.  |
| hat each item can be substantiated b<br>records shall be maintained for a peri | the sole purpose of preparing my tax return. By signing below I am attesting y receipts, canceled checks or other documentation and accordingly such od of no less than 5 years from the date I file such returns. Furthermore the correct and complete to the best of my knowledge. |
| f you are e-mailing please indicate the All such e-mails should be sent to:    | e words "E-mailed" on the signature line below as well as the date.  taxinfo@kaplantaxservices.com.  |
| Taxpayer:  | Date:  |
| For Intern   | al Use Only. Please do not write below this line   |
| Record of Telephone Co   | nference: (for internal use only by David J. Kaplan & Associates, Ltd.)  |
| Client Name:   | Client #:  |
| Date of Call :   | Time of call:  |
| nterviewer:  | Interviewee:   |
| Notes/Comments:  |  |
|  |  |
|  |  |