

**Please enter all pertinent 2016 amounts. Last year's amounts are provided for your reference.**

**GENERAL INFORMATION**

|                                  | 2016 Amount | 2015 Amount  |
|----------------------------------|-------------|--|
| Description of property.....     |             | <b>Type of Property</b><br>1 = Single Family Residence<br>2 = Multi-Family Residence<br>3 = Vacation/Short-Term Rental<br>4 = Commercial<br>5 = Land<br>6 = Royalties<br>7 = Self-Rental |
| Street address.....              |             |  |
| City.....                        |             |  |
| State.....                       |             |  |
| ZIP code.....                    |             |  |
| Type of property (see table).... |             |  |
| Other type of property.....      |             |  |
| Number of days rented.....       |             |  |

|  |  |   |  |
|--|--|---|--|
| Percentage of ownership if not 100% (.xxxx).....   |  | 1=did not actively participate...<br>1=RE prof., activity is trade or business,<br>2=RE prof., not trade or business..... |  |
| Percentage of tenant occupancy if not 100% (.xxxx).....  |  | 1=rental other than real estate.  |  |
| 1=spouse, 2=joint.....   |  | 1=investment.....   |  |
| 1=qualified joint venture.....   |  | 1=single member limited liability company.....  |  |
| 1=nonpassive activity,<br>2=passive royalty.....   |  |   |  |
| If required to file Form(s) 1099, did you or will you file all required Form(s) 1099: 1=yes, 2=no..... |  |   |  |

**INCOME**

|                                  | 2016 Amount | 2015 Amount |
|----------------------------------|-------------|-------------|
| Rents or royalties received..... |             |             |

**DIRECT EXPENSES**

NOTE: Direct expenses are related only to the rental activity. These include rental agency fees, advertising, and office supplies.

|  |  |  |
|--|--|--|
| Advertising.....                             |  |  |
| Association dues.....                        |  |  |
| Auto and travel (not entered elsewhere)..... |  |  |
| Cleaning and maintenance.....                |  |  |
| Commissions.....                             |  |  |
| Gardening.....                               |  |  |
| Insurance.....                               |  |  |
| Legal and professional fees.....             |  |  |
| Licenses and permits.....                    |  |  |
| Management fees.....                         |  |  |
| Miscellaneous.....                           |  |  |
| Mortgage interest (paid to banks, etc.)..... |  |  |
| Qualified mortgage insurance premiums.....   |  |  |
| Excess mortgage interest.....                |  |  |
| Other interest (not entered elsewhere).....  |  |  |
| Painting and decorating.....                 |  |  |
| Pest control.....                            |  |  |
| Plumbing and electrical.....                 |  |  |
| Repairs.....                                 |  |  |
| Supplies.....                                |  |  |
| Taxes - real estate.....                     |  |  |
| Taxes - other (not entered elsewhere).....   |  |  |
| Telephone.....                               |  |  |
| Utilities.....                               |  |  |
| Wages and salaries.....                      |  |  |
| Other:                                       |  |  |
| _____  |  |  |
| _____  |  |  |
| _____  |  |  |
| _____  |  |  |

NOTE: If you purchased or disposed of any business assets, please complete Sheet 22.

Please enter all pertinent 2016 amounts. Last year's amounts are provided for your reference. The indirect expense column should only be used for vacation homes or less than 100% tenant occupied rentals.

**GENERAL INFORMATION**

|                           |  |
|---------------------------|--|
| Foreign region .....      |  |
| Foreign postal code ..... |  |
| Foreign country .....     |  |

**OIL AND GAS**

|   | 2016 Amount | 2015 Amount |
|---|-------------|-------------|
| Production type (preparer use only) .....                         |             |             |
| Cost depletion .....  |             |             |
| Percentage depletion rate or amount .....                         |             |             |
| State cost depletion, if different (-1 if none) .....             |             |             |
| State % depletion rate or amount, if different (-1 if none) ..... |             |             |

**VACATION HOME**

|   |  |
|---|--|
| Number of days personal use .....                       |  |
| Number of days owned (if optional method elected) ..... |  |

**INDIRECT EXPENSES**

NOTE: Indirect expenses are related to operating or maintaining the dwelling unit. These include repairs, insurance, and utilities.

|   |  |  |
|---|--|--|
| Advertising .....                             |  |  |
| Association dues .....                        |  |  |
| Auto and travel (not entered elsewhere) ..... |  |  |
| Cleaning and maintenance .....                |  |  |
| Commissions .....                             |  |  |
| Gardening .....                               |  |  |
| Insurance .....                               |  |  |
| Legal and professional fees .....             |  |  |
| Licenses and permits .....                    |  |  |
| Management fees .....                         |  |  |
| Miscellaneous .....                           |  |  |
| Mortgage interest (paid to banks, etc.) ..... |  |  |
| Qualified mortgage insurance premiums .....   |  |  |
| Excess mortgage interest .....                |  |  |
| Other interest (not entered elsewhere) .....  |  |  |
| Painting and decorating .....                 |  |  |
| Pest control .....                            |  |  |
| Plumbing and electrical .....                 |  |  |
| Repairs .....                                 |  |  |
| Supplies .....                                |  |  |
| Taxes - real estate .....                     |  |  |
| Taxes - other (not entered elsewhere) .....   |  |  |
| Telephone .....                               |  |  |
| Utilities .....                               |  |  |
| Wages and salaries .....                      |  |  |
| Other:  |  |  |
| _____   |  |  |
| _____   |  |  |
| _____   |  |  |
| _____   |  |  |
| _____   |  |  |