ALL STAR
BOOKKEEPING & TAX SERVICE, INC.

Rental Organizer

Client Name: **Tax Year: 20**

	Property #1	Property #2	Property #3
Description:			
Please include address and			
type of rental property:			
Income:			
Rent:	$	$	$
Security Deposits (kept):	$	$	$
Expenses:			
Advertising:	$	$	$
Travel:	$	$	$
Cleaning & Maintenance:	$	$	$
Management fees:	$	$	$
Insurance:	$	$	$
Legal & Professional fees:	$	$	$
Mortgage int. pd to banks:	$	$	$
Other interest:	$	$	$
Repairs:	$	$	$
Supplies:	$	$	$
Property Taxes:	$	$	$
Utilities:	$	$	$
Other:	$	$	$
	$	$	$
	$	$	$
	$	$	$
Vehicle Expense:			
Description:			
Placed in service:			
Total miles for year:			
Rental miles:			
Commuting:			
Odometer 12/31:			

New Assets:

Description:	Date in Service:	Cost:	Property Number:
		$	
		$	
		$	
		$	
		$	
		$	
		$	
		$	
		$	