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# U.S. PERSONAL INCOME TAX CHECKLIST

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| 1. Personal INFORMATION | |  |
| Full name: |  | U.S. SSN: |
| Street Address: |  | City, Province & Postal Code: |
| Telephone number: |  | Date of birth: |
| Cell number: |  | Occupation: |
| Fax number: |  | Marital Status: |
| Email |  | Citizenship: |

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| 2. SPOUSE INFORMATION | |  |
| Full name: |  | U.S. SSN: |
| Telephone number: |  | Date of birth: |
| Cell number: |  | Occupation: |
| Email |  | Citizenship: |

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| 3. dependent information | |  |
| Full name: |  | Full name: |
| U.S. SSN: |  | U.S. SSN: |
| Date of birth: |  | Date of birth: |
|  |  |  |
| Full name: |  | Full name: |
| U.S. SSN: |  | U.S. SSN: |
| Date of birth: |  | Date of birth: |

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| 4. TAX INFORMATION CHECKLIST |  |

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|  | Copy of your prior year tax return if not prepared by Lohn Caulder |
|  | Copy of your 2020 Canadian T1 return if not prepared by Lohn Caulder (including the relevant T4, T5, RRSP tax slips) |
|  | Copies of any notices or letters received from the IRS (if received) |
|  | Did you give a gift of more than $15,000 to one or more people during the year? |
|  | Do you own a 10% or more interest (shares/capital) in any non-U.S. private entity such as a corporation or partnership? If so, please provide the financial statements and tax return of the entity for the 2020 tax year |
|  | Do you have investments in non-U.S. mutual funds and/or income trusts? If so, please provide copies of all brokerage statements for your non-registered accounts |
|  | If you have a TFSA account(s) please provide summary of income and gains/losses for the year or attach all the TFSA account statements for the year. |
|  | Do you have business or professional income? If yes, please complete **Appendix A attached below** for the Schedule C supplement for each business. |
|  | Did you earn rental income from a property during the year? If so, please complete **Appendix B attached below** for the Schedule E supplement for each rental property. |
|  | Did you have an interest in or signing authority over foreign bank and/or financial accounts with an aggregate value of over $10,000 US at any time during the year? If so, you are required to file Form 114. Please complete an FBAR supplementary form to provide this information |
|  | Did you reside outside the United States for the entire calendar year (2020) and do you plan to claim the Foreign Earned Income (and Foreign Housing Exclusion) if applicable? |
|  | Did you receive the Economic Impact Payment (Stimulus Check) in 2020? YES / NO  If yes, please provide the amount received $1,200 / $2,400 / Other |

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| 5. WAGE, SALARY INCOME |

*Attach W-2s* if you have received employment income during the year.

**Taxpayer Spouse**

**Employer:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **6. INTEREST INCOME** |

*Attach 1099-INTs if you have received any interest income during the year*

|  |  |
| --- | --- |
| **PAYER** | **AMOUNT** |
|  |  |
|  |  |
| **7. DIVIDEND INCOME** | |

*Attach 1099-DIVs if you have received any dividend income during the year*

|  |  |
| --- | --- |
| **PAYER** | **AMOUNT** |
|  |  |
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| **8. PARTNERSHIP, TRUST, ESTATE INCOME** |

Attach K-1s and list the payers of the partnership, trust, s-corporation, or estate income

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **9. INDIVIDUAL RETIREMENT ACCOUNT (IRA)** |

Contributions for the tax year:

|  |  |
| --- | --- |
| **Amount** | **Date Contributed** |
|  |  |
|  |  |

**Taxpayer**

**Spouse**

***Were there any amounts withdrawn during the year? If so, please attach 1099-Rs.***

|  |
| --- |
| **10. PENSION, ANNUITY INCOME** |

***If there were pension income distributed during the year, were the amounts reinvested for:***

***Taxpayer (Y / N ) Spouse ( Y / N )* [Please circle one]**

**Did you receive:**

**Taxpayer Spouse**

**Social Security Benefits**

**Railroad Retirement**

**Please attach Forms 1099-SSA or 1099-RRA if the above is applicable to you or your spouse.**

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| **11. SALE OF INVESTMENTS** |

If you sold any investments during the year, please fill in the below or provide copies of broker statements and/or details of stock, bond, mutual fund and other investment transactions. NOTE: For U.S. tax purposes we require original purchase date and sale date in order to determine whether short-term or long-term treatment is appropriate

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Investment Type** | **Date Acquired** | **Date Sold** | **Sale Price** | **Cost** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Please attach 1099-B or any confirmation slips.**

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| **12. OTHER INCOME** |

**Taxpayer Spouse If so, Amount**

**Alimony Received**  **\_\_\_\_\_\_\_\_\_\_\_**

**Child Support**  **\_\_\_\_\_\_\_\_\_\_\_**

**Prizes, Bonuses, Awards**  **\_\_\_\_\_\_\_\_\_\_\_**

**Gambling, Lottery**  **\_\_\_\_\_\_\_\_\_\_\_**

**Commissions**  **\_\_\_\_\_\_\_\_\_\_\_**

**Worker’s Compensation**  **\_\_\_\_\_\_\_\_\_\_\_**

**Disability Income**  **\_\_\_\_\_\_\_\_\_\_\_**

**Veteran’s Pension**  **\_\_\_\_\_\_\_\_\_\_\_**

**State income Tax Refund**  **\_\_\_\_\_\_\_\_\_\_\_**

**Jury Duty**  **\_\_\_\_\_\_\_\_\_\_\_**

**Unreported Tips**  **\_\_\_\_\_\_\_\_\_\_\_**

**Other \_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_**

**Other \_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_**

**Standard Deduction or Itemized Deductions**

Taxpayer’s are entitled to claim a standard deduction of $12,200 for single filers ($24,400 for Married Filing Jointly). As the new tax law eliminated personal exemptions and doubled the standard deduction, it might be more beneficial to claim the standard deduction. Please complete the table below so that we may determine if it is more beneficial for you to claim the Standard Deduction or Itemized Deductions.

|  |
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| **13. MEDICAL EXPENSES** |

**Medical Insurance Premiums (Paid by you)**

**Taxpayer Spouse**

**Prescription Drugs \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Glasses, Contacts \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Hearing aids \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Braces \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Medical Equipment \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Nursing care \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Medical Therapy \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Dental/Orthodontist \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Other \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please attach ALL receipts confirming the amounts above.**

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| **14. OTHER TAXES PAID** |

**Personal Residence Property Tax (Attach Bills) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Investment Property Tax \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**State and local taxes \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **15. INTEREST EXPENSE** |

**Mortgage Interest Paid (Attach 1098) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(effective January 1, 2018, you can only claim a deduction for interest on up to $750,000 in qualified mortgage debt. For home equity loans and LOC, you can only take the deduction if you were using the money to build or improve your home on debt up to $100,000 ($50,000 if Married Filing Separately))

**Investment Interest \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Premiums Paid or accrued \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**for qualified mortgage insurance**

**Student Interest Paid \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |
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| **16. CHARITABLE DONATIONS** |

**Note: Please provide official receipts if available**

**Cash Contributions:**

|  |  |
| --- | --- |
| **Organization** | **Amount** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

**Non-Cash Contributions:**

|  |  |
| --- | --- |
| **Organization** | **Fair Value of Goods ($)** |
|  |  |
|  |  |
|  |  |
|  |  |
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| **17. ESTIMATED TAX PAID** |

**If you have made Estimated tax payments, please fill in the following below:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Due Date of Payment** | **Date Paid** | **Federal** | **State** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
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| **18. QUESTIONS, COMMENTS OR OTHER INFORMATION** |

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| **19. DIRECT DEPOSIT/ REFUND** |

Would you like to have your refunds directly deposited into your account?  **Yes**  **No**

If so, please provide the following information for your account:

Owner of Account  **Taxpayer**  **Spouse**  **Joint**

Type of Account  **Checking** **Savings**

Name of Financial Institution \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Financial Institution Routing Transit Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your Account Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **APPENDIX A: SCHEDULE C SUPPLEMENT** |

**Profit or Loss Statement: CAD USD**

1. **Gross Income/ Sales $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Cost of Goods Sold \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**2. Expenses**

**Advertising \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Auto and Truck Expense \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Bad Debts \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Bank Charges \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Commission Paid \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Depreciation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Delivery & Freight \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Dues & Subscriptions \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Employee Benefit Programs \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Insurance \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Interest Expense \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Office Expense \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Licenses and Permits \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Legal and Professional Services \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Meals & Entertainment \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parking & Tolls \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Rents \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Repairs & Maintenance \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Salaries and Wages \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Taxes \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Travel**

**Airfare \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Hotel/lodging \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Transportation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Utilities**

**Telephone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Internet service \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Other Expenses**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**3. Capital Asset Purchases**

**Did you purchase any assets during the year? If so, please provide the date of purchase, the asset description and the amount of the purchase.**

**Date Asset Description Amount**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**4. Vehicle Worksheet**

**If you are claiming car or truck expenses, please complete the work sheet below.**

**Vehicle 1**

**Date when you placed your vehicle in service for business purposes? \_\_/\_\_/\_\_\_\_\_\_**

**Cost of vehicle \_\_\_\_\_\_\_\_\_\_\_**

**Make and Model of Vehicle \_\_\_\_\_\_\_\_\_\_\_**

**Total miles driven Jan thru Dec \_\_\_\_\_\_\_\_\_\_\_**

**Business miles driven Jan thru Dec \_\_\_\_\_\_\_\_\_\_\_**

**Commuting miles \_\_\_\_\_\_\_\_\_\_\_**

**Is this vehicle leased?**  **Yes**  **No**

**If yes, what are the vehicle lease payments for the year \_\_\_\_\_\_\_\_\_\_\_**

**Expenses incurred for the vehicle (if applicable):**

**Gas \_\_\_\_\_\_\_\_\_\_\_**

**Repairs & Maintenance \_\_\_\_\_\_\_\_\_\_\_**

**Car Washes \_\_\_\_\_\_\_\_\_\_\_**

**Insurance \_\_\_\_\_\_\_\_\_\_\_**

**Vehicle Registration Fee \_\_\_\_\_\_\_\_\_\_\_**

**Interest on Vehicle Loan \_\_\_\_\_\_\_\_\_\_\_**

**Vehicle 2**

**Date when you placed your vehicle in service for business purposes? \_\_/\_\_\_/\_\_\_\_\_\_**

**Cost of vehicle \_\_\_\_\_\_\_\_\_\_\_**

**Make and Model of Vehicle \_\_\_\_\_\_\_\_\_\_\_**

**Total miles driven Jan thru Dec \_\_\_\_\_\_\_\_\_\_\_**

**Business miles driven Jan thru Dec \_\_\_\_\_\_\_\_\_\_\_**

**Commuting miles \_\_\_\_\_\_\_\_\_\_\_**

**Is this vehicle leased?  Yes  No**

**If yes, what are the vehicle lease payments for the year \_\_\_\_\_\_\_\_\_\_\_**

**Expenses incurred for the vehicle (if applicable):**

**Gas \_\_\_\_\_\_\_\_\_\_\_**

**Repairs & Maintenance \_\_\_\_\_\_\_\_\_\_\_**

**Car Washes \_\_\_\_\_\_\_\_\_\_\_**

**Insurance \_\_\_\_\_\_\_\_\_\_\_**

**Vehicle Registration Fee \_\_\_\_\_\_\_\_\_\_\_**

**Interest on Vehicle Loan \_\_\_\_\_\_\_\_\_\_\_**

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| **APPENDIX B: SCHEDULE E SUPPLEMENT** |

**Supplemental Income and Loss**

**1. Income or Loss from Rental Real Estate and Royalties**

**Did you make any payments in 2020 that will require you to file Form(s) 1099?**  **Yes**  **No**

**Physical Address of each Property Rental Days Personal Use Days**

**#1\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_**

**#2\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_**

**#3\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_**

**#4\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_**

**Rental Property #1:**

**Did you purchase the property this year? If so, please provide the date: \_\_/\_\_/\_\_\_\_\_**

**Please provide the cost of the property and any improvements made to the property**

**Cost: \_\_\_\_\_\_\_\_\_\_\_\_\_ Improvements: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Rental Property #2:**

**Did you purchase the property this year? If so, please provide the date: \_\_/\_\_/\_\_\_\_\_**

**Please provide the cost of the property and any improvements made to the property**

**Cost: \_\_\_\_\_\_\_\_\_\_\_\_\_ Improvements: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Rental Property #3:**

**Did you purchase the property this year? If so, please provide the date: \_\_/\_\_/\_\_\_\_\_**

**Please provide the cost of the property and any improvements made to the property**

**Cost: \_\_\_\_\_\_\_\_\_\_\_\_\_ Improvements: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Rental Property #4:**

**Did you purchase the property this year? If so, please provide the date: \_\_/\_\_/\_\_\_\_\_**

**Please provide the cost of the property and cost of any improvements made to the property:**

**Cost: \_\_\_\_\_\_\_\_\_\_\_\_\_ Improvements: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Rental Income and Expenses Worksheet:**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Income:** | **Rental #1** | | **Rental #2** | | **Rental #3** | | **Rental #4** | |
| **Currency (Please fill in the applicable currency)** | **CAD** | **USD** | **CAD** | **USD** | **CAD** | **USD** | **CAD** | **USD** |
| **Rent Received** |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| **Expenses:** |  |  |  |  |  |  |  |  |
| **Advertising** |  |  |  |  |  |  |  |  |
| **Cleaning & Maintenance Cost** |  |  |  |  |  |  |  |  |
| **Insurance Cost** |  |  |  |  |  |  |  |  |
| **Legal & Professional Fees** |  |  |  |  |  |  |  |  |
| **Management Fee** |  |  |  |  |  |  |  |  |
| **Mortgage interest paid to Bank** |  |  |  |  |  |  |  |  |
| **Repairs** |  |  |  |  |  |  |  |  |
| **Supplies** |  |  |  |  |  |  |  |  |
| **Taxes** |  |  |  |  |  |  |  |  |
| **Utilities** |  |  |  |  |  |  |  |  |
| **Commission Paid** |  |  |  |  |  |  |  |  |
| **Other (Describe)** |  |  |  |  |  |  |  |  |