



1585 Ellinwood Ave. STE 200 B  
 Des Plaines, IL 60016  
 Tel. 847-391-5100 ext 106  
 Fax: 847-298-8961

Tax Year

## Rental Income and Expense List

Owner Name  1.  % Number of Shares  
First and Last Name / Corporation Name

Owner Name  2.  % Number of Shares  
First and Last Name / Corporation Name

Owner Name  3.  % Number of Shares  
First and Last Name / Corporation Name

Owner Name  4.  % Number of Shares  
First and Last Name / Corporation Name

Property Address

City  State  Zip Code  Phone #

Legal Name on Property Title

**Total Gross Rent Received:**  Commercial Property?  Yes  No   
Choose One Please

### Expenses:

1. Advertising	<input type="text"/>	2. Milage or Auto	<input type="text"/>	3. Cleaning	<input type="text"/>
4. Maintenance	<input type="text"/>	5. Commission	<input type="text"/>	6. Insurance	<input type="text"/>
7. Legal & Profesional	<input type="text"/>	8. Management Fee	<input type="text"/>	9. Interest- Mortgage	<input type="text"/>
10. Interest - other	<input type="text"/>	11. Repairs	<input type="text"/>	12. Supplies	<input type="text"/>
13. Real Estate Taxes	<input type="text"/>	14. Other Taxes	<input type="text"/>	15. Utilities	<input type="text"/>
16. Landscaping	<input type="text"/>	17. Pool Services	<input type="text"/>	18. Association	<input type="text"/>

### Other Expenses (please list below):

Name of Expenses	Amount	Name of Expenses	Amount
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

### General Improvements (please list below):

Name of Expenses	Date	Amount	Name of Expenses	Date	Amount
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Date

Signed By \_\_\_\_\_

