



IFC Rental Income Checklist

RENTAL PERIOD	
From (MM/DD/YY):	
To (MM/DD/YY):	
Was this the final year of the rental operation? <input type="checkbox"/> Yes <input type="checkbox"/> No	

PROPERTY INFORMATION	
Address of property:	
Number of units:	
Percentage of property rented:	
Total gross rental income:	
If Property is a New Acquisition (<i>acquired during tax year</i>), please also indicate:	
Date acquired (MM/DD/YY):	Cost of property:
Division of cost between land and building(s):	
<i>Please provide copy of Closing Statements and Mortgage Loan documents for new acquisition(s)</i>	

CO-OWNERS AND PARTNERS		
Name:		Address:
Percentage of ownership:	%	SIN:
Name:		Address:
Percentage of ownership:	%	SIN:
Name:		Address:
Percentage of ownership:	%	SIN:
Name:		Address:
Percentage of ownership:	%	SIN:
Name:		Address:
Percentage of ownership:	%	SIN:

EXPENSES	
In order to claim expenses, you must RETAIN all Receipts and Expense Statements. Credit card and bank statements are not considered adequate documentation.	
TYPE	AMOUNT
Advertising	
Insurance	
Interest	
Maintenance & Repairs (<i>Non-capital</i>)	
Management & Administration Fees	
Motor Vehicle Expenses (<i>Restricted</i>)	
Office Expenses	
Legal, Accounting, Professional Fees	
Property Taxes	
Salaries, Wages & Benefits	
Travel (<i>Restricted</i>)	
Utilities	
Other Expenses (<i>please specify</i>):	
TOTAL EXPENSES:	

CAPITAL ADDITIONS & DISPOSALS				
Please provide an itemized list of equipment purchases and disposals made during the tax year. Continue on a separate sheet if needed.				
Equipment	Additions		Disposals	
	Item	Cost	Item	Proceeds
Appliances (<i>e.g. Fridge, Stove</i>)	<i>e.g. Dryer</i>	\$599.99		
Furniture (<i>please specify</i>):				
Lawn Mowers, Yard Equipment				
Other Equipment (<i>please specify</i>):				