



10 Walnut St  
 Clifton NJ 07013  
 201-773-0777 Main  
 877-825-2479 Fax  
 accounting@taxbizpro.com

## Rental Property Expense Worksheet for tax year 2025

Name of the business X \_\_\_\_\_ EIN \_\_\_\_\_

Name of the legal representative/owner X \_\_\_\_\_ Last 4 of SS# \_\_\_\_\_

**Indicate below your business structure (only for new clients)**

- Self-employed (Property is owned by individual)
- Single Member LLC (Property is owned by the LLC-Sch. E of form 1040)
- Single Member LLC taxed as Corporation (From 1120 or 1120S)
- Multi Member LLC taxed as Partnership (Form 1065)
- Multi Member LLC taxed as Corporation (Form 1120 or 1120S)
- Corporation (INC, Corp, Co, PC) (Form 1120 or 1120S)
- Partnership (LLP, LP, GP) (Form 1065)

**RENTAL INCOME RECEIVED (IF NOT REPORTED ON 1099)** \$

**All expenses/deductions MUST have supporting documentation (receipts, check, bill, letter, etc) to support the deductions, don't submit the receipts to us**

Expenses	AMOUNT/YEAR
1 Advertising & Marketing	1 \$
2 Bank Fees	2 \$
3 Mortgage Loan Payments (interest only)	3 \$
4 Property Insurance	4 \$
5 Car (gas, oil change, repairs) - Is the car(s) registered on the business? YES <input type="checkbox"/> NO <input type="checkbox"/>	5 \$
6 Car Insurance	6 \$
7 Car Lease	7 \$
8 Cell Phone	8 \$



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9 Charity Contributions	9	\$
10 Entertainment Exp. <b>NOT DEDUCTABLE</b>	10	\$
11 Equipment purchased (indicate purchase date)	11	\$
12 Furniture and Fixtures Purchased (indicate purchase date)	12	\$
13 Licenses and Permits	13	\$
14 Meals (with clients, business related)	14	\$
15 Office Cleaning and Maintenance	15	\$
16 Office Expenses (telephone, internet, etc)	16	\$
17 Office Rent	17	\$
18 Repairs & Maintenance	18	\$
19 Office Supplies	19	\$
20 Outside Help/Temps	20	\$
21 Parking Exp	21	\$
22 Postage & Shipping	22	\$
23 Professional Education (seminars, books, etc)	23	\$
24 Professional Fees (Accountant/Attorney etc)	24	\$
25 Property Purchase (include closing documents)	25	\$
26 Property Management Fees	26	\$
27 Property Taxes	27	\$
28 Property Insurance	28	\$
29 Salaries & Wages	29	\$
30 Tolls	30	\$
31 Travel (long range to and from client)	31	\$
32 Utilities	32	\$
33 Other Expenses - indicate what it is	33	\$



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For Auto Expenses

(update only if you changed the car from last year, or you are a new client)

Make/Model
Purchase Date
Purchase Price/Cost \$

Mileage Info

Total mileage driven this year
(i.e. between business or customers)

Home Office Deduction: (update only if anything changed from last year, or you are a new

Total square footage of the house
Square footage of the office area used exclusively for business in the house

Please list any additional info not listed above

Three horizontal lines for additional information.

Please sign X \_\_\_\_\_

Date \_\_\_\_\_