



Tax Year _____

***Please fill out one form per property**

For the period from: January 1 to December 31

Was this the final year of your rental operation Yes No

Co-owners and partners

Taxpayer

_____ Percentage of ownership _____%

Spouse

_____ Percentage of ownership _____%

Other co-owners or partners

_____ Percentage of ownership _____%

Address of property

Street Number _____ Street Name _____

City _____ Province _____

Postal Code _____ Number of Units _____

Gross Rent collected \$ _____

Please keep all supporting documents for the amounts claimed below

Expenses

Advertising		Insurance	
Interest		Office Expenses	
Legal, accounting, prof fees		Management and Administration Fees	
Maintenance and repairs		Salaries, wages and benefits	
Property taxes		Travel	
Utilities		Other (specify):	
Other (specify):		Other (specify):	

*** Please note that not every expense may be applicable to you. Please let us know if you have any questions regarding any of the expenses listed above.**