

**MCG Rental Property Worksheet** (if MCG prepared last year's tax return, there is no need to complete the blue highlighted items)

	Rental #1	Rental #2	Rental #3	Rental #4
Owned by	<input type="checkbox"/> TP <input type="checkbox"/> SP <input type="checkbox"/> Joint	<input type="checkbox"/> TP <input type="checkbox"/> SP <input type="checkbox"/> Joint	<input type="checkbox"/> TP <input type="checkbox"/> SP <input type="checkbox"/> Joint	<input type="checkbox"/> TP <input type="checkbox"/> SP <input type="checkbox"/> Joint
Street address				
City State Zip				
Property type	<input type="checkbox"/> Sgl fam <input type="checkbox"/> Multi-fam <input type="checkbox"/> Other	<input type="checkbox"/> Sgl fam <input type="checkbox"/> Multi-fam <input type="checkbox"/> Other	<input type="checkbox"/> Sgl fam <input type="checkbox"/> Multi-fam <input type="checkbox"/> Other	<input type="checkbox"/> Sgl fam <input type="checkbox"/> Multi-fam <input type="checkbox"/> Other
Month/year first used as a rental property	Mo Year	Mo Year	Mo Year	Mo Year
Original cost plus cost of improvements as of the date rental use began				
Value of land included on the previous line				
If only partly rented- rental sq ft / total sq ft	/	/	/	/
Did you actively participate in managing this rental?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did you issue Form 1099 to anyone?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Number of days available to rent during tax year				
Number of days used by you/family member				
Rental income reported to you on Form 1099-MISC				
Rental income not reported on Form 1099-MISC				
Advertising expense				
Auto & travel expense				
Cleaning & maintenance expense				
Insurance expense				
Management expense				
Mortgage interest expense				
Repairs expense				
Real estate tax expense				
Utilities expense				
Other:				
Other:				
Improvements: description				
Date placed in service				
Cost				
Is this improvement used 100% for this rental?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you want to take maximum accelerated depreciation (i.e., full expense all in one year)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did you use a personal vehicle or office space in home for this rental? If yes, provide details	<input type="checkbox"/> car <input type="checkbox"/> home	<input type="checkbox"/> car <input type="checkbox"/> home	<input type="checkbox"/> car <input type="checkbox"/> home	<input type="checkbox"/> car <input type="checkbox"/> home
Were any depreciable items sold or purchased during this tax year?	<input type="checkbox"/> No <input type="checkbox"/> Yes--provide complete details			
If MCG did not prepare your tax return last year, provide a complete depreciation schedule.				