

SUMMARY OF RENTAL OPERATIONS

(Please complete a separate form for each rental property)

CLIENT INFORMATION

FULL NAME: _____ SIN: _____

RENTAL DETAILS

RENTAL PROPERTY ADDRESS: _____

REPORTING PERIOD: _____ mm/dd/yy TO _____ mm/dd/yy

Is there a personal use portion? Yes If yes, what percentage? _____ % No

Is this a short-term rental? Yes No If yes, provide copies of applicable licenses and permits.

GST Number (if applicable): _____

If you are GST-registered, do not include GST in the summary amounts.

GST Collected on Sales \$ _____ GST paid \$ _____

RENTAL INCOME

Total Rental Income	\$
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RENTAL EXPENSES (Enter amounts where applicable)

Advertising	\$
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Insurance	\$
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Interest	\$
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Maintenance and Repairs	\$
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Management and Admin Fees	\$
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Office Expenses	\$
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Legal, Accounting and Other Professional Fees	\$
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Property taxes	\$
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Salaries, Wages and Benefits (include employer contributions)	\$
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Travel	\$
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Utilities	\$
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Other Expenses (please list)	
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• _____	\$
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• _____	\$
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TOTAL RENTAL EXPENSES	\$
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Ownership Details (if applicable)

FULL NAME(S)	SIN	% OWNERSHIP

Additional Information:

CAPITAL ASSET PURCHASES (Provide copies of invoices)		
Date	Description	Purchase/Sale Price

CAPITAL ASSET SALES (Provide copies of bills of sale)		
Date	Description	Purchase/Sale Price

Notes or Additional Comments:

Client Signature: _____ **Date:** _____

