



2020

Rental and Royalty Income

Location of Property: _____

TSJ _____

Type of property _____

| | |
|--------------------------|--------------------------|
| Yes | No |
| <input type="checkbox"/> | <input type="checkbox"/> |

Have you prepared or will you prepare all required Forms 1099?

Ownership percentage if not 100%

How many days was this property rented at fair market value?

How many days was this property used personally (including use by family members)?

| 2020 | 2019 |
|------|------|
| % | |
| | |

Income:

Rents received

Royalties received

| 2020 Amount | 2019 Amount |
|-------------|-------------|
| | |

Payment card and third party transactions: Include all Forms 1099-K

| Description | 2020 Amount | 2019 Amount |
|-------------|-------------|-------------|
| | | |
| | | |
| | | |
| | | |

Miscellaneous income: Include all Forms 1099-MISC

| Description | 2020 Amount | 2019 Amount |
|-------------|-------------|-------------|
| | | |
| | | |
| | | |
| | | |

Other income:

| Description | 2020 Amount | 2019 Amount |
|-------------|-------------|-------------|
| | | |
| | | |
| | | |
| | | |



2020

Rental and Royalty Expenses

10A

Location of Property: _____

Expenses:

- Advertising
- Auto and travel
- Cleaning and maintenance
- Commissions
- Insurance
- Legal and other professional fees
- Management fees
- Mortgage interest paid to banks, etc.
- Mortgage interest paid to individuals
- Other interest
- Repairs
- Supplies
- Taxes
- Utilities
- Dependent care benefits
- Employee benefits
- Other Expenses:

| 2020 Amount | 2019 Amount |
|-------------|-------------|
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| Description | 2020 Amount | 2019 Amount |
|-------------|-------------|-------------|
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| | | |



Rental and Royalty Vehicle and Other Listed Property

Location of Property: _____

Listed Property Questions for 2020:

| | | |
|---|--------------------------|--------------------------|
| Do you have evidence to support your deduction? | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, is the evidence written? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you have evidence to support the business use percentage claimed on listed property? | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, is the evidence written? | <input type="checkbox"/> | <input type="checkbox"/> |

If you are an employer who provides vehicles for use by employees:

| | | |
|--|--------------------------|--------------------------|
| Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? .. | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you treat all use of vehicles by employees as personal use? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles and retain the information received? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you meet the requirements for qualified demonstration use by maintaining a written policy statement that prohibits vehicle use by individuals other than full-time vehicle salespersons, use for personal vacation trips, storage of personal possessions in the vehicle and limits the total mileage outside the salesperson's normal working hours? | <input type="checkbox"/> | <input type="checkbox"/> |

Vehicle:

Description of vehicle

Date placed in service . . . (Mo/Da/Yr) _____

Do you (or your spouse) have another vehicle available for your personal use?

Was your vehicle available for use during off-duty hours?

| Vehicle 1 | |
|--|-------------|
| | |
| | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 2020 Miles | 2019 Miles |
| | |
| | |
| | |
| 2020 Amount | 2019 Amount |
| | |
| | |
| | |
| | |

| Vehicle 2 | |
|--|-------------|
| | |
| | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 2020 Miles | 2019 Miles |
| | |
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| | |
| 2020 Amount | 2019 Amount |
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