




Rental Property Worksheet

Click these  for the tax tip

Mouse over these  for an example

Click the  to add rows where needed

Section 1

- General Rental Information

For which taxation year are you filing this return?

How many rental properties do you own or are you active in?

What is the full address of your rental property?

Row	Apt # - Street# - Street Name	City	Province	Country	Postal Code
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Is this the first year you have been in rental activities? Yes No

Was this your last year of rental activities? Yes No

How many units are in the rental property?

What is your GST or business number (must be 9 digits with no letters), if you have one?

Are you the only owner/active person? Yes No

Is there any information regarding your rental properties that you feel we should know, whether relevant to the above or not?

Section 2

- Income and GST Collected on Your Rental Property

What is the total rent you collected, **including GST, PST, and HST**?

Did you have any other rental-related income, in addition to the amount entered above? Yes No

Enter the amounts of GST PST HST you collected in the total rent amount? N/A

How much GST and HST did you pay on **eligible expenses**?

If you are not sure, please indicate.

Is there any information regarding your GST, PST, HST, or rental income that you feel we should know, whether relevant to the above or not?

Section 3

- General Rental Expenses

Please tell us how much you spent on the expenses listed below.

All amounts are business only and **do not include personal, in-home office/business, or motor vehicle expenses.**

- 1. Advertising []
- 2. Insurance **(except for motor vehicles and in-home office)** []
- 3. Interest and bank charges []
- 4. Maintenance and repairs **(except motor vehicle and in-home)** []
- 5. Management and administration fees []
- 6. Office expenses []
- 7. Legal, accounting, and other professional/consulting fees []
- 8. Property taxes **(except in-home office)** []
- 9. Salaries, wages, and benefits []
- 10. Travel expenses []
- 11. Utilities []
- 12. Condo Fees []
- 13. Other expenses []
- A. _____ []
- B. _____ []
- C. _____ []
- D. _____ []

Section 4

- Assets, Equipment, Furnishings, and Other Physical Items Used in the Rental Property

- A) Did you purchase any assets, equipment, or furnishings during the year? Yes No
- B) Did you sell or dispose of/scrap/donate any assets, equipment, or furnishings during the year? Yes No
- C) What are the current assets, furnishings, and equipment you use in the rental property (you may consult your previous year's tax return if necessary)?

Row	Item Description	Fair Market Value

- D) Is there any information regarding your assets, equipment, and furnishings that you feel we should know, whether relevant to the above or not?

Section 5

- Motor Vehicle Expenses

To be filled out for each vehicle used during employment

- A) Vehicle mileage and value **(we recommend using a logbook to keep track of your mileage)**

- 1. Total kilometres driven **(including personal)** during the year []
- 2. Total business only, kilometres driven during the year []
- 3. Fair market value of vehicle at beginning of year from last year's tax return (or you may consult the blue book, a local car dealer, or newspaper ads for evaluation). []

Make	Model	Year

B) Total expenses, including personal amount

- 1. Fuel and oil
 - 2. Maintenance and repairs
 - 3. Insurance
 - 4. License and registration
 - 5. Interest on car loan (check original loan agreement and fill in interest section D below)
 - 6. Lease payments (check original lease and fill in lease section C below)
 - 7. Washes
 - 8. AMA (motor league)
 - 9. Parking
 - 10. Other (please specify)
-

C) If you lease the vehicle, please fill in the following:

- 1. Manufacturer's suggested retail price or purchase price
- 2. Total paid towards the lease since the beginning
- 3. Date acquired Date
- 4. Date terminated Date
- 5. Total number of days this vehicle was leased this year
- 6. Did you receive any interest on a refundable deposit? Yes No
If yes, date and amount? Date
- 7. Were you reimbursed in any way for your lease? Yes No
If yes, date and amount? Date
- 8. Any other leasing information?

D) If you had a car loan on which you paid interest, please fill in the following:

- 1. Date Interest payments started this year
- 2. Date Interest payments stopped this year
- 3. Total interest paid in year
- 4. Date vehicle was purchased
- 5. Any other information you feel we should know

E) If you purchased any vehicles during the year, please fill in the following:

Row	Vehicle make, model, year	Purchase Date	Purchase Amount

F) If you sold any vehicles during the year, please fill in the following:

Row	Vehicle make, model, year	Sold Date	Sold Amount

G) Any other information regarding your vehicles that you feel we should know, whether relevant to the above or not?

Section 6

-In-Home Business Expenses

Fill in this section if you use a space in your home for employment/office

A) Space and/or rooms used

	Area	Rooms
1. What is the area or number of rooms used for employment in your home?		
2. What is the total area or rooms in the home?		

Note: If you changed in-home office spaces during the year due to moves, etc., please calculate the amounts for each in-home office and average out, fill in this section with the averaged amounts .

B) Expenses: Please list the total for the year, including personal portion.

1. Heat	
2. Electricity	
3. Insurance	
4. Maintenance	
5. Mortgage interest	
6. Property taxes	
7. Condo fees	
8. Rent	
9. Other expenses (please specify)	

C) Is there any information regarding your in-home business/office expenses that you feel we should know, whether relevant to the above or not?

Section 7

Disclosure

I _____, Social Insurance Number _____
(Your full name) (Your SIN)

have read, understood, and completed all relevant procedures required for tax preparation. I have conducted all necessary research and sought all required assistance, and all data submitted is true and accurate to the best of my knowledge. I will not hold PTC Canada or its associates liable in any way or at any time, and I accept responsibility for all information supplied.

Use this for submitting printed form

Signature _____
Date _____

Use this for submitting electronic form

Electronic Signature _____
Date _____