

Schedule D – Rental Income

Complete one copy of this schedule for each rental property

Property Address: _____

Co-owned (circle one)? Yes / No *If yes your ownership percentage:* _____%

Property Type (circle one): Commercial / Residential

*** Please calculate on a gross basis and we will adjust for your individual ownership percentage***

Income (Gross Rents) \$ _____

Expenses

Advertising \$ _____

Insurance _____

Mortgage interest and bank charges _____

Office expenses _____

Professional fees _____

Management and administration fees _____

Repairs and maintenance _____

Salaries and benefits _____

Property taxes (excluding home office) _____

Travel expenses _____

Utilities _____

Motor vehicle (See schedule B) _____

Other (please specify): _____ _____

Other (please specify): _____ _____

Total Expenses \$ _____

Net Rental Income (Revenue – Expenses) \$ _____

Other Items:

If commercial, are you registered for HST? Yes / No

Do you require us to prepare your HST return? Yes / No

HST registration number: _____

Is this your first year renting this property? Yes / No

(If yes, please provide purchase documents for this property)

Have you sold or moved into a property that was rented in the previous tax year? Yes / No