



Rental and Royalty Income

Location of Property: _____

TSJ _____

Type of property _____

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

| | |
|-----|----|
| Yes | No |
|-----|----|

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)? _____

| 2016 | 2015 |
|------|------|
| % | |
| | |

Income:

Rents received _____
 Royalties received _____

| 2016 Amount | 2015 Amount |
|-------------|-------------|
| | |

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

| Description | 2016 Amount | 2015 Amount |
|-------------|-------------|-------------|
| | | |
| | | |
| | | |
| | | |

Miscellaneous income: Include all Forms 1099-MISC

| Description | 2016 Amount | 2015 Amount |
|-------------|-------------|-------------|
| | | |
| | | |
| | | |
| | | |

Other income:

| Description | 2016 Amount | 2015 Amount |
|-------------|-------------|-------------|
| | | |
| | | |
| | | |
| | | |



2016

Rental and Royalty Property and Equipment & Depletion

10B

Location of Property: _____

Property and Equipment: Include a list if more space is needed

Acquisitions:

| X if not new | Description | Date Acquired (Mo/Da/Yr) | Cost |
|--------------|-------------|--------------------------|------|
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Dispositions:

| Description | Date Acquired (Mo/Da/Yr) | Cost | Date Sold (Mo/Da/Yr) | Selling Price |
|-------------|--------------------------|------|----------------------|---------------|
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Percentage Depletion Information:

| Production Type | Royalty Income | |
|-----------------|----------------|-------------|
| | 2016 Amount | 2015 Amount |
| | | |
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Rental and Royalty Vehicle and Other Listed Property

Location of Property: _____

Listed Property Questions for 2016:

| | | |
|---|--------------------------|--------------------------|
| | Yes | No |
| 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:

| | | |
|--|--------------------------|--------------------------|
| | Yes | No |
| 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 | |
| 2016 Miles | 2015 Miles |
| | |
| | |
| | |
| 2016 Amount | 2015 Amount |
| | |
| | |
| | |
| | |

| Vehicle 2 | |
|--|-------------|
| | |
| | |
| | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 2016 Miles | 2015 Miles |
| | |
| | |
| | |
| 2016 Amount | 2015 Amount |
| | |
| | |
| | |
| | |

Mileage:

Total miles

Total business miles

Total commuting miles for the year ..

Actual Expenses:

Gasoline, oil, repairs, insurance, etc ..

Interest

Taxes

Fair market value of leased vehicle ..

Vehicle rentals/leases