



Short Term Rental Property / Air BnB Worksheet – Tax year 2024

For reporting of rental stays shorter than 30 consecutive days.

Check box if this property was purchased for the current tax year: **Include your closing statement.**

Check box if this is the first year we are doing your taxes for an established property: **Include your prior year's Depreciation Schedule.**

Property Description (single family, multi, etc.): _____

Property Address: Street: _____

City: _____ State: _____ Zip: _____

Employee Identification Number (EIN), if applicable: _____

Name of LLC for property, if applicable: _____

Property Owned by: Taxpayer Spouse Both

of Days rented at fair value: _____

of Days of 100% owner/personal use: _____

Is the rental property occupied by the owner? YES NO

If owner occupied during rental, what is the square footage of living or dedicated space occupied by the owner?: _____

Total living square footage area of property: _____

Any payments over \$600 made to individuals/subcontractors which require you to file Form 1099/1096? YES NO

If YES, did you or will you file all required Forms 1099/1096? YES NO

Check Box: **Include your Air BnB/VRBO/3rd Party Annual statement.**

RENTAL INCOME:

Total money received before any fees/expenses. Do NOT include Sales Tax: \$ _____

EXPENSES:

\$ AMOUNT (Yearly)

Advertising	
Travel – air, taxi (For Auto, see Vehicle Worksheet)	
Cleaning and Maintenance	
Commissions and Fees (paid to realtor)	
Insurance (property / liability)	
Legal, Professional, Accounting Fees	
Management / Rental Fees	
Interest Expense – Mortgage Interest ONLY	

EXPENSES: *continued...***\$ AMOUNT (Yearly)**

Interest Expenses (business credit card, etc.)	
Repairs (items under \$3,000)	
Supplies (paper products, kitchen supplies, outdoor items)	
Food and Concierge Items	
Linens / Decoration	
Taxes (school / property)	
Taxes (Other, LLC fee)	
Utilities (electric, heating fuel, cable, internet)	
Water and Sewer	

OTHER EXPENSES: *List any additional specific item(s) or costs below.***\$ AMOUNT (Yearly)**

MAJOR IMPROVEMENTS: *List any details of furnishings/appliances over \$3,000 below.***COST****DATE PAID**

	COST	DATE PAID

Other Tax / Additional Information:

AUTO / TRUCK EXPENSES:
 Complete Vehicle worksheet (*Check Box*)