



Chicago Office
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Fax:708/583-0333

Lockport Office
Tel. 815/836-0100
Fax:815/836-0600

Palatine Office
Tel. 847/359-8100
Fax:847/359-8170

Rental Expense List

Your Name _____

Property Address _____

Legal Name on Property Title _____

Tax Year _____

Commercial Property Yes No

Total gross rent received : \$ _____

Rental Expenses:

Amount

1 Advertising.....	1	
2 Auto expenses / mileage.....	2	
3 Travel	3	
4 Cleaning and maintenance	4	
5 Commissions	5	
6 Insurance	6	
7 Legal and other professional fees.....	7	
8 Management fees.....	8	
9 Mortgage interest.....	9	
10 Other interest	10	
11 Repairs	11	
12 Supplies.....	12	
13 Real Estate Taxes	13	
14 Other Taxes	14	
15 Utilities.....	15	
16 Other expenses... ..	16	
a. _____	a.	
b. _____	b.	
c. _____	c.	
d. _____	d.	
e. _____	e.	
f. _____	f.	
g. _____	g.	
17 General Improvements (please list below).....	17	xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx
Type of improvement - description		
Date		
a. _____	a.	
b. _____	b.	
c. _____	c.	
d. _____	d.	
e. _____	e.	

Signature _____ Date _____