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2015 RENTAL ACTIVITY CHECKLIST

1. General Information

Taxpayer Name	
Property Address	

Commercial or Residential (If commercial, please provide GST/HST return, if registered)
 Partnership or Co-ownership Your Share % _____ Co-owner: _____

2. Rent

Rent Collected \$ _____

3. Expenses

<input type="checkbox"/> Advertising	\$ _____
<input type="checkbox"/> Insurance	\$ _____
<input type="checkbox"/> Interest	\$ _____
<input type="checkbox"/> Office	\$ _____
<input type="checkbox"/> Legal, accounting and other professional fees	\$ _____
<input type="checkbox"/> Management and administrative fees	\$ _____
<input type="checkbox"/> Maintenance and repairs	\$ _____
<input type="checkbox"/> Salaries	\$ _____
<input type="checkbox"/> Property taxes	\$ _____
<input type="checkbox"/> Travel	\$ _____
<input type="checkbox"/> Utilities	\$ _____
<input type="checkbox"/> Motor vehicles expenses	\$ _____
<input type="checkbox"/> Strata fees	\$ _____
<input type="checkbox"/> Other (provide description)	\$ _____

4. Purchase of Assets (such as fridge, stove, washing machine, etc.)
