

TD TAX NO. _____

REPORTING PERIOD: _____

MONROE COUNTY TAX COLLECTOR

**CONSOLIDATED TAX RETURNS
ATTACHMENT**

Property Owner's Information:

Property Owner's Name: _____

Rental Property Address: _____

Mailing Address: _____

Property Owner's Name: _____

Rental Property Address: _____

Mailing Address: _____

Property Owner's Name: _____

Rental Property Address: _____

Mailing Address: _____

Property Owner's Name: _____

Rental Property Address: _____

Mailing Address: _____

Property Owner's Name: _____

Rental Property Address: _____

Mailing Address: _____

Property Owner's Name: _____

Rental Property Address: _____

Mailing Address: _____

This form can be duplicated for the reporting of additional properties, or you may use your own schedule as long as the required information is provided.