

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: \_\_\_\_\_

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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.*