

SCHEDULE E-Rental Property Worksheet

Tax year _____

Types of Properties:

1: Single Family Residence 2: Multi-Family Residence 3: Vacation/Short term Rental 4: Commercial 5: Land
6: Royalties

Property A: _____ % Ownership Address: _____

City, State, Zip: _____

Type from list above: _____ Fair Rental Days _____ Personal Use Days: _____

Purchase Price of Property: _____ Cost of Land: _____

Date Placed in Service: _____

Total Rent Received: \$ _____

Expenses

Advertising: \$ _____

Auto & Travel: \$ _____

Cleaning & Maintenance: \$ _____

Commissions: \$ _____

Insurance: \$ _____

Legal/Prof. Fees: \$ _____

Management Fees: \$ _____

Mortgage Interest Paid: \$ _____

Other Interest: \$ _____

Repairs: \$ _____

Supplies: \$ _____

Taxes: \$ _____

Utilities: \$ _____

Other: _____ \$ _____

Other: _____ \$ _____

Other: _____ \$ _____

Vehicle Expenses:

Did you use your personal vehicle for the Rental Property(s)? Yes No

Vehicle Make/Model _____ Date in service _____

Total Miles Driven for year _____ Total Business Miles _____

Other Travel Expenses: _____ \$ _____

Other Travel Expenses: _____ \$ _____

Notes: _____

Depreciable Assets

1) Item Description: _____
Purchase Price: _____ Date Placed in Service _____

2) Item Description: _____
Purchase Price: _____ Date Placed in Service _____

3) Item Description: _____
Purchase Price: _____ Date Placed in Service _____

4) Item Description: _____
Purchase Price: _____ Date Placed in Service _____

Did you materially participate? YES NO Did you actively participate? YES NO

Is all your investment in this property at risk? YES NO

Is the Rental property used for personal use? YES NO

I certify that I would like my taxes prepared according to the information I have supplied above.

Taxpayer Signature: _____ Date: _____

Spouse Signature: _____ Date: _____

