



RENTAL INCOME (SCHEDULE E) ORGANIZER

Complete one for each property

Year _____

General Information

Taxpayer Name _____ SSN _____
 Business Name (if any) _____ Business EIN (if any) _____
 Property Description _____
 Address (if not personal address) _____
 City, State, Zip _____
 Is this rental activity your primary job (no W-2?) Yes _____ No _____
 If not, do you make all rental/repair decisions? Yes _____ No _____
 Percentage of Property you own: _____ %
 Type of Property (choose one):
 Single Family _____ Commercial _____
 Multi-Family _____ Land _____
 Vacation _____ Other _____
 Number of Days Rented at Fair Value: _____ Number of Personal Use Days: _____

Income (or attach a Profit and Loss Statement)

Rental Income _____
 Other Income (description) _____ Amount _____

Expenses

Advertising _____	Interest _____
Work Car Mileage _____	Mortgage _____
Personal Use Mileage _____	Other Debt _____
Car Yr/Make/Model _____	Repairs _____
Cleaning _____	Supplies _____
Commissions _____	Taxes _____
Dues/Licenses _____	Travel _____
Insurance _____	Cell Phone _____
P & C _____	(business percentage) _____
Mortgage PMI _____	Internet/Cable Access _____
Legal & Professional _____	Utilities _____
Maintenance _____	Other _____
Management Fees _____	Other _____

Other Information

Did you make major improvements to the property beyond normal repairs and maintenance? _____
 Or purchase furniture, appliances or other items with a long useful life used at the property? _____

Item _____	Cost _____	Date _____
Item _____	Cost _____	Date _____