

Schedule E Worksheet for Rental Property

▶ IRS Requires us to have your information in hand to support all Schedule E's

Rental Property #1 - Address _____
 If Purchased this Year - Date ___/___/___ Initial Cost _____ Improvements _____

Rental Property #2 - Address _____
 If Purchased this Year - Date ___/___/___ Initial Cost _____ Improvements _____

Rental Property #3 - Address _____
 If Purchased this Year - Date ___/___/___ Initial Cost _____ Improvements _____

	Rental #1	Rental #2	Rental #3
Rents Received	\$ _____	\$ _____	\$ _____
Advertising	\$ _____	\$ _____	\$ _____
Cleaning and Maintenance	\$ _____	\$ _____	\$ _____
Commissions	\$ _____	\$ _____	\$ _____
H O A Dues	\$ _____	\$ _____	\$ _____
Insurance	\$ _____	\$ _____	\$ _____
Legal/Professional Fees	\$ _____	\$ _____	\$ _____
Management Fees	\$ _____	\$ _____	\$ _____
Mortgage Interest Paid to Banks	\$ _____	\$ _____	\$ _____
Other Interest	\$ _____	\$ _____	\$ _____
Repairs	\$ _____	\$ _____	\$ _____
Supplies	\$ _____	\$ _____	\$ _____
Taxes	\$ _____	\$ _____	\$ _____
Utilities	\$ _____	\$ _____	\$ _____
Other _____	\$ _____	\$ _____	\$ _____
Other _____	\$ _____	\$ _____	\$ _____

▶ Business Mileage to and from Rentals _____ mi _____ mi _____ mi

Question MUST be answered >> Do you have "evidence" to support your mileage? Yes No
 and this if applicable >> If yes, is the "evidence" written? Yes No

"Evidence" includes mileage logs, appointment records, calendars, etc. plus IRS could ask for odometer readings from oil changes, repair invoices, purchase and sale documents.

▶ Appliance/HVAC Purchases \$ _____ \$ _____ \$ _____

▶ Major Improvements \$ _____ \$ _____ \$ _____

▶ Do you have an Office in Your Home? Yes No

If Yes Sq Ft of Office _____ Sq Ft of Home _____

Real Estate Taxes \$ _____ Mortgage Interest \$ _____

HO Insurance \$ _____ Utilities \$ _____

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I certify that I have listed all income, all expenses, and I have documentation to prove the figures entered on this worksheet Tax Year _____

Printed Name _____ Signature _____ Date _____