

Name: _____	Phone: _____	Tax Year
Address: _____	Taxpayer's Social Security: _____	
City/State/Zip: _____	Spouse's Social Security: _____	

Schedule E - Supplemental Income and Loss (Rentals)

Section	Summary Line	Amount
Income	Rental Income	\$ _____
Expenses	Advertising and Promotion	\$ _____
	Vehicle (use Vehicle Mileage section)	\$ _____
	Travel	\$ _____
	Cleaning & Maintenance	\$ _____
	Commissions	\$ _____
	Insurance	\$ _____
	Legal and Professional Fees	\$ _____
	Management Fees	\$ _____
	Mortgage Interest Paid	\$ _____
	Other Interest	\$ _____
	Repairs	\$ _____
	Supplies	\$ _____
	Taxes	\$ _____
	Utilities	\$ _____
	Other Expenses: Bank Charges	\$ _____
	Other Expenses: Cell Phone	\$ _____
	Other Expenses: Homeowners Association	\$ _____
	Other Expenses: Landscaping	\$ _____
	Other Expenses: Security	\$ _____
	Other Expenses: Other Expenses	\$ _____
Total Expenses		\$ _____
Capital Improvements		
	Appliances	\$ _____
	Bath	\$ _____
	Flooring	\$ _____
	HVAC	\$ _____
	Kitchen	\$ _____
	Materials	\$ _____
	Other	\$ _____
	Other Exterior	\$ _____
	Other Interior	\$ _____
	Permits	\$ _____
	Plumbing	\$ _____
	Roof	\$ _____
	Utility Hookup	\$ _____
Total Capital Improvements		\$ _____



Name: _____Phone: _____

Address: _____Taxpayer's Social Security: _____

City/State/Zip: _____Spouse's Social Security: _____

Tax Year

Schedule E - Supplemental Income and Loss (cont.)

Section	Summary Line	Amount
Vehicle Mileage (use separate sheet for each Vehicle)		
	Vehicle description (make, model and year)	
	Date vehicle purchased	
	Date vehicle place in service	
	Odometer Reading Jan 1	
	Odometer Reading Dec 31	
	Total Mileage for the year	
	Total Business Mileage for the year	
	Gasoline, oil, repairs, insurance, etc.	\$
	Vehicle registration fee (excluding property tax)	\$
	Vehicle lease or rental fee	\$
	Parking fees, tolls, and local transportation	\$
	Interest on vehicle	\$

