TAX Client Schedule E info-One Page Per Property

Fill out COMPLETELY or check ☐ "N/A". Use a separate worksheet for EACH property

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General: (Required for all)

Property Description: _____   ☐ Taxpayer ☐ Spouse ☐ Joint - Owner of Property

Address: _____

City: _____ State: _____ Zip: _____

General Questions:

1.☐ Yes – Check for Active Participant

2.☐ Yes – Check if property was used for personal use by you or your family for more than 14 days or 10% of the total rented days

      If checked, enter the number of days for personal use: _____

      If checked, enter the number of days rented: _____

Questions Related to Rental of Your Personal Dwelling (**Airbnb, VRBO, etc.)**

If only a portion of the dwelling is rented out:

1a. Enter number of rooms, OR square footage of area rented: _____ ☐ Rooms ☐ Sq Ft (Check one)

1b. Enter total number of rooms OR total square footage of dwelling: _____ ☐ Rooms ☐ Sq Ft (Check one)

2. Repairs/Supplies* related directly to area being rented (can deduct all): $ _____

      *Do NOT include these again in Repairs/Supplies below

3. Rent you paid (if you rent rather than own the dwelling you're renting out): $_____

Income: **Current Year**

Rents Received $ _____

Royalties $ _____

Income received from SBA type loans $ _____ ☐ Yes ☐ No Included Above?

Property Expense: **Current Year**

Note: IF printed material is received from client which CLEARLY indicates all info needed, fill in address above, stack printed material below this page and write "See next xx pages" in large print below.

Advertising $ _____

Cleaning/Maintenance $ _____

Commissions $ _____

Insurance $ _____

Legal and Other Professional $ _____

Management Fees $ _____

Qualified Mortgage Interest $ _____

Other Interest $ _____

Repairs $ _____

Supplies $ _____

Real Estate Taxes $ _____

Other Taxes $ _____

Utilities $ _____

Depreciation Carry-forward $ _____

New Depreciation Start $ _____

Other:_____ $ _____

Other:_____ $ _____

New Assets Placed in Service:

Description: _____ Date Placed in Service: _____ Purchase Amount: $_____

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