

Worksheet for : Schedule E - Profit or Loss from Rental Properties

Taxpayer Name _____ **Property Kind** _____

Property Location _____

Commercial Property Royalty Property
 Active Participation Material Participation
 Ownership % (if <100) _____ Renal Use % (if <100) _____

INCOME

Total Rents Received \$ _____

Royalties Received \$ _____

VACATION HOME

of Days Rented _____

of Days Personal Use _____

of Days Owned (if <365) _____

EXPENSES

Advertising \$ _____	Real Estate Taxes \$ _____
Auto Exp _____	Other Taxes _____
Travel _____	Utilities _____
Cleaning/Maintenance _____	Other Expenses: _____
Commissions _____	_____
Insurance _____	_____
Legal/Prof. Fees _____	_____
Management Fees _____	_____
Qualified Mortgage Int. _____	_____
Other Mortgage Int. _____	_____
Other Interest _____	_____
Repairs _____	_____
Supplies _____	_____

Depreciation carryover only 179?

Asset _____	Date in svc _____	Basis \$ _____	Details _____	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>

Vehicle Information	
#1 Desc. _____	Date in svc _____
Business miles: _____	\$ _____
Total miles/Bus. Use % _____	_____
Gas/Oil/Repairs/Insurance _____	\$ _____
License/Registration _____	_____
Lease/Rental Payments _____	_____
Depreciation/Sec. 179 basis _____	_____
#2 Desc. _____	Date in svc _____
Business miles: _____	_____
Total miles/Bus. Use % _____	_____
Gas/Oil/Repairs/Insurance _____	\$ _____
License/Registration _____	_____
Lease/Rental Payments _____	_____
Depreciation/Sec. 179 basis _____	_____

Total Expenses
Net Income (Loss)