

**INCOME OR LOSS FROM RENTAL ACTIVITY- SCHEDULE E**

<b>Taxpayer Name(s):</b>	
<b>Property Address:</b>	

<b>Rental Income</b>	<b>Amount</b>
Gross Rent Received	
Other <i>(Describe):</i>	
<b>Rental Expenses</b>	<b>Amount</b>
Advertising	
Auto Expenses (Business Mileage): _____	
Cleaning and Maintenance	
Commissions	
Insurance	
Legal and Other Professional Fees	
Management Fees	
Mortgage Interest Paid <i>(Include Form 1098)</i>	
Repairs	
Supplies	
Taxes	
Utilities	
Association Dues	
Other <i>(Describe):</i>	

LISTING OF SIGNIFICANT PURCHASES FOR RENTAL REAL ESTATE

(Greater than \$500 ex: Kitchen Cabinets, Flooring etc.)

Description of Property	Date Purchased	Cost

1099 Filing	Yes	No
Did you pay an independent contractor(s) over \$600 for the year?		
If you checked yes, did you issue the required 1099 for each contractor paid?		

Rental Information	
How many days was the property rented at fair market rate?	
How many days was the property used personally? (including being used by family members)	
How many days was the property not used at all?	
TOTAL	365

Additional Notes: