

TAXPAYER NAME	TAXPAYER SSN or FEIN

STATEMENT	STATEMENT IN SUPPORT OF	TAX YEAR
SE01	RENTAL PROPERTY – SCHEDULE E	

LOCATION OF PROPERTY	PROPERTY TYPE
ADDRESS	<input type="checkbox"/> Condo <input type="checkbox"/> Duplex <input type="checkbox"/> Single Family <input type="checkbox"/> Apartment
CITY/STATE/ZIP	

GENERAL INFORMATION		
% of Ownership	Rented From:	Structure Value
% of Owner Occupancy	Rented To:	Land Value
Did you Actively Participate	Date First Rented	Improvements
Ownership: 1=Spouse 2=Joint	Date Converted to Rental	Other

IMPROVEMENTS		
List all Improvements costing over \$100 below. Do not include these cost in expense column.		
IMPROVEMENT DESCRIPTION	DATE	AMOUNT

MAJOR REPAIRS OR REPLACEMENTS		
List Major Repairs to Structure or Appliance, Fixture, Furniture Replacements. Do Not list these costs in expense column.		
ITEM	DATE	AMOUNT

EXPENSES	
Advertising	
Association Dues	
Auto & Travel	
Cleaning & Maintenance	
Commissions	
Gardening	
Insurance	
Legal & Professional	
License & Permits	
Management Fees	
Miscellaneous	
Interest: Mortgage	
Interest: Other	
Painting & Decorating	
Pest Control	

EXPENSES (CONT'D)	
Plumbing & Electrical	
Repairs	
Supplies	
Taxes: Real Estate	
Taxes: Other	
Telephone	
Utilities	
Wages & Salaries	
Other:	
Other:	
Other:	
Other:	
Other:	
Total Expenses	

RENTS RECEIVED	
January	
February	
March	
April	
May	
June	
July	
August	
September	
October	
November	
December	
Total Received	

