

Partners Tax & Accounting, LLC
 Rental Income (Schedule E) Organizer

Complete one for each Property and attach to 1040 Organizer

Tax Payer Name: _____ SSN: _____ Year: _____

Property Description: _____

Is this rental activity your primary job (no W-2)? Yes: _____ No: _____

If not, do you make all rental/repair decisions? Yes: _____ No: _____

Percentage of Property You Own: _____ %

Property Address: _____
 City: _____ State: _____ Zip: _____

Type of Property:	Single Family	_____	Commercial	_____
(chose one)	Multi-Family	_____	Land	_____
	Vacation	_____	Other	_____

Number of Days Rented at Fair Value: _____ Number of Personal Use Days: _____

Rental Income: _____

Expenses:

Advertising	_____	Interest	_____
Travel	_____	Mortgage	_____
Cleaning & Maintenance	_____	Other Debt	_____
Commissions	_____	Repairs	_____
Insurance	_____	Supplies	_____
P&C	_____	Taxes	_____
Mortgage PMI	_____	Utilities	_____
Legal & Professional	_____	Other	_____
Management Fees	_____	Other	_____

Did you make major improvements to the property beyond normal repairs and maintenance?
 Or purchase furniture, appliances or other items with a long useful life used at the property?

Improvement or Item:	_____	Date:	_____	Cost:	_____
Improvement or Item:	_____	Date:	_____	Cost:	_____