TAXPAYER NAME	TAXPAYER SSN or FEIN

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

	LOCATION OF PROPERTY	PROPERTY TYPE
ADDRESS		□ Condo
CYTY LIGHT LINE ITTE	-	□ Duplex
CITY/STATE/ZIP		☐ Single Family
	· ·	□ Apartment

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 AMOUN									

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 & Proffessional							
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	

MONTH	CLEANING	GARDENING	PAINTING	PEST	PLUMBING	ELECTRICAL	REPAIR	SUPPLIES	TELEPHONE	UTILITIES	OTHER	MILEAGE LOG
JAN												
FEB												
MAR												
APR												
MAY												
JUNE												
JULY												
AUG												
SEPT												
OCT_												
NOV												
DEC												
TOTAL												