

Rental Property (Schedule E)

Address:

YES / NO **New Rental property**
YES / NO **Did you re-finance this property?**
_____ **How many days rented for the year?**
_____ **Days of personal use?**

Expenses :

Advertising: _____
Miles driven for rental activity _____
Cleaning & Maintenance: _____
Commissions: _____
Mortgage Insurance: _____
Home Owner's Insurance: _____
Legal Fees: _____
Management Fees: _____
Mortgage Interest: _____
Supplies: _____
Property Tax: _____
City Taxes/License Fees: _____
Utilities: _____
Bank Account Fees: _____
Furnishings for Rental: _____
Home Owner's Association Fees: _____
Major Improvements (please list) _____
Repairs (please list): _____
Other: _____