

Schedule E

SUPPLEMENTAL INCOME AND LOSS
(From Rental Property, Rental Expense, Room and Board)
(If you have multiple properties - fill out 1 form for each rental property)

Tax Year: 2020

Clients Name: \_\_\_\_\_

Address, Type of Property: \_\_\_\_\_
( Street, City & Zip Code )

Property Description \_\_\_\_\_

Single Family Residence: \_\_\_\_ Did you make any payments in 2020 that would require to file forms 1099 \_\_\_\_

Multiple Family of Residence \_\_\_\_ Other \_\_\_\_ Describe \_\_\_\_\_

\_\_\_\_ Fair Rent Days Personal Use Days \_\_\_\_ Is this your Main Home or Second Home \_\_\_\_\_

Did you refinance this Rental Property in this Tax Year: \_\_\_\_ Bring in closing escrow document \_\_\_\_\_

Income Rent Received in 2020 \$ \_\_\_\_\_

Expenses:

- Advertising \$ \_\_\_\_\_
Auto & Travel \$ \_\_\_\_\_
Airfare \$ \_\_\_\_\_
Lodging \$ \_\_\_\_\_
Car Rental \$ \_\_\_\_\_
Cleaning, maintenance, gardener: \$ \_\_\_\_\_
Commissions: \$ \_\_\_\_\_
Insurance: \$ \_\_\_\_\_
Legal and other professional fees, \$ \_\_\_\_\_
Evictions \$ \_\_\_\_\_
Management fees: \$ \_\_\_\_\_
Mortgage interest paid to banks, etc. \$ \_\_\_\_\_
Other interest: \$ \_\_\_\_\_
Repairs Detail - Electrical: \$ \_\_\_\_\_
Painting: \$ \_\_\_\_\_
Plumbing: \$ \_\_\_\_\_
Other: \$ \_\_\_\_\_
Other: \$ \_\_\_\_\_
Taxes/Property: \$ \_\_\_\_\_
Business License \$ \_\_\_\_\_
Fire Permit \$ \_\_\_\_\_
Other \$ \_\_\_\_\_
Other \$ \_\_\_\_\_

Other

- Appliance - Maintenance \$ \_\_\_\_\_
Home Owner Association Dues \$ \_\_\_\_\_
Room and Board, Meals \$ \_\_\_\_\_
Pest Control \$ \_\_\_\_\_
Supplies \$ \_\_\_\_\_

Utilities

- Telephone \$ \_\_\_\_\_
Cable \$ \_\_\_\_\_
Electricity \$ \_\_\_\_\_
Gas \$ \_\_\_\_\_
Water \$ \_\_\_\_\_
Refuse/Trash \$ \_\_\_\_\_
Sewer \$ \_\_\_\_\_

Declaration:

I have provided the information on this form to the best of my knowledge and hereby declare it is complete and ready for the preparation of my / our income tax return. Where business deductions are shown, I acknowledge having spent these amounts and have kept a log or diary of such activities, (Initial here: \_\_\_\_\_) pursuant to section 274 (a) and can fully substantiate such deductions.

Clients - Taxpayer's Signature \_\_\_\_\_ Date \_\_\_\_\_

Spouse's Signature, if filing joint \_\_\_\_\_ Date \_\_\_\_\_

Daniels Bookkeeping & Tax Service, Inc
Revision Date: 1/11/2021

Interview By: \_\_\_\_\_ Date \_\_\_\_\_