

2019 RENTAL PROPERTY WORKSHEET – Schedule E

Taxpayer Name: _____

Total Income received from all sources for this property: (Include security deposits, late fees, reimbursements, etc.)

Address of Rental Property:				
City, State, Zip				
	Property 1	Property 2	Property 3	Property 4
RENTS Received				
Advertising				
Travel				
Auto Miles				
Cleaning & Maintenance				
Commissions				
Insurance				
Legal & Professional Fees				
Management Fees				
Mortgage Interest Bank				
Mortgage Interest Other				
Repairs				
Supplies				
Property Taxes				
Utilities				
Bank Charges				
Telephone				
Other:				
Other:				

I hereby acknowledge that all the information provided on this worksheet is truthful and accurate to the best of my knowledge.

Taxpayer Signature: _____ Date: _____