

Only Complete If You Own Rental Properties

Smash Tax
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	_____	<u>Interest</u>	
Travel	_____	Mortgage	_____
Cleaning & Maintenance	_____	Other Debt	_____
Commissions	_____	Repairs	_____
Dues	_____	Supplies	_____
Insurance	_____	Taxes	_____
Legal & Professional	_____	Utilities	_____
License & Permits	_____	Other	_____
Management Fees	_____	Other	_____
Telephone	_____		

**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: _____

Mileage: _____ **OR** **Fuel:** _____
Vehicle Make _____ Cost: _____
Total Mileage (All Use) _____
Work Mileage _____