

**\*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	_____	<b><u>Interest</u></b>	
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 \_\_\_\_\_  
Total Mileage (All Use) \_\_\_\_\_ Cost: \_\_\_\_\_  
Work Mileage \_\_\_\_\_