

Schedule E - Income or Loss from Rental Real Estate & Royalties

Name: _____

SSN: _____

General Property Information

Property description _____
 Address, city, state, ZIP _____

Select the property type

- Single family residence
 Vacation / short-term rental
 Land
 Self-rental
 Multi-family residence
 Commercial
 Royalties
 Other _____

Number of days property was rented _____ Number of days property was used for personal use _____

If the rental is a multi-dwelling unit and you occupied part of the unit, enter the percentage you occupied _____

- This property is your main home
 Yes No Payments of \$600 or more were paid to an individual who is not your employee for services provided for this rental
 This property was disposed of during 2018
 Yes No You filed Form(s) 1099 for the individual(s)
 This property was owned as a qualified joint venture

Income

	2018	2018
Rent income	_____	Royalties from oil, gas, mineral, copyright or patent _____
Rental income from Form(s) 1099-MISC	_____	Royalties from Form 1099-MISC _____

Expenses

	Rental unit expenses	Rental <u>and</u> homeowner expenses	
Advertising	_____	_____	If this Schedule E is for a multi-unit dwelling and you lived in one unit and rented out the other units, use the "Rental and homeowner expenses" column to show expenses that apply to the entire property. Use the "Rental unit expenses" column to show expenses that pertain ONLY to the rental portion of the property.
Auto & travel	_____	_____	
Cleaning & maintenance	_____	_____	
Commissions	_____	_____	
Depletion	_____	_____	
Insurance	_____	_____	
Legal & professional fees	_____	_____	
Management fees	_____	_____	
Mortgage interest	_____	_____	
Other interest	_____	_____	
Repairs	_____	_____	If the Schedule E is not for a multi-unit property in which you lived in one unit, complete just the "Rental unit expenses" column.
Supplies	_____	_____	
Taxes	_____	_____	
Utilities	_____	_____	
Other expenses	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	

Expenses Related to Business

Name:

SSN:

Auto Expense

Name of business vehicle is used for _____

Description of vehicle _____ Date vehicle was placed in service _____

- Another vehicle is available for personal use
This vehicle is available for use during off-duty hours
There is evidence to support your deduction
The evidence is written

Number of miles the vehicle was driven during 2018
Business _____ Commuting _____ Total _____

Table with 2 columns for expenses: Garage rent, Gas, Insurance, Licenses, Oil, Parking fees, Lease payments, Interest, Property tax, Repairs, Tires, Tolls, Other expenses.

Business Use of Home

Name of business home is used for _____

What is the total square footage of your home that was used regularly and exclusively for business? _____

What is the total square footage of your home? _____

For daycare facilities not used exclusively for business, complete the following questions

How many days during the year was the area used? _____

How many hours per day was the area used? _____

The daycare facility was in operation for the entire year

Table with 3 columns: Expenses, Office expenses, Home expenses. Rows include Mortgage interest, Real estate taxes, Excess mortgage interest, Insurance, Rent, Repairs & maintenance, Utilities, Other expenses.

In the "Office expenses" column, enter those expenses that pertain exclusively to your office; in the "Home expenses" column, enter those expenses that pertain to the entire dwelling.