

RENTAL INCOME (SCHEDULE E) WORKSHEET

Taxpayer Name: _____

	Property A	Property B
address:	_____	_____

Income:

Gross rent

Other Income

Expenses:

Advertising

Cleaning / maintenance

Insurance

Legal / professional

Management fees

Mortgage Interest

Repairs

Supplies

Real Estate Taxes

Utilities:

Electric

Gas

Water

Garbage

Bank charges

Dues / publications

Cell phone

Office expenses

Postage

Licenses / permits

Mowing

Snow removal

Pest control

Additional notes: _____