

RENTAL INCOME (SCHEDULE E) WORKSHEET

Taxpayer Name: _____

	Property A	Property B
	address: _____	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:	_____	