SCHEDULE E RENTAL INCOME STATEMENT

Supplemental Income and Loss

NAME OF TAXPAYER(S)	SOCIAL SECURITY NUMBER / FEIN
PROPERTY ADDRESS (STREET, CITY, STATE, ZIP)	
TYPE OF PROPERTY	NUMBER OF FAIR RENTAL DAYS

PART I: RENTAL INCOME

INCOME DESCRIPTION	AMOUNT ($)
Gross Rents Received	
Other Rental Income	
Total Rental Income	

PART II: RENTAL EXPENSES

EXPENSE DESCRIPTION	AMOUNT ($)
Advertising	
Auto and Travel	
Cleaning and Maintenance	
Commissions	
Insurance	
Legal and Other Professional Fees	
Management Fees	
Mortgage Interest Paid to Banks, etc.	
Other Interest	
Repairs	
Supplies	
Taxes (Real Estate, etc.)	
Utilities	
Depreciation Expense / Amortization	
Other Expenses (Specify):	
Other Expenses (Specify):	
Total Rental Expenses	

PART III: SUMMARY

Net Rental Income or (Loss) (Subtract Total Expenses from Total Income)	

TAXPAYER SIGNATURE **DATE**

Document for record-keeping purposes.