

MBS Accountancy Corp
Rental Income (Schedule E) Organizer

Complete one for each Property and attach to Organizer Question

Taxpayer Name: _____ Year: _____

Description of Property: _____

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: _____

Property Owner? Taxpayer: _____ Spouse: _____ Joint: _____

Percentage of Ownership: _____ %

Security Deposit Collected This Year: _____ Business Mileage _____

Security Deposit Paid This Year: _____ Total Mileage _____

Car Yr/Make/Model _____

Complete below OR attach Profit & Loss Report

Rental Income: _____

Expenses:

Advertising	_____	Pest Control	_____
Association Dues	_____	Plumbing & Electrical	_____
Cleaning & Maintenance	_____	Repairs	_____
Commissions	_____	Supplies	_____
Gardening	_____	Taxes	_____
Insurance (except PMI)	_____	Real Estate	_____
Legal & Professional	_____	Other	_____
Licenses and Permits	_____	Telephone	_____
Management Fees	_____	Utilities	_____
Miscellaneous	_____	Wages & Salaries	_____
Interest	_____	Other	_____
Mortgage	_____	Other	_____
Other Debt	_____	Other	_____
Painting & Decorating	_____	Other	_____

Did you make major improvements to the property beyond normal repairs and maintenance? _____

Or purchase furniture, appliances or other items for the property not included in expenses above? _____

Description: _____	Date: _____	Cost: _____
Description: _____	Date: _____	Cost: _____
Description: _____	Date: _____	Cost: _____
Description: _____	Date: _____	Cost: _____