



## 20-20 Rental Property Organizer (Schedule E)

\*\*Please complete one organizer for each rental activity and attach to your Individual Organizer to be uploaded to your client portal.

### General Information

Tax Payer Name: \_\_\_\_\_ SSN: \_\_\_\_\_ Year: \_\_\_\_\_  
 Property Description: \_\_\_\_\_  
 Property Address: \_\_\_\_\_  
 Street \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### Misc Information

- |   |           |          |
|---|-----------|----------|
| 1. Did you start renting this property during the year? | Yes _____ | No _____ |
| 2. Did you stop renting this property during the year?  | Yes _____ | No _____ |
| 3. Is this rental activity your primary job?            | Yes _____ | No _____ |
| 4. If not, do you make all rental / repair decisions?   | Yes _____ | No _____ |
| 5. Percentage of property you own? _____%               |           |          |

6. Type of property:
- |  |                                     |
|--|-------------------------------------|
| <input type="checkbox"/> Single Family | <input type="checkbox"/> Commercial |
| <input type="checkbox"/> Multi-Family  | <input type="checkbox"/> Land       |
| <input type="checkbox"/> Vacation      | <input type="checkbox"/> Other      |

7. Usage information:
- Days Rented at Fair Value \_\_\_\_\_
- Personal Use Days \_\_\_\_\_

**Financial Information**

This property is managed by a professional property management company and I have attached a statement from them showing the rental income and related expenses they collected / paid on my behalf throughout the year.

**Income / deductions not reported by my management company**

Income

Rental income \_\_\_\_\_  
 Other income \_\_\_\_\_

Expenses

Advertising	_____	Interest - other	_____
Cleaning	_____	Repairs & maint	_____
Commissions	_____	Supplies	_____
Insurance	_____	Taxes	_____
Travel	_____	Utilities	_____
Legal & professional	_____	Other	_____
Management fees	_____	Other	_____
Interest - mort	_____	Other	_____

Did you make any major improvements to the property beyond normal repairs and maintenance or purchase (or convert to rental use) any furniture, appliances, or other items with a long useful life used at the property? Yes \_\_\_\_\_ No \_\_\_\_\_

*If yes, these expenses should not be included above. Instead, please provide a listing of all such items with a description, date purchased, cost, and whether it was new or used.*

Did you dispose of (or convert from rental use to non-rental use) any furniture, appliances, or other items that had a long useful life that were being used at the property? Yes \_\_\_\_\_ No \_\_\_\_\_

*If yes, please provide a listing of all such items with a description, date of disposal, original cost, and amount of proceeds.*