## Schedule E - Income or Loss from Rental Real Estate & Royalties SSN: Name: **General Property Information** Property description Address, city, state, ZIP Select the property type Single family residence Vacation / short-term rental Land Self-rental Commercial Multi-family residence Royalties Other Number of days property was rented Number of days property was used for personal use If the rental is a multi-dwelling unit and you occupied part of the unit, enter the percentage you occupied This property was placed in service during 2024. Payments of \$600 or more were paid to an individual, who is This property was disposed of during 2024. not your employee, for services provided for this rental. This property is your main home or second home. If "Yes," did you file Forms 1099 for the individuals? This property was owned as a qualified joint venture. Income 2024 2024 Royalties from oil, gas, Rent income Expenses Rental Unit Rental and Homeowner **Expenses** Expenses Advertising If this Schedule E is for a a multi-unit dwelling and vou Auto & travel lived in one unit and rented Cleaning & maintenance out the other units, use the "Rental and homeowner Commissions expenses" column to show expenses that apply to the entire property. Use the "Rental unit Legal & professional fees expenses" column to show Management fees expenses that pertain ONLY to the rental portion of the property. Mortgage interest Other interest If the Schedule E is not for a multi-unit property in which you Repairs lived in one unit, complete just the "Rental unit expenses" column. Other expenses

## **Expenses Related to Business** Name: SSN: **Auto Expense** Name of business vehicle is used for \_\_\_\_\_ Description of vehicle Date vehicle was placed in service Was this vehicle available for use during off-duty hours? Do you have evidence to support your deduction? Was another vehicle available for personal use? If "Yes," is the evidence written? Mileage Number of miles the vehicle was driven during 2024 Repairs ...... Other expenses Rental fees ...... **Business Use of Home** Name of business home is used for What is the total square footage of your home that was used regularly and exclusively for business? What is the total square footage of your home? For daycare facilities not used exclusively for business, complete the following questions How many days during the year was the area used? How many hours per day was the area used? The daycare facility was in operation for the entire year Office expenses Home expenses In the "Office expenses" column, Mortgage interest . . . . . . . . . . . . . . . . . . . enter those expenses that Real estate taxes pertain exclusively to your office; in the "Home expenses" column, enter those expenses that pertain to the entire dwelling. Other expenses . . . . . . . . . . . . . \_

## Sale of Capital Assets

Name:			SSN:		
Sale of Capital Assets (including items not reported on Form 1099-B)					
Provide all brokerage statements  TSJ Description of Property	Date Purchased	Date Sold	Sales Price	Cost	
Installment Sale Income					
TSJ Description of property:					
Date acquired Date sold			2024	Prior Years	
Selling price					
Mortgages assumed					
Cost of property sold					
Depreciation allowed					
Commissions and expense of sale					
Gross profit percentage					
Interest received					
Principal payments received		· · · · · · ·			
Property was sold to a related party					