

ENC MPASS

FINANCIAL SERVICES

Schedule E Rental	Property 1	Property 2	Property 3
Street Address (or name)			
Number of Rental Days			
Number of Personal Use Days			
Rental Income	\$	\$	\$
Last Month Rental Deposit	\$	\$	\$
Operating Expenses			
Advertising	\$	\$	\$
Auto and travel	\$	\$	\$
OR Vehicle Mileage			
Condo or HOA fees	\$	\$	\$
Cleaning and maintenance	\$	\$	\$
Commissions	\$	\$	\$
Insurance	\$	\$	\$
Legal & professional fees	\$	\$	\$
Management fees	\$	\$	\$
Mortgage interest	\$	\$	\$
Other interest	\$	\$	\$
Repairs	\$	\$	\$
Supplies	\$	\$	\$
Property Taxes	\$	\$	\$
Utilities	\$	\$	\$
Gardener or Landscape	\$	\$	\$
Other Expenses (list below)	\$	\$	\$
_____	\$	\$	\$
_____	\$	\$	\$
Capital Expenses			
*expenses over \$2500 per item must be capitalized.			
Details	Date		
Remodels _____	\$	\$	\$
Furniture _____	\$	\$	\$
Appliances _____	\$	\$	\$

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