

RENTAL SCHEDULE

Name		Year	
Address		Social Security No.	
Did you personally use the property more than 14 days or 10% of total days rented? YES ____ NO ____			
If yes, how many days was the property rented? _____			
How many days was the property used personally? _____			
Did you actively participate in the management of this property YES ____ NO ____			
Address of property			
Amount of Rent Received			
EXPENSES			
Advertising	\$	\$	\$
Auto & Travel			
Cleaning			
Commissions			
Insurance			
Janitor & Hauling			
Laundry & Dry Cleaning			
Legal & Accounting			
Management Fees			
Miscellaneous Expenses			
Office Supplies			
REPAIRS:			
Carpenter			
Electrical			
Misc. Repairs			
Painting & Decorating			
Plumbing			
Supplies			
Taxes - Property			
Telephone			
Utilities			
Mortgage interest paid to financial Institutions (form 1098)			
Other interest			
Other Expenses			

ENTER ASSETS PURCHASED OR SOLD ON ENCLOSED ASSET ACQUISITION/DISPOSAL WORKSHEET

**Emshwiller/Lefebvre Accountancy Co., Inc. d/b/a
EMSHWILLER and EMSHWILLER**

Public Accountants

207 North Johnson Street / Bluffton, Indiana 46714 / Phone: (260) 824-1826

