源信電腦報稅公司

GOLDEN CAPITAL ELITE INC.

| Worksheet: SCHEDULE E – Supplemental Income and Loss |                     |             |
|--|---------------------|-------------|
| OWNER NAME:  |                     |             |
| RENTAL PROPERTY 	ADDRESS (#1)                        |                     | (#3)        |
| ◆ PERCENT OWNERSHIP (#1)                             | (#2) (#3)           |             |
| ◆ PERCENT RENTAL (#1)                                | (#2) (#3)           |             |
| $\widehat{ m M}$ If Purchased this year: DATE/       | / PURCHASE PRICE \$ |             |
| Tax Year:  |                     |             |
| Rental #1  | Rental #2           | Rental #3 . |
|  |                     |             |
| RENTS RECEIVED: \$                                   | \$                  | \$          |
| RENTAL EXPENSES:                                     |                     |             |
| ADVERTISING \$                                       | \$                  | \$          |
| CLEANING & MAINTENANCE                               | \$                  | \$          |
| REAL ESTATE TAXES \$                                 | \$                  | \$          |
| INSURANCE \$   | \$                  | \$          |
| LEGAL/PROFESSIONAL FEES \$                           | \$                  | \$          |
| MORTGAGE INTEREST \$                                 | \$                  | \$          |
| SUPPLIES \$  | \$                  | \$          |
| UTILITIES \$   | \$                  | \$          |
| 🗌 Electric & Gas ( )                                 | ()                  | ( )         |
| □ Water Sewage ( )                                   | ( )                 | ( )         |
| REPAIRS: write total here <b>&gt;</b> \$             | \$                  | \$          |
| □ Plumbing ( )                                       | ()                  | ( )         |
| $\Box$ Painting ( )                                  | ()                  | ( )         |
| □ Other: ( )   | ()                  | ()          |
| HOME   |                     |             |
| IMPROVEMENT: write total here ▶\$                    | \$                  | \$          |
| □ Bathroom ( )                                       | ()                  | ( )         |
| □ Kitchen ()   | ( )                 | ( )         |
| □ Other ( )  | ()                  | ( )         |

I, the undersigned, affirm that the foregoing information is based upon fact and figures exclusively within my control and is accurate to the best of my recollection and computation. I certify I have listed all income & expenses, and I have documentation to prove the figures entered on this worksheet.

Printed Name \_\_\_\_\_\_ Date \_\_\_\_\_ Date \_\_\_\_\_