



Schedule E Organizer

Tax Year: 2025

Supplemental Income and Loss (from rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

Name(s) shown on return _____ Phone _____
e-mail address _____

Property Information (complete one Organizer for each property):

Street Address _____

City _____ State _____ Zip Code _____

Type of Property:

- | | |
|---|--------------------------------------|
| <input type="checkbox"/> Single Family Residence | <input type="checkbox"/> Land |
| <input type="checkbox"/> Multi-Family Residence | <input type="checkbox"/> Royalties |
| <input type="checkbox"/> Vacation/Short-Term Rental | <input type="checkbox"/> Self-Rental |
| <input type="checkbox"/> Commercial | <input type="checkbox"/> Other _____ |

Did you make any payments in 2024 that would require you to file Form(s) 1099? _____

Fair rental days: _____ Personal Use Days: _____ Joint Venture? _____

Income: Rents Received _____ Royalties Received _____

Expenses:

Advertising _____	Other Interest _____
Auto & travel _____	Repairs _____
Cleaning & maintenance _____	Supplies _____
Commissions _____	Taxes _____
Insurance _____	Utilities _____
Legal & other professional fees _____	Other (list) _____
Management fees _____	Depreciation expense? <input type="checkbox"/> Yes <input type="checkbox"/> No
Mortgage interest (banks, etc) _____	If yes, your tax preparer will contact you when working on your tax preparation for additional information..

I verify that the information and financial values I have provided on this Schedule E Organizer are true, accurate and complete, to the best of my knowledge and belief, and that I possess the corresponding receipts and documentation to be retained with my tax records.

We are committed to protecting your Personally Identifiable Information (PII). We offer Client Xchange as our only secure method of submitting your tax forms/documents with PII. We are unable to ensure the security of PII sent via alternative methods and therefore cannot be held responsible for such transmissions.

Signature: _____ Date: _____