

# INCOME TAX ORGANIZER FOR TAX YEAR 2013

Prepared For: \_\_\_\_\_

This tax organizer can be used to help identify the information needed to prepare your 2013 income tax return. Enter your 2013 information on the enclosed pages and if you need additional space, enclose a separate sheet with the details. For returning clients, your prior year information has been included for you to use as a reference. You do not need to make 2012 entries.

Please submit this organizer along with all Forms W2, 1098, 1099 and any other information you feel will assist with the preparation of your 2013 income tax return, by US Mail or Fax to:

A. L. Ball and Associates, LLC  
PO Box 5193  
Somerset, NJ 08875-5193  
E-FAX: 888-280-9563, Tel: 732-545-6764

**DO NOT TRANSMIT YOUR INFORMATION VIA E-MAIL**

## TAXPAYER'S DECLARATION

This organizer, and all accompanying schedules and statements, have been supplied for the purpose of enabling you to prepare my (our) income tax returns for tax year 2013 and the information contained herein, which I (we) have reviewed, is true and complete to the best of my (our) knowledge and belief.

I (we) understand fully that you are not in any way undertaking to audit or verify the information I (we) have submitted to you. Upon request of the taxing authorities I (we) will furnish necessary substantiation to support my (our) submission(s).

Taxpayer: \_\_\_\_\_ Date: \_\_\_\_\_ Spouse: \_\_\_\_\_ Date: \_\_\_\_\_

*(If joint return; BOTH spouses must sign)*







# W-2 INCOME

Listed below are your employers shown on your last year's income tax return.

Name of employer \_\_\_\_\_  
Street address \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_  
Employer Identification Number \_\_\_\_\_  
 TAXPAYER  SPOUSE

Name of employer \_\_\_\_\_  
Street address \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_  
Employer Identification Number \_\_\_\_\_  
 TAXPAYER  SPOUSE

Name of employer \_\_\_\_\_  
Street address \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_  
Employer Identification Number \_\_\_\_\_  
 TAXPAYER  SPOUSE

Name of employer \_\_\_\_\_  
Street address \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_  
Employer Identification Number \_\_\_\_\_  
 TAXPAYER  SPOUSE

Name of employer \_\_\_\_\_  
Street address \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_  
Employer Identification Number \_\_\_\_\_  
 TAXPAYER  SPOUSE

Name of employer \_\_\_\_\_  
Street address \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_  
Employer Identification Number \_\_\_\_\_  
 TAXPAYER  SPOUSE

Name of employer \_\_\_\_\_  
Street address \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_  
Employer Identification Number \_\_\_\_\_  
 TAXPAYER  SPOUSE

Name of employer \_\_\_\_\_  
Street address \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_  
Employer Identification Number \_\_\_\_\_  
 TAXPAYER  SPOUSE

\* Please include a W-2 from each of your 2013 employers.

# W-2G INCOME

2013  
(W-2G)

Listed below are payers shown on your last year's income tax return.

**\*Please include any W-2G from each of your 2013 payers.**

Name of payer \_\_\_\_\_  
Street address \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_  
Federal Identification Number \_\_\_\_\_  
 TAXPAYER  SPOUSE

Name of payer \_\_\_\_\_  
Street address \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_  
Federal Identification Number \_\_\_\_\_  
 TAXPAYER  SPOUSE

Name of payer \_\_\_\_\_  
Street address \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_  
Federal Identification Number \_\_\_\_\_  
 TAXPAYER  SPOUSE

## ESTIMATED TAX PAID FOR THE 2013 TAX YEAR

(FED/ST TAX)

\* Please enter only the payments to be applied to the current year tax, including any payments made in January of 2013.

### Federal payments

### State of \_\_\_\_\_ payments

Date paid	Amount paid	Date paid	Amount paid
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

State/local income tax balance due for previous years paid in 2013: \_\_\_\_\_

State/local estimate payment for 2012, due January 15, 2013, paid on or after January 1, 2013: \_\_\_\_\_

# PENSION AND RETIREMENT INCOME

## PENSIONS AND IRAS

Listed below are your pension, IRA distributions, and Social Security received last year (if any).

Name of payer \_\_\_\_\_  
 Street address \_\_\_\_\_  
 City, State, Zip Code \_\_\_\_\_  
 Employer Identification Number \_\_\_\_\_

TAXPAYER                       SPOUSE                       IRA

Name of payer \_\_\_\_\_  
 Street address \_\_\_\_\_  
 City, State, Zip Code \_\_\_\_\_  
 Employer Identification Number \_\_\_\_\_

TAXPAYER                       SPOUSE                       IRA

Name of payer \_\_\_\_\_  
 Street address \_\_\_\_\_  
 City, State, Zip Code \_\_\_\_\_  
 Employer Identification Number \_\_\_\_\_

TAXPAYER                       SPOUSE                       IRA

Name of payer \_\_\_\_\_  
 Street address \_\_\_\_\_  
 City, State, Zip Code \_\_\_\_\_  
 Employer Identification Number \_\_\_\_\_

TAXPAYER                       SPOUSE                       IRA

Name of payer \_\_\_\_\_  
 Street address \_\_\_\_\_  
 City, State, Zip Code \_\_\_\_\_  
 Employer Identification Number \_\_\_\_\_

TAXPAYER                       SPOUSE                       IRA

Name of payer \_\_\_\_\_  
 Street address \_\_\_\_\_  
 City, State, Zip Code \_\_\_\_\_  
 Employer Identification Number \_\_\_\_\_

TAXPAYER                       SPOUSE                       IRA

\* Please include any 1099's and other 2013 information.  
 If you ever made non-deductible contributions to your IRA, please provide year-end balances of all your IRA accounts.

## SOCIAL SECURITY BENEFITS

(1040 WKT)

### 2013 AMOUNTS

Taxpayer Amount                      \$ \_\_\_\_\_  
 Spouse Amount                              \$ \_\_\_\_\_

### 2012 TOTAL AMOUNT

\_\_\_\_\_

# PARTNERSHIP AND S-CORPORATION INCOME

2013  
(K-1 P/S)

Your 2012 K-1 information is shown below.

## K-1 INFORMATION

Name of Partnership or S-Corporation \_\_\_\_\_  
Federal ID Number \_\_\_\_\_  
Enter "P" for partnership or "S" for S-Corp \_\_\_\_\_

## K-1 INFORMATION

Name of Partnership or S-Corporation \_\_\_\_\_  
Federal ID Number \_\_\_\_\_  
Enter "P" for partnership or "S" for S-Corp \_\_\_\_\_

## K-1 INFORMATION

Name of Partnership or S-Corporation \_\_\_\_\_  
Federal ID Number \_\_\_\_\_  
Enter "P" for partnership or "S" for S-Corp \_\_\_\_\_

## K-1 INFORMATION

Name of Partnership or S-Corporation \_\_\_\_\_  
Federal ID Number \_\_\_\_\_  
Enter "P" for partnership or "S" for S-Corp \_\_\_\_\_

## K-1 INFORMATION

Name of Partnership or S-Corporation \_\_\_\_\_  
Federal ID Number \_\_\_\_\_  
Enter "P" for partnership or "S" for S-Corp \_\_\_\_\_

## K-1 INFORMATION

Name of Partnership or S-Corporation \_\_\_\_\_  
Federal ID Number \_\_\_\_\_  
Enter "P" for partnership or "S" for S-Corp \_\_\_\_\_

## K-1 INFORMATION

Name of Partnership or S-Corporation \_\_\_\_\_  
Federal ID Number \_\_\_\_\_  
Enter "P" for partnership or "S" for S-Corp \_\_\_\_\_

## K-1 INFORMATION

Name of Partnership or S-Corporation \_\_\_\_\_  
Federal ID Number \_\_\_\_\_  
Enter "P" for partnership or "S" for S-Corp \_\_\_\_\_

## K-1 INFORMATION

Name of Partnership or S-Corporation \_\_\_\_\_  
Federal ID Number \_\_\_\_\_  
Enter "P" for partnership or "S" for S-Corp \_\_\_\_\_

\* Please attach all K-1 schedules received for 2013.



# ESTATE AND TRUST INCOME

Your 2011 K-1 information is shown below.

## K-1 INFORMATION

Name of Estate, Trust \_\_\_\_\_  
Federal ID Number \_\_\_\_\_  
If any rental real estate, are you an active participant? \_\_\_\_\_

## K-1 INFORMATION

Name of Estate, Trust \_\_\_\_\_  
Federal ID Number \_\_\_\_\_  
If any rental real estate, are you an active participant? \_\_\_\_\_

## K-1 INFORMATION

Name of Estate, Trust \_\_\_\_\_  
Federal ID Number \_\_\_\_\_  
If any rental real estate, are you an active participant? \_\_\_\_\_

## K-1 INFORMATION

Name of Estate, Trust \_\_\_\_\_  
Federal ID Number \_\_\_\_\_  
If any rental real estate, are you an active participant? \_\_\_\_\_

## K-1 INFORMATION

Name of Estate, Trust \_\_\_\_\_  
Federal ID Number \_\_\_\_\_  
If any rental real estate, are you an active participant? \_\_\_\_\_

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Name of Estate, Trust \_\_\_\_\_  
Federal ID Number \_\_\_\_\_  
If any rental real estate, are you an active participant? \_\_\_\_\_

## K-1 INFORMATION

Name of Estate, Trust \_\_\_\_\_  
Federal ID Number \_\_\_\_\_  
If any rental real estate, are you an active participant? \_\_\_\_\_

## K-1 INFORMATION

Name of Estate, Trust \_\_\_\_\_  
Federal ID Number \_\_\_\_\_  
If any rental real estate, are you an active participant? \_\_\_\_\_

## K-1 INFORMATION

Name of Estate, Trust \_\_\_\_\_  
Federal ID Number \_\_\_\_\_  
If any rental real estate, are you an active participant? \_\_\_\_\_

\* Please attach all K-1 schedules received for 2013.

# OTHER INCOME AND ADJUSTMENTS

2013

## OTHER INCOME

2013

2012

### Seller Financed Mortgages

Payer

Principal

Interest

Interest

_____
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### State and Local Income Tax Refunds Received in 2013

State or Local jurisdiction \_\_\_\_\_  
 State or Local jurisdiction \_\_\_\_\_  
 State or Local jurisdiction \_\_\_\_\_

Amount received \_\_\_\_\_  
 Amount received \_\_\_\_\_  
 Amount received \_\_\_\_\_

### Unemployment (Please attach 1099G(s)).

2013

2012

Amount received: \_\_\_\_\_  
 Amount repaid: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

### Alimony amount received

\_\_\_\_\_

\_\_\_\_\_

### Other Income

Type: \_\_\_\_\_

Amount: \_\_\_\_\_

\_\_\_\_\_

## ADJUSTMENTS

Taxpayer  
2013

Taxpayer  
2012

Spouse  
2013

Spouse  
2012

Educator expense \_\_\_\_\_

Self-employed retirement plans \_\_\_\_\_

Self-employed health insurance paid \_\_\_\_\_

### IRA'S

Traditional \_\_\_\_\_

Roth \_\_\_\_\_

Student loan interest \_\_\_\_\_

### Alimony Paid

To whom paid: \_\_\_\_\_

Amount: \_\_\_\_\_

SSN: \_\_\_\_\_

### Tuition and Fees

Amount: \_\_\_\_\_

### Other Adjustments

Type: \_\_\_\_\_

Amount: \_\_\_\_\_



**ITEMIZED DEDUCTIONS**

2013  
(SCH A)

\*T,S,J

2013

2012

**MEDICAL AND DENTAL EXPENSES** - Include prescription medicine & drugs, nonprescription medical supplies such as crutches, doctors, dentists, nurses, hospitals, medical insurance premiums, medical miles or actual expense.\*

\_\_\_\_\_  
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 \_\_\_\_\_  
 \_\_\_\_\_

Number of medical miles

\* Do not list amounts paid with pre-tax dollars or that were reimbursed.

\* Taxpayer, Spouse, or Joint

**TAXES PAID**

Real estate taxes \_\_\_\_\_  
 Personal property taxes \_\_\_\_\_  
 Other \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**INTEREST PAID**

Home mortgage interest \_\_\_\_\_  
 Points paid in purchasing new home \_\_\_\_\_  
 Qualified Mortgage Insurance Premium \_\_\_\_\_  
 Investment interest expense \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**CONTRIBUTIONS - Receipts required for all contributions**

Cash  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
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Non-cash  
 Number of charity miles \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

**MISCELLANEOUS DEDUCTIONS**

Include union and professional dues, business publications, etc.  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

Tax preparation fee  
 Include below items, such as safe deposit box, investment expense.  
 \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

Gambling losses \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# EMPLOYEE BUSINESS EXPENSES

2013  
(2106/2106 EZ)

GENERAL INFORMATION	2013	2012
Are these your spouse's business expenses?	_____	_____
Occupation in which expense incurred?	_____	_____
Were you a qualified performing artist?	_____	_____
Were you a fee basis state or local government official?	_____	_____
Were you a National Guard reserve member who traveled more than 100 miles from home to perform services as a National Guard or reserve member?	_____	_____
<b>EXPENSES</b>		
Parking fees, tolls, and local transportation	_____	_____
Travel expenses while away from home overnight	_____	_____
Meals and entertainment expenses	_____	_____
Are you subject to the hours of service limitation of the Department of Transportation?	_____	_____
Other business expenses	_____	_____
Type _____ Amount _____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
<b>REIMBURSEMENTS</b>		
Meals and entertainment	_____	_____
Other	_____	_____
<b>AUTOMOBILE INFORMATION</b>		
<b>VEHICLE A</b>		
Date vehicle was placed in service	_____	_____
Total mileage vehicle was used during the year	_____	_____
Miles that vehicle was used for business	_____	_____
Miles that vehicle was used for commuting	_____	_____
<b>ACTUAL EXPENSES</b>		
Gas, repairs, insurance, etc.	_____	_____
Vehicle rental	_____	_____
Cost or other basis of vehicle	_____	_____
<b>VEHICLE B</b>		
Date vehicle was placed in service	_____	_____
Total mileage vehicle was used during the year	_____	_____
Miles that vehicle was used for business	_____	_____
Miles that vehicle was used for commuting	_____	_____
<b>ACTUAL EXPENSES</b>		
Gas, repairs, insurance, etc.	_____	_____
Vehicle rental	_____	_____
Cost or other basis of vehicle	_____	_____
Do you (or your spouse) have another vehicle available for personal use?	_____	_____
Was your vehicle available for personal use during off-duty hours?	_____	_____
Do you have evidence to support the deduction?	_____	_____
If "Yes," is the evidence written?	_____	_____

# CHILD AND DEPENDENT CARE EXPENSES

2013  
(2441)

Please list all care providers and the amounts paid to them in 2013. Any information from the prior year is shown below.

Name of provider \_\_\_\_\_  
 Street address \_\_\_\_\_  
 City, State, Zip Code \_\_\_\_\_  
 Social Security Number or EIN \_\_\_\_\_  
 Amount paid \$ \_\_\_\_\_ 2012 AMOUNT \$ \_\_\_\_\_

Name of provider \_\_\_\_\_  
 Street address \_\_\_\_\_  
 City, State, Zip Code \_\_\_\_\_  
 Social Security Number or EIN \_\_\_\_\_  
 Amount paid \$ \_\_\_\_\_ 2012 AMOUNT \$ \_\_\_\_\_

Name of provider \_\_\_\_\_  
 Street address \_\_\_\_\_  
 City, State, Zip Code \_\_\_\_\_  
 Social Security Number or EIN \_\_\_\_\_  
 Amount paid \$ \_\_\_\_\_ 2012 AMOUNT \$ \_\_\_\_\_

Name of provider \_\_\_\_\_  
 Street address \_\_\_\_\_  
 City, State, Zip Code \_\_\_\_\_  
 Social Security Number or EIN \_\_\_\_\_  
 Amount paid \$ \_\_\_\_\_ 2012 AMOUNT \$ \_\_\_\_\_

Name of provider \_\_\_\_\_  
 Street address \_\_\_\_\_  
 City, State, Zip Code \_\_\_\_\_  
 Social Security Number or EIN \_\_\_\_\_  
 Amount paid \$ \_\_\_\_\_ 2012 AMOUNT \$ \_\_\_\_\_

List name of each child and total amount spent for care of that child.

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

\*You may change or delete any information that does not apply to the current year.

# BUSINESS INCOME AND EXPENSES

2013  
(SCH C)

Your principal business or profession \_\_\_\_\_ Is this your spouse's Schedule C? \_\_\_\_\_

Business name \_\_\_\_\_ 2012 Business code \_\_\_\_\_

Business address \_\_\_\_\_ Employer ID \_\_\_\_\_  
(Not SSN)

Accounting method: \_\_\_\_\_

Enter date if you disposed of or sold this business during the year \_\_\_\_\_

BUSINESS VEHICLE	2013	2012
Date placed in service _____		
Miles used for: Business _____		
Commuting _____		
Other _____		

PART I INCOME		
Gross receipts or sales _____		
Returns and allowances _____		
Other income _____		

PART II EXPENSES		
Advertising _____		
Car/Truck expenses _____		
Commissions _____		
Contract labor _____		
Depletion _____		
Employee benefit programs _____		
Insurance _____		
Interest - mortgage _____		
Interest - other _____		
Legal and professional services _____		
Office expense _____		
Pension and profit sharing _____		
Rent or lease - vehicles, machinery _____		
Rent - Other business property _____		
Repairs and maintenance _____		
Supplies _____		
Taxes and licenses _____		
Travel _____		
Meals and entertainment _____		
Utilities _____		
Wages _____		
Enter prior year unallowed loss (if any) _____		

OTHER EXPENSES		(SCH C PG 2)
_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	

Inventory method:  Cost  Lower of Cost or Market  Other

Inventory at beginning of year \_\_\_\_\_

Purchases less cost of personal items \_\_\_\_\_

Inventory at end of the year \_\_\_\_\_





# OFFICE IN THE HOME DEDUCTION

2013  
(8829)

2012

Square footage of area used for business \_\_\_\_\_

Total square footage in your home \_\_\_\_\_

Is this your spouse's Schedule C? \_\_\_\_\_

Day care facilities:

Number of days used for day care \_\_\_\_\_

Number of hours per day used for day care \_\_\_\_\_

Enter date if you disposed of or sold this business during the year \_\_\_\_\_

## EXPENSES DIRECTLY RELATING TO YOUR BUSINESS

2013

2012

Casualty losses \_\_\_\_\_

Deductible mortgage interest \_\_\_\_\_

Real estate taxes \_\_\_\_\_

Insurance \_\_\_\_\_

Rent \_\_\_\_\_

Repairs and maintenance \_\_\_\_\_

Utilities \_\_\_\_\_

Other expenses \_\_\_\_\_

## EXPENSES RELATING TO ENTIRE HOUSEHOLD

Casualty losses \_\_\_\_\_

Deductible mortgage interest \_\_\_\_\_

Real estate taxes \_\_\_\_\_

Insurance \_\_\_\_\_

Rent \_\_\_\_\_

Repairs and maintenance \_\_\_\_\_

Utilities \_\_\_\_\_

Other expenses \_\_\_\_\_

Carryover of operating expenses from 2012 Form 8829 line 42 \_\_\_\_\_

Carryover of excess casualty losses and depreciation from 2012 Form 8829 line 43 \_\_\_\_\_

Enter the fair market value of your home \_\_\_\_\_

Enter the cost of your home \_\_\_\_\_

Enter the value of the land on which your home is placed \_\_\_\_\_



# RENTAL REAL ESTATE AND ROYALTIES

2013  
(SCH E)

KIND OF PROPERTY LOCATION OF PROPERTY CITY STATE ZIP	Property A		Property B		Property C	
	2013	2012	2013	2012	2013	2012
<b>INCOME</b>						
Rents received						
Royalties received						
<b>EXPENSES</b>						
Advertising						
Auto and travel						
Cleaning and maintenance						
Commissions						
Insurance						
Legal, professional fees						
Management fees						
Mortgage interest						
Other interest						
Repairs						
Supplies						
Taxes						
Utilities						
<b>Miscellaneous Expenses</b>						
Type of misc expense 1						
Amount item 1						
Type of misc expense 2						
Amount item 2						
Type of misc expense 3						
Amount item 3						
Type of misc expense 4						
Amount item 4						
Enter loss carryover to 2013						
Did you actively participate in this venture?						
Did you use this property for personal use?						

# RENTAL REAL ESTATE AND ROYALTIES

2013  
(SCH E-DUP)

KIND OF PROPERTY LOCATION OF PROPERTY CITY STATE ZIP	Property A		Property B		Property C	
	2013	2012	2013	2012	2013	2012
<b>INCOME</b>						
Rents received						
Royalties received						
<b>EXPENSES</b>						
Advertising						
Auto and travel						
Cleaning and maintenance						
Commissions						
Insurance						
Legal, professional fees						
Management fees						
Mortgage interest						
Other interest						
Repairs						
Supplies						
Taxes						
Utilities						
<b>Miscellaneous Expenses</b>						
Type of misc expense 1						
Amount item 1						
Type of misc expense 2						
Amount item 2						
Type of misc expense 3						
Amount item 3						
Type of misc expense 4						
Amount item 4						
Enter loss carryover to 2013						
Did you actively participate in this venture?						
Did you use this property for personal use?						

# Part-Year, Part-Rental, or Personal Use Unit

2013  
(Sch. E)

KIND OF PROPERTY

LOCATION

Rental income

Percent  
(of time, year, or property rented):

2013

2012

2013

2012

Rent received

%

%

Rental and personal use

Rental only

**Expenses:**

2013

2012

2013

2012

Advertising

Auto and travel

Cleaning and maintenance

Commissions

Insurance

Legal and professional fees

Management fees

Mortgage interest

Other interest

Repairs

Supplies

Real estate tax

Taxes other than real estate taxes

Utilities

Other expenses

**Personal use unit ONLY:**

Fully deductible rental expenses for personal use unit. Include expenses directly related to the operation of the rental activity, such as office supplies.