



(Schedule E is on back)

ATTACH TO FORM 40 — SEE INSTRUCTIONS FOR SCHEDULES D AND E

Name(s) as shown on Form 40

Your social security number

**Net Profit or Loss From Sale of Real Estate, Stocks, Bonds, etc.**

| (a) Kind of Property | (b) Date Acquired | (c) Date Sold | (d) Amount Received | (e) Depreciation Allowable Since Acquisition | (f) Cost or Other Basis | (g) Subsequent Improvements | (h) Net Profit or (Loss) (Cols. d & e less Cols. f & g) |
|----------------------|-------------------|---------------|---------------------|--|-------------------------|-----------------------------|---|
|                      |                   |               |                     |  |                         |                             | 00  |
|                      |                   |               |                     |  |                         |                             | 00  |
|                      |                   |               |                     |  |                         |                             | 00  |
|                      |                   |               |                     |  |                         |                             | 00  |
|                      |                   |               |                     |  |                         |                             | 00  |
|                      |                   |               |                     |  |                         |                             | 00  |
|                      |                   |               |                     |  |                         |                             | 00  |
|                      |                   |               |                     |  |                         |                             | 00  |
|                      |                   |               |                     |  |                         |                             | 00  |
|                      |                   |               |                     |  |                         |                             | 00  |
|                      |                   |               |                     |  |                         |                             | 00  |
|                      |                   |               |                     |  |                         |                             | 00  |
|                      |                   |               |                     |  |                         |                             | 00  |
|                      |                   |               |                     |  |                         |                             | 00  |
|                      |                   |               |                     |  |                         |                             | 00  |
|                      |                   |               |                     |  |                         |                             | 00  |
|                      |                   |               |                     |  |                         |                             | 00  |
|                      |                   |               |                     |  |                         |                             | 00  |
|                      |                   |               |                     |  |                         |                             | 00  |
|                      |                   |               |                     |  |                         |                             | 00  |
|                      |                   |               |                     |  |                         |                             | 00  |
|                      |                   |               |                     |  |                         |                             | 00  |
|                      |                   |               |                     |  |                         |                             | 00  |

1 **TOTAL NET PROFIT OR (LOSS).** Enter here and on Form 40, page 2, Part I, line 3. . . . . ▶ 1 00

**SCHEDULE  
E  
(FORM 40)**



**Supplemental Income and Loss 2006**

(From Rental Real Estate, Royalties, Partnerships, S Corporations, Estates, Trusts, REMICs, etc.)

▶ ATTACH TO FORM 40. ▶ SEE INSTRUCTIONS FOR SCHEDULE E (FORM 40).

Name(s) shown on return

Your social security number

**PART I** **Income or Loss From Rental Real Estate and Royalties**  
 Note: Report income and expenses from your business of renting personal property on Schedule C or C-EZ.

|  |  |            |           |
|--|--|------------|-----------|
| <b>1</b> Show the kind and location of each <b>Rental Real Estate Property</b> : | <b>2</b> For each rental real estate property listed on line 1, did you or your family use it during the tax year for personal purposes for more than the greater of:<br>• 14 days, or<br>• 10% of the total days rented at fair rental value? | <b>Yes</b> | <b>No</b> |
| <b>A</b> .....   | <b>A</b>   |            |           |
| <b>B</b> .....   | <b>B</b>   |            |           |
| <b>C</b> .....   | <b>C</b>   |            |           |

|  | Properties |    |    | Totals<br>(Add Columns A, B, and C) |    |
|--|------------|----|----|-------------------------------------|----|
|  | A          | B  | C  |                                     |    |
| <b>Income:</b>   |            |    |    |                                     |    |
| <b>3</b> Rents received .....  | <b>3</b>   | 00 | 00 | <b>3</b>                            | 00 |
| <b>4</b> Royalties received .....  | <b>4</b>   | 00 | 00 | <b>4</b>                            | 00 |
| <b>Expenses:</b>   |            |    |    |                                     |    |
| <b>5</b> Advertising .....   | <b>5</b>   | 00 | 00 |                                     |    |
| <b>6</b> Auto and travel .....   | <b>6</b>   | 00 | 00 |                                     |    |
| <b>7</b> Cleaning and maintenance .....  | <b>7</b>   | 00 | 00 |                                     |    |
| <b>8</b> Commissions .....   | <b>8</b>   | 00 | 00 |                                     |    |
| <b>9</b> Insurance .....   | <b>9</b>   | 00 | 00 |                                     |    |
| <b>10</b> Legal and other professional fees .....  | <b>10</b>  | 00 | 00 |                                     |    |
| <b>11</b> Management fees .....  | <b>11</b>  | 00 | 00 |                                     |    |
| <b>12</b> Mortgage interest .....  | <b>12</b>  | 00 | 00 | <b>12</b>                           | 00 |
| <b>13</b> Other interest .....   | <b>13</b>  | 00 | 00 |                                     |    |
| <b>14</b> Repairs .....  | <b>14</b>  | 00 | 00 |                                     |    |
| <b>15</b> Supplies .....   | <b>15</b>  | 00 | 00 |                                     |    |
| <b>16</b> Taxes .....  | <b>16</b>  | 00 | 00 |                                     |    |
| <b>17</b> Utilities .....  | <b>17</b>  | 00 | 00 |                                     |    |
| <b>18</b> Other (list) ▶ .....   | <b>18</b>  | 00 | 00 |                                     |    |
|  |            | 00 | 00 |                                     |    |
|  |            | 00 | 00 |                                     |    |
|  |            | 00 | 00 |                                     |    |
|  |            | 00 | 00 |                                     |    |
| <b>19</b> Add lines 5 through 18 .....   | <b>19</b>  | 00 | 00 | <b>19</b>                           | 00 |
| <b>20</b> Depreciation expense or depletion .....  | <b>20</b>  | 00 | 00 | <b>20</b>                           | 00 |
| <b>21</b> Total expenses. Add lines 19 and 20 .....  | <b>21</b>  | 00 | 00 |                                     |    |
| <b>22</b> Income or (loss). Subtract line 21 from line 3 (rents) or line 4 (royalties) .....                                   | <b>22</b>  | 00 | 00 |                                     |    |
| <b>23</b> Total Real Estate and Royalty income or (loss). Add columns A, B, and C from line 22 and enter the result here ..... | <b>23</b>  |    |    |                                     | 00 |

| <b>PART II</b> <b>Income from Partnerships, S Corporations, Estates and Trusts</b>   | (h)<br>(g) Name and Address | Check One   |               |                 | (i)<br>Employer Identification Number | (j)<br>Amount |
|--|-----------------------------|-------------|---------------|-----------------|---------------------------------------|---------------|
|  |                             | Partnership | S Corporation | Estate or Trust |                                       |               |
|  | .....                       |             |               |                 | 00                                    |               |
|  | .....                       |             |               |                 | 00                                    |               |
|  | .....                       |             |               |                 | 00                                    |               |
|  | .....                       |             |               |                 | 00                                    |               |
| <b>24 TOTAL INCOME FROM PARTNERSHIPS, S CORPORATIONS, ESTATES, AND TRUSTS.</b> Add the amounts in column (j). Enter the total here and include on line 25 below. ▶ |                             |             |               |                 | <b>24</b>                             | 00            |
| <b>25 TOTAL INCOME OR (LOSS).</b> Combine lines 23 and 24. Enter the total here and on Form 40, page 2, Part I, line 6. ▶  |                             |             |               |                 | <b>25</b>                             | 00            |