

## Supplemental Income and Loss

### Part I - Income or Loss From Rental Real Estate and Royalties

<b>Name:</b>		<b>SSN:</b>	
TSJ		Property description	Activity Type
Did you make any payments in 2014 that would require you to file Form(s) 1099?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If "Yes," did you or will you file all required Forms 1099?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Property Address			
City			
<b>U.S. Only</b>		State, ZIP	
<b>Foreign Only</b>		Province/State, Country, Postal Code	
<input type="checkbox"/>	Single Family Residence	<input type="checkbox"/>	Vacation / Short Term Rental
<input type="checkbox"/>	Land	<input type="checkbox"/>	Self-Rental
<input type="checkbox"/>	Multi-Family Residence	<input type="checkbox"/>	Commercial
<input type="checkbox"/>	Royalties	<input type="checkbox"/>	Other
Fair Rental Days		Personal use days	
Qualified Joint Venture <input type="checkbox"/>			
If multi-dwelling unit and the taxpayer occupies part, enter the percentage occupied by the taxpayer			
<input type="checkbox"/>	This is your main home	<input type="checkbox"/>	Some investment is NOT at risk
<input type="checkbox"/>	Property was 100% disposed of in 2014	<input type="checkbox"/>	Property is a Single Member LLC
<b>Income:</b>		<b>2014</b>	<b>2013</b>
Rent Income			
Royalties from oil, gas, mineral, copyright or patent			
<b>Expenses:</b>		<b>Direct expense</b>	
		<b>2014</b>	<b>2013</b>
		<b>Indirect expense</b>	
		<b>2014</b>	<b>2013</b>
Advertising			
Auto and travel			
Cleaning and maintenance			
Commissions			
Insurance			
Legal and professional fees			
Management fees			
Interest - mortgage			
Interest - other			
Repairs			
Supplies			
Taxes			
Utilities			
Other: (list)			
Ownership Percentage			





## Supplemental Income and Loss

Part II - Income or Loss From S Corporations

Name:

SSN:

Attach **all** Form 1120S Schedules K-1 received for 2014

<b>TS</b>	<b>Name:</b>	<b>Employer identification number</b>	<b>Any changes in this investment?</b>	<b>Is K-1 Attached?</b>