

Name of Estate or Trust



Alabama Department of Revenue Supplemental Income and Loss

2018

Federal Employer Identification Number

(From Rental Real Estate, Royalties, Partnerships, S Corporations, Estates, Trusts, etc.)
► ATTACH TO FORM 41. ► SEE INSTRUCTIONS FOR SCHEDULE E (FORM 41).

А	Show the kind and location of each Rental Real Estate Prop	City.						2	For each rental real esta	ite pr	ope	erty		Yes	No
A •						isted on line 1, did you or your family				Α .	•	•			
									use it during the tax yea				\dashv		₩
В)								purposes for more than • 14 days, or	tne g	jrea	ter of:	В	•	•
									• 10% of the total days r	antai	d at	fair			+
C									rental value?	CIILC	u ai	Iali	C	•	•
						Prope	rties		Torrida Valuo .	Т		To	otals		
Inco	ome:			Α		В		Τ	С	1	(Ac	dd Columi			d C)
3	Rents received	3	•	00) •		00	•	00		3	•			00
4	Royalties received	4	•	00	_		00	_	00	_	4				00
Exp	enses:														
5	Advertising	5	•	00)		00	•	00						
6	Auto and travel	6	•	00) •		00	•	00						
7	Cleaning and maintenance	7	•	00) •		00	•	00						
8	Commissions	8	•	00) •		00	•	00						
9	Insurance	9	•	00)		00	•	00						
10	Legal and other professional fees	10	•	00) •		00	•	00						
11	Management fees	11	•	00) •		00	•	00						
12	Mortgage interest	12	•	00) •		00	•	00	_	2	•			00
13	Other interest	13	•	00	_		00	•	00	_					
14	Repairs	14	•	00	_		00	•	00	_					
15	Supplies	15	•	00	_		00	•	00	_					
16	Taxes	16	•	00			00	•	00	-					
17	Utilities	17	•	00	_		00	•	00	-					
18	Other (list) ► _	18	•	00	_		00	•	00	-					
	•		•	00	_		00	•	00	-					
	•		•	00	_		00	•	00	-					
	<u>•</u>		•	00	_		00	•	00	_					
•			•	00	_		00	•	00	_					
19	Add lines 5 through 18.	19	•	00	_		00	•	00	_	-	•			00
20	Depreciation expense or depletion	20	•	00	_		00	•	00	_	0	•			00
21	Total expenses. Add lines 19 and 20	21	•	00) •		00	•	00	+					
22	Income or (loss). Subtract line 21 from line 3 (rents) and/or line 4 (royalties)	22)		00		00						

SCHEDULE E FORM 41 – 2018



PART II Income or (loss) from Partnerships and/or S Corporations (g) Name and Address	(h) Range	S Corpora	alion	(i)	Federal Employer Identification Number	(j)	Amount	
•		•	•	•		•		00
•		•	•	•		•		00
•		•	•	•		•		00
•		•	•	•		•		00
24 TOTAL INCOME OR (LOSS) FROM PARTNERSHIPS AND/OR S CORPORATION:	S. Add the amounts in	Colum	nn (j).					
Enter the total here and include on line 25 below					▶ 24	•		00
25 TOTAL INCOME OR (LOSS). Combine lines 23 and 24. Enter total here and on Forr line 5a, or Schedule G, Column a, line 5					▶ 25	•		00

PART III Income (or loss) from Estates and/or Trusts (k) Name and Address	(I) Check One	Slake	Trust	(m) Federal Employer Identification Number		(n) Amount	
		•	•	•		•	00
•		•	•	•		•	00
		•	•	•		•	00
•		•	•	•		•	00
26 TOTAL INCOME OR (LOSS) FROM ESTATES AND/OR TRUSTS. Add the amounts Enter total here and on Form 41, Schedule C, Column C, line 5b, or Schedule G, Column	()				26	•	00

ADOR Schedule E (Form 41) 2018