

Name of Estate or Trust



## Alabama Department of Revenue Supplemental Income and Loss

2023

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).

1	Show the kind and location of each Rental Real Estate Prop	erty:					2	For each rental real es	state	prop	erty		Yes	No
Α								listed on line 1, did you				Α	•	•
								use it during the tax ye						<u> </u>
В								purposes for more that	n the	gre	ater of:	В	•	•
								• 14 days, <b>or</b>						
С								• 10% of the total days	s rent	ed a	at fair	С	•	•
					D.			rental value?	$\overline{}$					
Inc	ome:				Pr	roperties	$\top$		$\dashv$	/ ۸	ا Add Colun	otal		24 C/
		_	A	00	-	В	+	С				IIIS F	1, D, ai	
3	Rents received		•	- 00		00	_		00	3	_			00
4	Royalties received	4	•	00	•	00	•	0	00	4	•			00
	enses:	_												
	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	_	0	00					
10	Legal and other professional fees	10	•	00	•	00	-		00					
11	Management fees	11	•	00	•	00	•	0	00					
12	Mortgage interest	12	•	00	•	00	•	0	0	12	•			00
13	Other interest	13	•	00	•	00	•	0	0					
14	Repairs	14	•	00	•	00	•	0	0					
15	Supplies	15	•	00	•	00	•	0	0					
16	Taxes	16	•	00	•	00	•	0	00					
17	Utilities	17	•	00	•	00	•	0	00					
18	Other (list) ▶ ●	18	•	00	•	00	•	0	00					
	•		•	00	•	00	•	0	00					
	•		•	00	•	00	•	0	00					
	•		•	00	•	00	•	0	00					
	•		•	00	•	00	•	0	00					
19	Add lines 5 through 18	19	•	00	•	00	•	0	0	19	•			00
20	Depreciation expense or depletion	20	•	00	•	00	•		_	20	•			00
21	Total expenses. Add lines 19 and 20	21	•	00	•	00	•	0	0					
22	Income or (loss). Subtract line 21 from line 3 (rents) and/or						T							
	line 4 (royalties)	22	•	00	•	00	•	, lo	00					

Schedule E (Form 41) 2023 ADOR



## SCHEDULE E FORM 41 – 2023



PART II Income or (loss) from Partnerships and/or S Corporations  (g) Name and Address	(h) Ranne, Check One	S Corpora	tion	(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
<b>25 TOTAL INCOME OR (LOSS).</b> 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	G. I			(n)	Amount
	•	•	•	•	•	00
	•	,	•	•	•	00
	•	•	•	•	•	00
	•	)	•	•	•	00
26 TOTAL INCOME OR (LOSS) FROM ESTATES AND/OR TRUENTED TO THE Enter total here and on Form 41, Schedule C, Column C, line 5b, or the column C.				•	26	00

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