ABN 754 275 989 51

Office Address: Level 19/567 Collins Street Melbourne VIC 3000

Mail Address: GPO Box 4788 Melbourne VIC 3001



Rental Property Information Checklist

Client Name	Year				
Property Details					
Address					
Date Property Purchased	Date Property Built				
Please provide the purchase contract for this property if it is the first year claiming it with us.					
Date Property First Earned	Number of Weeks Available For Rent				
Ownership Details	☐ In your name only ☐ In Joint Names				
Owners & Ownership %					
Please provide property agent annual report and/or complete below for other income & expenses					
Income- 1 July to 30 June					
Gross Re	ent				
Other Rental Income					
	Expenses- (1 July to 30 June	:		
Advertising		Body of Corpor	ate Fees		
Borrowing Expenses		Cleaning			
Council Rates		Gardening/ Law	vn mowing		
Insurance		Interest (Minus	Private Portion)		
Land Tax		Legal Fees			
Pest Control		Property Mana	gement Fees/		
Repairs & maintenance	Stationery, Telephone & Postage				
Water Charges		Other			
Depreciable Items Purchased during the year					
ltem		Date	Purchased	Cost	
Improvements/ Construction Cost Incurred During The Year					
Item		Date		Cost	
Please complete and return this form to us (PRIOR to your appointment if relevant):					
Also please provide us with a copy of your Quantity Surveyor prepared Tax Depreciation Report (if you haven't previously done so). If you don't have one, let us know soon so we can arrange one for you.					
Signature		Date			