

Rental Property Information



Individual Tax Return 20__ (Enter year)

Please e-mail this form back to our office **PRIOR** to your appointment.

CLIENT NAME:	CLIENT SIGNATURE: X
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PROPERTY DETAILS

Address of Rental Property:			
Date Property Purchased:		Date Property First Earned Rental Income:	
Number of Weeks Available For Rent:		Date Property Built:	
Ownership Details:	<input type="checkbox"/> In Your Name <input type="checkbox"/> In Joint Names (please supply details)		

INCOME

Gross Rent:	\$
Other Rental Income:	\$

PROPERTY DETAILS

Advertising for Tenants:	\$	Body Corporate Fees:	\$
Borrowing Expenses:	\$	Cleaning:	\$
Council Rates:	\$	Gardening / Lawnmowing:	\$
Insurance:	\$	Interest:	\$
Land Tax:	\$	Legal Fees:	\$
Pest Control:	\$	Property Management Fees/Commission:	\$
Repairs & Maintenance:	\$	Stationery, Telephone & Postage:	\$
Travel:	\$	Water Charges:	\$
Other: _____	\$	Other: _____	\$

DEPRECIABLE ITEMS

ITEM	DATE PURCHASED	COST
		\$
		\$
		\$
		\$

IMPROVEMENTS / CONSTRUCTION COSTS

Please email, fax or post to our office a copy of your tax depreciation schedule prepared by third party (if you haven't already)

ITEM	DATE	COST
		\$
		\$
		\$