

RENTAL PROPERTY INFORMATION CHECKLIST 2015-2016

PERSONAL DETAILS

Name: Mr., Mrs., Ms., Miss _____ Tax File No: _____

Address: _____ Tel No: _____

_____ Fax No: _____

Change of address? No Yes _____ E-mail Address: _____

Date of Birth: _____ Resident Full Year? Yes/ No _____

PROPERTY DETAILS

Address of Rental Property: _____

Date Property Purchased: _____ Date Property Built (approx.): _____

Date Property First Earned Rental Income: _____

Number of Weeks Available For Rent During the Year: _____

Ownership Details

In Your Name Only: _____

In Joint Names: 1. _____ Ownership: _____%

2. _____ Ownership: _____%

3. _____ Ownership: _____%

4. _____ Ownership: _____%

**** PLEASE PROVIDE YOUR PROPERTY AGENT SUMMARY REPORT AND/OR COMPLETE BELOW FOR INCOME & EXPENSES.**

Income			
Gross Rent:	\$		
Other Rental Income:	\$		
Expenses			
Advertising for Tenants:	\$	Body Corporate Fees:	\$
Borrowing Expenses:	\$	Cleaning:	\$
Council Rates:	\$	Gardening / Lawn mowing:	\$
Insurance:	\$	Interest (Apportion for Private use of Borrowings):	\$
Land Tax:	\$	Legal Fees:	\$
Pest Control:	\$	Management Fees / Commission:	\$
Repairs & Maintenance:	\$	Stationery, Telephone & Postage:	\$
Travel:	\$	Water Rates & Charges:	\$
Other: _____	\$	Other: _____	\$

Do you have Building Allowance Report / Tax Depreciation Report? Yes / No
(If yes, please provide us the report.)

Depreciable Items Purchased During the Year		
Item	Date of Purchase	Cost
Improvements Made During the Year		
Item	Date	Cost

Dated this _____ day of _____ 20 _____

Signature of taxpayer: _____ Name (Print): _____