Rental Property

Information





Individual Tax Return 20___ (Enter year)

Please e-mail, fax or post this form back to our office **PRIOR** to your appointment:

TO:	SBG Accountants & Business Advisors	FAX:	(03) 9629 5944
ATTEN	ITION:	E-MAIL:	sbg@sbgaccountants.com.au
CLIENT	NAME:	CLIENT SIGNATURE:	X

CLIENT NAME:	

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:	🗆 In Your Name	In Joint Names (please supply details)					
	IN	СОМЕ					
Gross Rent:	\$	\$					
Other Rental Income:	\$	\$					
	PROPER	TY DETAILS					
Advertising for Tenants:	\$	Body Corporat	e Fees:	\$			
Borrowing Expenses:	\$	Cleaning:		\$			
Council Rates:	\$	Gardening / Lawnmowing:		\$			
Insurance:	\$	Interest:	Interest:		\$		
Land Tax:	\$	Legal Fees:		\$			
Pest Control:	\$	Property Management Fees/Commission:		\$			
Repairs & Maintenance:	\$	Stationery, Telephone & Postage:		\$			
Water Charges:	\$	Other:		\$			
Other:	\$	Other:		\$			
	DEPRECI	ABLE ITEMS					
	ITEM		DATE PURCHA	SED	СОЅТ		
				\$			
				\$			
				\$			
			\$				
	IMPROVEMENTS /	CONSTRUCTION					
Please email, fax or post to	our office a copy of your tax depr	eciation schedule	prepared by third	party (if	f you haven't already)		
ITEM			DATE		COST		
					\$		
					\$		
					\$		