

Detailed Rental Checklist

Client Name: _____

Property Address: _____

New Property? * ☐ Yes ☐ No No. of weeks rented in financial year: _____

**If yes, please complete details in box below. If no, move on to Income*

| | |
|---|--|
| Date of Purchase: _____ | First Date Rented: _____ |
| Purchasing Costs/Capital Expenses: _____ _____ | |
| Does this client own the property 100%? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Ownership split if not 100%: _____ _____ | |

INCOME:

- Annual rental statement from agent
- OR
- Rental income from bank statements or receipts of privately rented

Attached/NA

DEDUCTIONS:

- Advertising
- Body corporate/strata fees
- Cleaning
- Council rates
- Gardening/lawn mowing
- Insurance
- Interest on loans
- Land tax
- Pest control
- Repairs & maintenance
- Stationery/telephone/postage
- Water rates
- Depreciation schedule
 - previously provided?
 - OR
 - new schedule attached?