

2011 INVESTMENT / RENTAL PROPERTY CHECKLIST

Taxpayer's Name: _____

TFN: _____ Ownership: _____%

Taxpayer's Name: _____

TFN: _____ Ownership: _____%

Address of Property:

Date of acquisition: _____

Date income first produced: _____

Number of Weeks Property was rented from 01/07/10 to 30/06/11: _____

Personal Use %: _____

GROSS INCOME: \$ _____

EXPENSES	AMOUNT	NOTES
Advertising		
Borrowing Expenses		
Cleaning		
Bank Charges		
Management Fees		
Depreciation*		
Electricity		
Garden - Yardwork		
Insurance		Specify Company
Interest		Specify Lender
Land Tax		
Lease Expenses		
Legal and Accounting		
Office Supplies		
Pest Control		
Repairs		
• Carpentry		
• Decorating		
• Electrical		
• Painting		
• Roofing		
• Other		
Replacements		
Strata Title Fees		
Telephone		
Travel		
Capital Allowances *		(4% or 2.5%) or \$
Rates (Council)		
Rates (Water)		
TOTAL		
Less % PERSONAL		
TOTAL EXPENSES		

* (Please furnish your property's depreciation schedule as provided by your managing agent or property vendor or Quantity Surveyor)