

Rental Property Tax Checklist

This checklist is generic and not all items will apply to your situation

Full Name: _____ Date: ____ / ____ / 201__

Property Address: _____ Suburb: _____

Please complete fields and provide the related Documentation, Statements or Details to our office for processing

Rental Details

Date the property first earned rental income: _____

Number of weeks the property was rented for the year: _____

If you Part-Own the Property, what is your share of ownership: _____

	%	OFFICE USE			Notes
		n.a	Sighted	Advised	
Income					
Total rental income received	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Total other income received	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Expenses and Deductions

Advertising for tenants	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Body corporate fees	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Borrowing expenses excluding interest (eg application fees)	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Cleaning	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Council rates	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Gardening/ lawn maintenance	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Insurance	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Interest on loans	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Land tax	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Legal (eg for drafting lease – not purchase expenses)	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pest control	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Property agents fees and commissions	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Repairs and maintenance	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Stationery, telephone and postage	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Travel	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Water charges	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sundry (please specify)	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Other – statements and receipts MUST be provided

Have you purchased any assets for the property ie stove, curtains or air conditioning etc?	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Was there any renovations, extensions or other capital expenditure?	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Do you have a Property Agents Statement?	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Do you have a Depreciation Report/ Quantity Surveyors Report?	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	