

TAXATION DEPRECIATION SCHEDULES

DATE:

CLIENTS DETAILS – Name/s the Report will be in, Owners Postal Address, etc.

NAME:

POSTAL ADDRESS:

SUBURB..... STATE..... P/CODE.....

TELEPHONE: (Work/Home)..... (M)..... (FAX).....

E-MAIL:

REFERRED BY: (please tick) Accountant Friend Repeat Client Other

COMPANY: CONTACT PERSON:

ADDRESS: PHONE:

RESIDENTIAL INVESTMENT PROPERTY DETAILS - All details below are required

INVESTMENT PROPERTY ADDRESS:

TENANTS NAMES:

Telephone Number:

LEASING AGENT:

Contact Person:

Telephone:

..... POSTCODE.....

Copy of Floor Plan Y / N

Is the property Vacant:

Age of Building / Renovations if known

Cost & Dates of Renovations

Purchase Price of Property \$..... BUILDING & LAND / BUILDING ONLY

Certificate of Occupancy / Settlement Date / Rental Date (circle one): DD / MM / YYYY
(exact date required)

Is the property let Furnished Y / N - If Yes, please include a list of items with their costs & dates when installed

Other Information:

Apartment Complexes Only:-

Do you own car spaces Y / N - If YES how many:

Do you own storage facilities Y / N - If YES how many:

Does the complex have any of the following: GYM / SAUNA / POOL / CARPARK (please circle)

Other Common facilities (if known):

OFFICE USE ONLY:

Quote: \$ Quote made by: Ref:

Please Tick applicable - Travel Furnishings

Inspection Date: Time:..... With: Tenant / Agent / Owner