

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:

COMMERCIAL INVESTMENT PROPERTY - All details below are required

INVESTMENT PROPERTY ADDRESS:

TENANTS NAMES:

Telephone Number:

LEASING AGENT:

Contact Person:

Telephone:

..... POSTCODE.....

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

Property Details:-

Type of Property: Warehouse/Factory - Retail - Office - Other:

Copy of Floor Plan Y / N **Total Area of Building:**sqm

Does the property have a mezzanine office Y / N - If YES approximate area:sqm

Does the property have allocated car parking Y / N - If YES number of spaces:

Other Information:

OFFICE USE ONLY:

Quote: \$ Quote made by: Ref:

Please Tick applicable - Travel Furnishings

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