

## 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