

NAME: _____

ADDRESS: _____

PHONE No: _____

TAX FILE No: _____

EMAIL: _____

DON'T FORGET TO BRING:

- Group Certificates
- Centrelink Information
- Dividends Statements
- Private Health Insurance Statement
- Share Buy / Sell Documents
- Medical Expenses over \$1500

RENTAL PROPERTY INVESTMENT

ADDRESS: _____

DATE	DESCRIPTION	INCOME	EXPENSE
	INCOME		
	RENT RECEIVED		
	OUTGOINGS REIMBURSED (eg.Excess Water)		
	EXPENSES		
	ADVERTISING		
	AGENTS COMMISSION (statements attached)		
	GARDEN MAINTENANCE		
	INTEREST (statements attached)		
	INSPECTION FEES		
	INSURANCE		
	RATES & TAXES - Water		
	- Shire		
	- Land Tax		
	REPAIRS		
	OTHER		
	CONSTRUCTION COSTS		

MOTOR VEHICLE EXPENSES:

MAKE OF CAR:	
No OF BUSINESS KMS TRAVELED:	
BUSINESS USE %	
EXPENSES: (TOTAL FOR YEAR)	AMOUNT \$
FUEL	
INSURANCE	
REGISTRATION	
REPAIRS - SERVICES	
- TYRES	
- OTHER	
LEASE REPAYMENTS	
OTHER:	

ISSUES TO DISCUSS WITH ACCOUNTANT

OTHER IMPORTANT EXPENSES:

DETAILS:	AMOUNT \$
INCOME PROTECTION INSURANCE	
SUPERANNUATION - POLICY No.	
CONTENTS INSURANCE	
HOME ELECTRICITY	
HOME TELEPHONE	
OTHER:	