Rental Property Information

Individual Tax Return 20___ (Enter year)



Please e-mail, fax or post this form back to our office **PRIOR** to your appointment:

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TO: Aspire Wealth Group		FAX:	(03) 9497	(03) 9497 4477		
ATTENTION:		E-MAIL:	contact@a	contact@aspirewealthgroup.com.au		
CLIENT NAME:		CLIENT SIGNA	TURE: χ	RE: χ		
	PROPERT	Y DETAILS				
Address of Rental Property:						
Date Property Purchased:	Date Property First Earned Rental Income:					
Number of Weeks Available For Rent: Date P			Built:			
Ownership Details:	☐ In Your Name ☐ In Joint Names (please supply details)					
	INC	OME				
Gross Rent:	\$					
Other Rental Income:	\$					
	PROPERT	Y DETAILS				
Advertising for Tenants:	\$	Body Corporate Fees:		\$		
Borrowing Expenses:	\$	Cleaning:		\$		
Council Rates:	\$	Gardening / Lawnmowing:		\$		
Insurance:	\$	Interest:		\$		
Land Tax:	\$	Legal Fees:		\$		
Pest Control:	\$	Property Management Fees/Commission:		\$		
Repairs & Maintenance:	\$	Stationery, Telephone & Postage:		\$		
Water Charges:	\$	Other:		\$		
Other:	\$	Other:		\$		
	DEPRECIA	BLE ITEMS				
ITEM			DATE PURCHA	SED	COST	
					\$	
					\$	
			\$			
				\$		
Please email, fax or nost to ou	IMPROVEMENTS / Co			narty (if	vou haven't already)	
Please email, fax or post to our office a copy of your tax depreciation schedule ITEM					COST	
		DAIL		\$		
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