



ACCOUNTING & BUSINESS SERVICES PTY LTD

ABN 81 082 935 662

2/694 The Horsley Drive, PO Box 2535, Smithfield NSW 2164

T 9604 7680 F 9604 7687 E results@cowellaccounting.com



Rental Properties – Page 1 of 2

Please fill in as much information as possible (new page for each property)

Rental property address _____

Who owns the property & their percentage

Name _____ % Name _____ %

Name _____ % Name _____ %

Date acquired _____ / _____ / _____

Date available for rent _____ / _____ / _____ No. of weeks rented _____

Income (Amounts collected)

Amount

Rents received \$ _____

Other income \$ _____

Expenses (Amounts paid for)

Amount

Notes

Advertising for tenants \$ _____

Body corporate fees \$ _____

Borrowing expenses \$ _____ *Balance yet to claim \$*

Cleaning \$ _____

Council rates \$ _____

Depreciation \$ _____

Gardening & lawn mowing \$ _____

Insurance \$ _____

Interest on loans – Personal \$ _____ *Loan balance \$*

Land tax \$ _____

Legal fees \$ _____

Pest control \$ _____

Property agents fees \$ _____

Repairs & maintenance *Note 2* \$ _____

Special building writeoff \$ _____ *Construction costs \$*

Stationery, phone, postage \$ _____

Travel expenses *Note 1* \$ _____

Water charges \$ _____

Sundry rental expenses *Note 3* \$ _____



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Rental Properties – Notes Page 2 of 2

Note 1 – Travel expenses (This includes travel for inspections, rent collection, repairs & visit estate agent)

Motor vehicle costs

Make & model of car _____

Rego number _____

Engine size _____

Kilometres travelled _____

Other travel costs

Fares \$ _____

Accommodation \$ _____

Meals \$ _____

Other \$ _____

Note 2 – Repairs & maintenance Please fill in as much information as possible (new page for each property)

Description of repair	Amount	Date	Notes
_____	\$ _____	____/____/____	_____
_____	\$ _____	____/____/____	_____
_____	\$ _____	____/____/____	_____
_____	\$ _____	____/____/____	_____
_____	\$ _____	____/____/____	_____
_____	\$ _____	____/____/____	_____

Purchase of new items

Description of item	Amount	Date	Notes
_____	\$ _____	____/____/____	_____
_____	\$ _____	____/____/____	_____
_____	\$ _____	____/____/____	_____
_____	\$ _____	____/____/____	_____
_____	\$ _____	____/____/____	_____

Note 3 – Sundry rental expenses

Bank fees	\$ _____	Electricity	\$ _____
Lease expenses	\$ _____	Replacements	\$ _____
Strata title fees	\$ _____	Letting fees	\$ _____
Inspection fees	\$ _____		\$ _____
Statement fees	\$ _____		\$ _____

Your signature below confirms that you have all the necessary receipts for the above expenses etc

Signature _____ Date ____/____/____



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Rental Properties – Capital Gains Tax Worksheet

Rental property address _____

Who owns the property _____

Original purchase price

Purchase price \$ _____

Stamp duty \$ _____

Legal costs \$ _____

Date of settlement _____ / ____ / ____

Date first available for renting _____ / ____ / ____

Alterations & extensions done since purchase & not claimed in tax return

Please list what was done	Amount	Date done
_____	\$ _____	_____ / ____ / ____
_____	\$ _____	_____ / ____ / ____
_____	\$ _____	_____ / ____ / ____
_____	\$ _____	_____ / ____ / ____
_____	\$ _____	_____ / ____ / ____
_____	\$ _____	_____ / ____ / ____
_____	\$ _____	_____ / ____ / ____

Other costs not claimed in prior tax returns

Please list each item	Amount	Date done
_____	\$ _____	_____ / ____ / ____
_____	\$ _____	_____ / ____ / ____
_____	\$ _____	_____ / ____ / ____
_____	\$ _____	_____ / ____ / ____
_____	\$ _____	_____ / ____ / ____
_____	\$ _____	_____ / ____ / ____
_____	\$ _____	_____ / ____ / ____

Your signature below confirms that you have all the necessary receipts for the above expenses etc

Signature _____ Date _____ / ____ / ____