

1. Personal details:

a) Name of property owner:

Percentage ownership:

| b) Residential address: | | |
|-------------------------|----|---|
| c) Email address: | | |
| d) Contact number: | | _ |
| e) Alternate phone numb | r: | _ |

2. Property Details:

| a) Address of investment | property: _ |
|--------------------------|-------------|
|--------------------------|-------------|

Please include suburb, state and postcode.

| b) Type of property (house, apartment, granny flat, townhouse, etc) | : |
|---|---|
|---|---|

c) Was the property built under your ownership:

🗆 Yes

🗆 No

| If No: | If Yes: |
|---------------------------|---|
| Purchase price: \$ | Build cost: \$ |
| Build cost (if known): \$ | Date of completion: |
| Date of exchange: | Date of first lease: |
| Date of settlement: | *please attach a copy of your build contract if |
| Date of first lease: | available. If build contract is unavailable, please |
| Age of property if known: | contact us for other sufficient evidence. |

| d) Have you occupied the property for any period of time? | 🗆 Yes | 🗆 No | |
|---|-------|------|--|
|---|-------|------|--|

| e) | Has the proper | t <mark>v b</mark> een | renovated | either by | vourself. or | r previous owners: | □Yes | □No |
|----|-----------------|------------------------|-----------|-----------|--------------|--------------------|------|-----|
| ~, | rius the proper | Ly DCCII | renovated | citici sy | yoursen, or | previous owners. | | |

If yes, please provide details:

| Details of works (add more rows if required or attach | Cost of works | Date of works |
|---|---------------|---------------|
| summary document) | | |
| | | |
| | | |
| | | |

Please note that tax invoices are required for any renovations that have been carried out yourself. If works carried out by previous owners, please provide details of works you believe have been carried out, exact dates and costs are not required unless known.



f) Have you provided any furniture for the tenants' use:

□Yes □No

If yes, please provide details:

| Furniture Item (add more rows if required or attach summary document) | Cost of item | Date of purchase |
|---|--------------|------------------|
| | | |
| | | |

Please note that due to ATO regulations, we will be required to sight tax invoices for any furniture items to be included in the report. If your property was purchased after 9/5/17 and/or first rented after 1/7/17, you will only be able to claim furniture that is brand new at the time of lease.

3. Economy Checklist:

| a) Is th | e property part of a co | omplex? | | 🗆 Yes | 🛛 No |
|----------|--|-------------------|-----------------------------------|-----------------------|-------------|
| | If yes, number of res This can be estimated | | omplex: he number of mailboxes | at the front of t | he complex. |
| | Total number of floo | rs in the buildin | g: | | |
| b) Star | ndard/ Quality of cons | truction: | | | |
| | Construction method Double Brick Cavit | | /eatherboard Cladding | | |
| | Brick Veneer | 🗆 Pr | refabricated Home | | |
| | Estimated constructi This considered the st finishes, materials, et | tandard of fitout | and finish, including qu | ality of appliand | ces, floor |
| | Basic | 🗌 Medium | 🗆 High | E F | Prestige |
| c) Num | nber of rooms: | | | | |
| | Bedrooms: | | | | |
| | Bathrooms: | | | | |
| | Kitchens: | | | | |
| | Loungerooms: | | | | |
| | Dining Rooms: | | | | |
| | Laundries: | | | | |
| | Garages: | | | | |
| | Car spaces/ underco | ver parking: | | | |
| | Covered pergola: | 🗆 Yes | □ No | | |
| | Other Rooms (please | specify in detai | il): | | |



| d) Hydraulic services | (Plumbing. | Draining and | Gas Fitting): |
|-----------------------|----------------|--------------|----------------|
| aj rigardane services | (1 1011101116) | Draning and | Gus i itting/. |

| | Hot Water service: | 🗆 Gas | | 🗆 Elect | ric | 🗆 Sola | ır |
|----------|--|----------|---------|---------|------------|--------|------|
| | Pumps: | 🗆 Yes | | 🗆 No | | | |
| | If yes, number of pumps: | | | | | | |
| | Rainwater tanks: | □ Yes | | 🗆 No | | | |
| | If yes, material of tank: | | | | | | |
| | Ducted Gas Heating: | 🗆 Yes | | 🗆 No | | | |
| e) Air C | Conditioning: | | | | | | |
| | Ducted Air Conditionin | g: | | | \Box Yes | | 🗆 No |
| | Split System Air Condit | ioning: | | | \Box Yes | | □ No |
| | If yes, number of system | ns: | | | | | |
| | Room/window mounted Air Conditioning Units : Ves | | | | | | 🗆 No |
| | If yes, number of system | ns: | | | | | |
| f) Elect | rical services: | | | | | | |
| | Intercom: | | | 🗆 Yes | | 🗆 No | |
| | If yes, type of intercom: | : | 🗆 Audic |) | □ Video | C | |
| | Ducted Vacuum System | า: | | 🗆 Yes | | 🗆 No | |
| | Burglar Alarm/ Security | / System | : | 🗆 Yes | | 🗆 No | |
| | Access Control Systems | 5: | | 🗆 Yes | | 🗆 No | |
| | CCTV Systems: | | | 🗆 Yes | | 🗆 No | |
| | Television Antenna – fr | eestand | ing: | 🗆 Yes | | 🗆 No | |
| | Ceiling Fans: | | | 🗆 Yes | | 🗆 No | |
| | If yes, number of ceiling | g fans: | | | | | |



| g) Fire S | g) Fire Services: | | | | | | | |
|-----------|---------------------------|------------------------------|----------|------------|-------------|--|--|--|
| | Hydrant Booster Pump: | | □ Yes | 🗆 No | | | | |
| | Fire Alarm – Bell: | | □ Yes | □ No | | | | |
| | Fire Indicator Panel: | | □ Yes | □ No | | | | |
| | Emergency Warden Inter | rcom Speakers | : 🗆 Yes | □ No | | | | |
| | Fire hose Reel and Nozzle | es: | □ Yes | □ No | | | | |
| | Fire Alarm – Heat/smoke | 2 | □ Yes | □ No | | | | |
| | Detectors: | | □ Yes | □ No | | | | |
| | Fire extinguishers: | | □ Yes | □ No | | | | |
| h) Kitch | nen Appliances: | | | | | | | |
| | Type of benchtop: | | | | | | | |
| | □ Granite □ Reconstitute | | d Stone | 🗆 Laminate | | | | |
| | Timber | ber 🗌 Other – please specify | | | | | | |
| | Cooktop: | | □ Yes | □ No | | | | |
| | If yes, type of cooktop: | 🗆 Gas | Electric | 🗆 Ceramic | □ Induction | | | |
| | Underbench/wall oven: | | □ Yes | 🗆 No | | | | |
| | Upright Stove: | | □ Yes | 🗆 No | | | | |
| | Rangehood: | | □ Yes | 🗆 No | | | | |
| | Dishwasher: | | □ Yes | □ No | | | | |
| | Electric Water Filter: | | □ Yes | 🗆 No | | | | |
| | Garbage Disposal Unit (In | nsinkerator): | □ Yes | 🗆 No | | | | |
| | Comments: | | | | | | | |
| i) Bedro | ooms: | | | | | | | |
| | Built in wardrobes: | | □ Yes | □ No | | | | |
| | Comments: | | | | · | | | |



j) Bathroom/Ensuite Assets:

| Freestanding accessories: Includes shower caddies, soc | ☐ Yes ap holders, toilet brushes) | □ No | | | |
|---|--------------------------------------|------|--|--|--|
| Shower Curtains: | □ Yes | □ No | | | |
| Exhaust Fans: | □ Yes | 🗆 No | | | |
| Spa Bath: | □ Yes | □ No | | | |
| Heated Towel Rack: | □ Yes | 🗆 No | | | |
| Comments: | | | | | |
| k) Laundry assets: | | | | | |
| Washing Machine: | \Box Yes | 🗆 No | | | |
| Electric Clothes Dryer: | □ Yes | □ No | | | |
| l) Floor Finishes: | | | | | |
| Carpet: | \Box Yes | 🗆 No | | | |
| If yes, specify which rooms: _ | | | | | |
| Vinyl: | □ Yes | 🗆 No | | | |
| If yes, specify which rooms: _ | | | | | |
| Prefinished/floating timber | floors: 🗆 Yes | 🗆 No | | | |
| If yes, specify which rooms: | | | | | |
| Tiles: | □ Yes | 🗆 No | | | |
| If yes, specify which rooms: _ | | | | | |
| Polished Timber: | □ Yes | 🗆 No | | | |
| If yes, specify which rooms: _ | | | | | |
| Other: | □ Yes | 🗆 No | | | |
| If yes, specify which rooms, and what material: | | | | | |



m) Window Coverings:

| Blinds | 5: | 🗆 Yes | 🗆 No | | |
|---------------|---|----------|---------------|-------------|------------------|
| Type: | 🗆 Fabric Vertic | als | 🗆 Metal Venet | ians 🗌 Timb | er Verticals |
| | 🗆 Block out Sci | reens | Roller Blinds | 5 🗌 Othe | r (detail below) |
| Specif | y which rooms ha | ve blind | s: | | |
| Curta | ins: | □ Yes | □ No | | |
| Type: | 🗆 Lace | 🗆 Pren | nade Curtains | Custom Mad | e Curtains |
| Specif | y which rooms ha | ve curta | ins: | | |
|) External Eq | uipment: | | | | |
| | s Court: material on court | :: | □ Yes | | |
| | ming pool: method of heatir | ıg: | □ Yes | | |
| Pool (| Cover: 🗆 Yes | | 🗆 No | | |
| Sauna | a: | | 🗆 Yes | 🗆 No | |
| Comn | non BBQ Area: | | \Box Yes | 🗆 No | |
| Moto | rised Pergola Louv | vres: | \Box Yes | 🗆 No | |
| Moto | rised Window Shu | utters: | □ Yes | 🗆 No | |
| Solar | Garden Lights: | | □ Yes | □ No | |
| Free-s | standing shed: | | □ Yes | □ No | |
| If yes, | approximate size | : | m² | | |
| Moto | rised garage door | /boom g | gate: 🗆 Yes | □ No | |
| Autor | natic irrigation sy | stem: | □ Yes | □ No | |
| If yes, | Panels: approximate size lation costs after r | | □ Yes | 🗆 No | |
| | rea Property: | ebate: | ۶ | | |
| - | iea Floperty. | | 🗆 Yes | 🗆 No | |
| Gym: | , number of cardio | wascula | | | |
| n yes, | Number of resi | | | | |
| Elevat | | | □ Yes | No | |
| | age Chute: | | □ Yes | | |



4. Payment Terms and Client Authorisation:

Payment for your depreciation schedule must be made upfront, and before work on your depreciation schedule will commence. If invoice is selected as the payment method, an invoice will be emailed to you with details on making payment via Credit Card online, B-Pay or Direct Deposit.

AUTHORISATION:

I/We the undersigned hereby accept the fees, terms of use as listed on <u>https://www.mydepreciation.com.au/terms.php</u> and hereby authorise My Depreciation Pty Ltd to locate construction documents, make all necessary enquiries and to access the property as required to complete the Tax Depreciation Schedule.

Date: ___ / ___ / ___ / ___ _

If you are completing the forms on a computer, you may print your name instead of signing.

Please note that you will be sent a confirmation SMS upon receipt of your application form.

Payment details:

| Payment method: | Credit Card | 🗆 Invoice |
|-----------------|-------------|-----------|
|-----------------|-------------|-----------|

If invoice, please leave credit card details blank and an invoice will be emailed to you upon receipt of your application forms. If paying by credit card, an official tax invoice will be included in your completed report.

| Total invoice amount, including 10% GST: \$482.90 | | | | | | | |
|---|--------------|--------|--|--|--|--|--|
| Credit card type: | □ Mastercard | 🗆 Visa | | | | | |
| Name on Card: | | | | | | | |
| Card number: | | | | | | | |
| Expiry date: / | CVN | l: | | | | | |



5. Submitting your forms:

Please review checklist and ensure the details you entered are correct and as accurate as possible. Your Tax Depreciation schedule will be based on the information provided on this checklist, as well as what is collected from the site inspection.

If you have multiple attachments to send through via email, please ensure the address of the property is in the subject heading of each email. Files such as build contracts, tax invoices, floor plans, strata plans, etc are all useful.

Please complete the above form and forward to our Head Office via:

EMAIL:

info@mydepreciation.com.au

POST:

My Depreciation PO Box 255 Hurstville NSW 1481

OFFICE LOCATIONS:

Level 20 & 21, Tower 2 Darling Park, 201 Sussex Street, **Sydney** NSW 2000 Level 13, 50 Cavill Avenue, **Surfers Paradise**, Gold Coast, QLD 4217 Level 14, 380 St Kilda Road, **Melbourne** VIC 3004 Level 29, 221 St Georges Terrace, **Perth** WA 6000 Level 21, 25 Grenfell Street, **Adelaide** SA 5000