

SELF ASSESSMENT RESIDENTIAL INVESTMENT PROPERTIES ONLY

\$439 + GST

How to complete these forms simply click and type your response. 1. Your Details Full Name of Owner(s): Full name of the owners as it appears on the Contract of Sale. Postal Address: Suburb: State or Territory: Postcode: This is your residential address, for future correspondence. Phone (h): Mobile: Email: Please provide your contact details, for future correspondence. 2. Investment Property Details **Investment Property Address:** Suburb: State or Territory: Postcode: Type of Property (Eg. Unit, Home, Townhouse, Villa, Duplex, Granny Flat etc): Is the property New or Existing: NEW/EXISTING IF EXISTING: Age of the property: Purchase Price: Legal Costs: Stamp duty costs: Building Costs (if known): IF NEW: Did you build the property: Yes□ No□ IF YES: IF NO: Land Cost: Purchase Price: Build cost: Legal costs: Build completion date: Stamp duty costs:

Copy of build contract (please attach):

Age of the property is the approximate age from the time it was completed to today's date, eg.10 years old. Purchase price is the amount stated within the contract. Legal costs are conveyancing fees associated with your purchase. Stamp duty is the stamp duty payable to the Office of State Revenue. Building cost is the construction cost including architectural fees, engineering fees etc.



perty and it was available for rent from the date of settlement, then the date of
st lease would be the date that the property became available for rent (ie. you
te that you would like the schedule to commence. Remember, this date must stion is compulsory for completing your depreciation schedule- schedules can
I finishes. Are they basic, good quality or luxury items?
evels are in the entire building. i.e. In the house or the entire unit block.
6)
an 3 items please attach spreadsheet to application form):
COST
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Renovations carried out by yourself or that you think have been completed since 27 Feb 1992 - (if renovations were done by you please include
dates and costs Copies of receipts may be required. If done by previous owner please advise what was done and approx. date) A typical
response may be as follows:

Item	Date	Cost
Repainted unit	July 2012	\$2,600
New carpet	April 2010	\$2,150

Page 2



application form): INVENTORY	ease provide a list of items (if more	e than 3 items please attach spreadsheet to
INVERSE ON	DATE	COST
	DATE	1 2031
	nent. Also provide brands and costs of the ite	should have a copy of this, which will be signed by your tenants ems (Receipts may be required). Furnished items refer to items
Inventory	Date	Cost
TV	2002	\$500
Fridge	2005	\$1500
Oo you have a copy of the St	rata Plan? Yes□ No□	(if yes please attached separately)
This is applicable to units, townhouse levelopment. It also has a layout of y		nighlighting your particular entitlement amongst the entire
0.0		
How did you hear about myD	Depreciation.com.au?	
B. General Informatio How did you hear about myD Any further comments or information Additional Comments:	Depreciation.com.au?	
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PROPERTY CHECKLIST

Please select the services applicable to your property for each section.

1. Property Description – please advise the number of each type of room				
ROOM TYPE Bedroom(s): Lounge Room(s): Family/Rumpus Room(s): Dining Room(s): Kitchen(s): Laundry(s): Bathroom(s): Ensuite(s): Walk in robe(s): Garage(s): Basement Parking: Carport(s): Veranda(s): External Pergola(s):	NUMBER OF RO	OOMS		
Any other rooms? Please specify in detail: Click or tap	Yes□ No□ o here to enter t	ext.		
Be sure to indicate the number of rooms for ea	ach type of room listed.	If none, ind	licate with a 0 o	r n/a.
2. Hydraulic Services (Plui	mbing Draina	ige and	l Gas-Fitt	ing)
Hot water service (select one):	Gas □		Electric □	Solar □
Are there any pumps on the propert Please specify in detail: Number of pumps:	ty? Yes □	No □		
Ducted Gas Heating:	Yes □	No □		
3. Air-conditioning				
Ducted air-conditioning:		Yes □	No □	
Split System Air-conditioning: Number of Split System Air-conditio	ners:	Yes □	No □	
Room/Window Mounted Air-condition Number of Room/Window Mounted	-	Yes □	No □	
4. Security				
Intercom: What type of intercom?	Yes 🗆	No 🗆		



Is the intercom audio or video enabled? Also list the bra	and if available.
Ducted Vacuum System:	Yes □ No □
Burglar/Alarm System:	Yes □ No □
Access Control System:	Yes □ No □
Does your property have a system which restricts the a	bility to access the property? i.e using or entering the property.
5. Fire Services	
Hydrant booster pump:	Yes □ No □
Fire Alarm – Bell: Number of Fire alarm bells:	Yes □ No □
Fire indicator panel (FIP):	Yes □ No □
Emergency warden intercom speakers:	Yes □ No □
Fire hose reels & nozzles:	Yes □ No □
Fire alarm – heat/smoke:	Yes □ No □
Fire Extinguishers: Number of Fire Extinguishers:	Yes □ No □
Smoke Detectors: Number of Smoke Detectors:	Yes □ No □
6. Electrical Services	
Closed Circuit Television System (CCTV):	Yes □ No □
Television Antennas - Freestanding:	Yes □ No □
Telephones: Number of telephones:	Yes □ No □
Ceiling Fans: Number of ceiling fans:	Yes □ No □
Light Fittings: Number of light fittings:	Yes □ No □
7. Bedroom Accessories	
Built in wardrobes: Number of built in wardrobes:	Yes □ No □



Be sure to specify the number of built in wardrobes in your property and which bedrooms they are located in. EG. Master bedroom – 1 wardrobe – double door, Spare bedroom – 1 wardrobe – walk in.

8. Kitchen				
Type of Bench top: Granite Reconstituted Stone Laminate Timber Other If other please speify:				
Cooktop: Type of Cooktop (gas/electric/cera	Yes □ No □ mic):	Brand:		
Underbench wall/oven:	Yes □ No □	Brand:		
Upright Stove:	Yes □ No □	Brand:		
Rangehood:	Yes □ No □	Brand:		
Dishwasher:	Yes □ No □	Brand:		
Electric Water Filter:	Yes □ No □	Brand:		
Garbage disposal (insinkerator):	Yes □ No □	Brand:		
Please be sure to specify the brand of each a	appliance if known.			
9. Bathroom/Ensuite Acc	essories			
Accessories freestanding: Detail of freestanding accessories:	Yes □ No □			
This includes items such as shower caddies, soap holders, toilet brushes etc.				
Shower curtains:	Yes □ No □			
Exhaust Fans:	Yes □ No □			
Stand alone exhaust fans as well as exhaust fans including combined lighting and heating.				
Spa Bath:	Yes ⊠ No □			
Heated towel rails:	Yes □ No □			
Any other comments				



10. Laundry

Washing Machine:	Yes l		No □		Brand:
Electric Clothes Dryer:	Yes l		No □		Brand:
11. Window Coverings					
Property has curtains to windows:			Yes □	No 🗆	
Type of blinds installed:					☐ Metal Venetians ☐ Block Out Screens ☐ ☐ Roller curtains ☐
Specify which rooms have curtains: Property has curtains to windows: Type of curtains installed: Specify which rooms have curtains:		*******	Yes □ Lace □		ade Curtains Custom Made Curtains
12. Floor Finishes					
Carpet: Specify which rooms are carpeted:			Yes 🗆	No 🗆	
Vinyl: Specify which rooms have vinyl:			Yes 🗆	No 🗆	
Prefinished/Floating timber floors: Specify which rooms have timber fl	oors:		Yes 🗆	No 🗆	
Tiles: Specify which rooms have tiles:			Yes 🗆	No 🗆	
Timber - polished: Specify which rooms have timber fl	oors:		Yes 🗆	No 🗆	
Solid timber floors are treated as part of the c	apital w	orks	allowance	and are no	ot treated as individual items of plant and equipment.
13. External Equipment					
Tennis Court: Material on the tennis court:			Yes □	No 🗆	
Swimming Pool: Method of heating:			Yes □	No 🗆	
Spa: Method of heating:			Yes 🗆	No 🗆	
Here, the term spa refers to an outdoor spa, o	often fou	ınd a	adjacent to a	a pool, and	d NOT a spa bath.



Sauna:	Yes □ No □
Common BBQ area:	Yes □ No □
Freestanding shed: Approximate size of shed:	Yes □ No □
Automatic Irrigation System:	Yes □ No □
Includes garden watering installations – con	trol panels, pumps, timing devices etc.
Solar Garden Lights:	Yes □ No □
Motorised garage door/boom gate	: Yes □ No □
Motorised pergola louvers:	Yes □ No □
Motorised window shutters:	Yes □ No □
Artificial grass If yes, approximate sqm:	Yes □ No □
14. Common Area – for u	nits/villas/townhouses only
14. Common Area – for u	nits/villas/townhouses only Yes No No
	<u> </u>
Gym:	Yes
Gym: Cardiovascular Equipment:	Yes
Gym: Cardiovascular Equipment: Cardiovascular equipment includes exercise	Yes
Gym: Cardiovascular Equipment: Cardiovascular equipment includes exercise Resistance Equipment:	Yes
Gym: Cardiovascular Equipment: Cardiovascular equipment includes exercise Resistance Equipment: Resistance equipment refers to freestanding	Yes
Gym: Cardiovascular Equipment: Cardiovascular equipment includes exercise Resistance Equipment: Resistance equipment refers to freestanding Elevators:	Yes
Gym: Cardiovascular Equipment: Cardiovascular equipment includes exercise Resistance Equipment: Resistance equipment refers to freestanding Elevators: Garbage Chute:	Yes



CREDIT CARD	AUTHORI	SATI	ON	
Client Phone Number:				
Client Investment Propert	y Address:			
Total Invoice Amount (inc	: GST):			
1. Fee Proposal				
A professional fee of $$439.00 + $43.90 \text{ GST} = $482.90 \text{ is applicable to this tax depreciation proposal, subject to the above noted information being provided by the owner.}$				
2. Credit Card Deta	ils			
Card Type:	MasterCard:		Visa:	
Name on Card:				
Card Number:				
Expiry Date:	/			
CVN:				
Print Name:				



CLIENT AUTHORISATION

1. Authorisation		
		eptance of the terms and conditions as listed on enquiries as requested to complete the Tax Deprecation
Should you wish to proceed, please sign bel application form.	low and e	email or post this authorisation to our office with your
Print Name		
I Agree to the Terms and Conditions	Yes	

You're finished! Please review your checklist and ensure that the details provided are correct and as accurate as possible as your tax depreciation schedule will be based on the information provided on this checklist.

Thank you for completing our Economy Package application forms. You may submit via email or post using the contact details below.

Please note that you will receive a confirmation SMS from MyDepreciation once your forms have been received.

For more information please call us on 1300 319 809

EMAIL info@mydepreciation.com.au

POST MY DEPRECIATION

LEVEL 57 MLC CENTRE 19-29 MARTIN PLACE SYDNEY NSW 2000