

STATEMENT OF RENTAL INCOME

Taxpayer's Name :

TFN:

Taxpayer's Name :

TFN:

Property Address :

Is property jointly owned?

Yes/No

Year ended 30 June

Rental Income

\$

Date acquired:

Other Rental Related Income:

\$

Date first available for rental:

Transfer Taxpayer's Share to Return:

\$

No of Weeks rented:

EXPENSES	Partly Deductible	Fully Deductible	
INTEREST EXPENSES			
Less % PERSONAL			
INTEREST DEDUCTION		+	Transfer Taxpayer's Share to Return \$
OTHER RENTAL EXPENSES			
Advertising			
Bank Fees			
Borrowing Expenses			Balance Remaining at 30/6/..... \$
Cleaning			
Commission & Management Fees			
Cost Write off			(4% or 2.5%) of \$ Constr. Date:
Depreciation			
Electricity			
Gardening			
Insurance			
Land Tax			
Lease Expenses			
Legal and Accounting			
Office Supplies			
Pest Control			
Repairs			
Carpentry			
Electrical			
Painting/Decorating			
Plumbing/Roofing			
Other			
Replacements			
Strata Title Fees			
Telephone			
Travel			
Rates (Council)			Paid to:
Rates (Water)			Paid to:
TOTAL OTHER EXPENSES			
Less % PERSONAL			
OTHER RENTAL DEDUCTIONS		+	Transfer Taxpayer's share to return \$

OTHER INFORMATION

