

RENTAL PROPERTY CHECKLIST

Financial Year: 1 APRIL 2019 to 31 MARCH 2020

| | | | |
|----------------------------|--|------------------------|--|
| Property owned By : | | Phone (day): | |
| | | Phone(evening): | |
| Owners Address: | | Email: | |
| | | | |

Please ensure you complete and sign this form and include it with your records

We will be unable to start your work without receiving the checklist completed. Therefore to avoid delays it is essential to complete, sign and return this checklist with your records

IMPORTANT NOTE: Please complete a separate Checklist for each rental property.

- Address of rental property:
.....
.....

- If rental property is managed, please supply management report for year ended 31 March 2020
- What was the total rental income received for the period 1 April 2019 to 31 March 2020 \$
- Total interest paid on rental property mortgage/s (attach loan statements) \$
- Total rates and water rates paid on the rental property (attach copies of rate demands) \$
- House insurance paid: \$
- Details of repairs: \$

..... \$

..... \$

..... \$

..... \$

- Any other rental property related expenses incurred :
 - \$
 - \$
 - \$
- Vehicle mileage to inspect property x =

| | | |
|---------------|------------------------|-----------|
| No. of visits | Km's per trip (return) | Total Kms |
|---------------|------------------------|-----------|

PLEASE PROVIDE RELEVANT DETAILS IF ANY FIXED ASSETS PURCHASED WITH THE PROPERTY OR DURING THE YEAR BETWEEN 1 APRIL 2019 TO 31 MARCH 2020:

| Chattels | Date of Purchase | Tick if asset purchased with property | Replacing Existing Asset? | Cost |
|--|------------------|---------------------------------------|---------------------------|-----------|
| Appliances - please detail: | | | | \$ |
| Blinds / Curtains | | | | \$ |
| Carpets / Vinyl | | | | \$ |
| Ovens - please detail: | | | | \$ |
| Light fittings | | | | \$ |
| Dryer (clothes, domestic type) / Washing Machine | | | | \$ |
| Freezers or Fridge | | | | \$ |
| Furniture (fitted) | | | | \$ |
| Furniture (loose) | | | | \$ |
| Heaters - please detail: | | | | \$ |
| Water heaters | | | | \$ |
| Other - please detail | | | | \$ |
| TOTAL FIXED ASSETS | | | | \$ |

- If any rental assets written off or sold during the year please detail
Detail

- Was the rental property purchased / sold during the year?**
If YES, please include the sale and purchase agreement, any loan agreements and the Solicitors settlement statement. Please note when the property was purchased for Bright Line Test review
YES / NO

Client Authorisation

I/We authorise you to prepare Financial Statements from the information and records I/we have supplied to Your Accountant Limited. I/we advise you not to complete an audit or review. I/we accept responsibility for the accuracy and completeness of all records and information supplied to Your Accountant Limited and agree to the terms of engagement as above.

Under the terms of the Privacy Act 1993, I/We give Your Accountant Limited full authority to seek additional information, including by electronic services, from my/our Bank, lawyer, WINZ, ACC and the Inland Revenue Department for any purpose relating to my/our affairs to enable the proper completion of my Financial Statements and Income Tax Returns. This authority also applies for the Client Linking System with the Inland Revenue Department and Your Accountant Limited as tax agent for all tax types.

I/we acknowledge that this authority shall remain in force and effect until revoked by me/us in writing.

Authorised Signature/s: _____
 Name: _____
 Date: _____