

STATEMENT OF RENTAL INCOME

Students Name: _____

Taxpayer's Name: TFN:

Address of Rental Property

Date property first earned rental income

Number of weeks property was rented this year

Ownership % owned

Income **Total amount** **Private %** **Taxpayers share**

Gross rental income		
Other rental related income		

Gross Rent

Expenses

Advertising		
Bank Fees		
Body Corporate Fees		
Borrowing expenses		
Cleaning		
Electricity		
Garden/lawn mowing		
Insurance		
Interest on Loans		
Land Tax		
Legal Fees		
Pest Control		
Property agent fees/commission		
Repairs and Maintenance		
Electrical		
Plumbing/Roofing		
Other		
Stationery		
Strata Title Fees		
Sundry rental expenses		
Telephone		
Travel		
Water		
Depreciation Transferred		
Special Building Write-Off Transferred - 2.5% of \$ _____		

Total Expenses

Net Rent / / /