## STATEMENT OF RENTAL INCOME

			Year ended 30 June
Faxpayer's Name:		TFN	
Faxpayer's Name:		TFN	
ocation of property:			
s Property jointly owned? Yes/No		Date acquired:	
Rental Income \$		Date first available for rental:	
Other Rental Related Income \$		No. of weeks rented:	
Fransfer Taxpayer's Share to Return: \$		1401 01	TOTICAL
	Partly	Fully	1
EXPENSES	Deductible	Deductible	
INTEREST EXPENSES			
Less % PERSONAL			
TOTAL INTEREST DEDUCTIONS	+		Transfer Taxpayer's Share to Return \$
CAPITAL WORKS DEDUCTIONS			
Cost Write Off			(4% or 2.5%) of \$ Constr. Date:
Decline in Value			
TOTAL CAPITAL WORKS DEDUCTIONS	+		Transfer Taxpayer's Share to Return \$
OTHER RENTAL EXPENSES			
Advertising	_		
Bank Fees			
Borrowing Expenses			Balance Remaining at 30/6/ \$
Cleaning			
Commission & Management Fees			
Electricity			
ES Levy (SA)			
Garden – Yardwork or Sundries			
Insurance			
Land Tax			
Lease Expenses			
Legal and Accounting			1
Office Supplies			
Pest Control			
Repairs			
Carpentry Electrical	+		+
Painting/Decorating			+
Plumbing/Roofing			1
Other			1
Replacements			+
Strata Title Fees			
Telephone	+		1
Travel			
Rates (Council)			Paid to:
Rates (Water)			Paid to:
TOTAL OTHER EXPENSES			1
Less % Personal			
OTHER RENTAL DEDUCTIONS	+		Transfer Taxpayer's share to return

OTHER INFORMATION

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