B - 2026 INVESTMENT PROPERTY INCOME CHECKLIST

Taxpayer's Name:_____ TFN: _____Ownership: _____%

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Address of Property: _____

_____

Date of acquisition: _____ Costs of acquisition: _____

Date income first produced: _____

Number of Weeks Property was rented from 01/07/25 to 30/06/26: _____

Personal Use %: _____ GROSS INCOME: $ _____

EXPENSES	AMOUNT	NOTES
Advertising		
Borrowing Expenses		
Cleaning		
Bank Charges		
Management Fees		
Depreciation*		
Electricity		
Garden – Yard work		
Insurance		Specify Company
Interest		Specify Lender
Land Tax		
Lease Expenses		
Legal and Accounting		
Office Supplies		
Pest Control		
Repairs • Carpentry		
• Decorating		
• Electrical		
• Painting		
• Roofing		
• Other		
Replacements		
Strata Title Fees		
Telephone		
Capital Allowances *		(4% or 2.5%) or $
Rates (Council)		
Rates (Water)		
TOTAL		
Less % PERSONAL		
TOTAL EXPENSES		

1. * (Please furnish your property's depreciation schedule as provided by your managing agent or property vendor or Quantity Surveyor)
2. Note-travel expenses can no longer be claimed (Unless the property is commercial use)

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