

CMR & ASSOCIATES PTY LTD

Taxation Depreciation Specialists

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P.O. Box 676 Hastings, Vic 3915

Date _____ Name/s _____
Mr/Mrs/Ms (please specify)

Address _____

Telephone Home _____ Mobile _____

Work _____ Fax _____

Report to be in name of _____

Report to be sent to _____

Accountants name _____

Where did you hear about us? _____

Investment Property Address _____

Leasing Agent _____ Phone _____

Contact Name _____ Fax _____

Tenants Details if known _____

No of bedrooms _____ Study Y/N _____ Quote _____

List of details required for preparation of Taxation Depreciation Schedule as follows:

If unit or apartment we need entitlements and liabilities and plan of sub-division from the section 32 of your contract (this can be either mailed/faxed or emailed to us)

Please specify: _____

*Date Built (from Section 32) _____

or date Renovated (d/m/y) _____

*Settlement date:(d/m/y) _____

*Have you lived in the property (Yes/No) _____

*Date property became available for rental (d/m/y) _____

*Purchase Price of Property _____

Cost of Renovations or Improvements (if known) _____

Is property let; furnished or unfurnished _____

Any other information that may effect costing (attach list if required) _____

***Please give us correct dates and all relevant information prior to report being compiled, any changes once the report has been completed could incur a further fee**

NOTE: When access is not available as arranged with nominated person, a surcharge will apply to the owner. Out of business hours surcharge applies