



## SUBMISSION CHECKLIST

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Sections 1-6 Completed (this form)   | <input type="checkbox"/> Copy of Sales Contract     | <input type="checkbox"/> Copy of Construction Contract (if applicable) |
| <input type="checkbox"/> Drawings (incl Floorplans)   | <input type="checkbox"/> Furniture / Inventory List | <input type="checkbox"/> Renovation details (Incl Costs & Dates)       |
| <input type="checkbox"/> Schedule of Entitlements/Liabilities (For Units/Apartments/Properties with common areas) |   |  |

## 1. PROPERTY OWNER/S

Owners Name/s (as per Contract of sale) \_\_\_\_\_  
 Postal Address: \_\_\_\_\_  
 Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Other: \_\_\_\_\_  
 Email Address (required) \_\_\_\_\_  
 How did you find us? Accountant / Family/Friend / Yellowpages / Internet Search / Other: \_\_\_\_\_

## 2. INVESTMENT PROPERTY ADDRESS & ACCESS DETAILS

Property Address (& Name): \_\_\_\_\_  
 Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_  
 Type of Property: Permanent Rental / Holiday Rental Other: \_\_\_\_\_  
 Current Status: Vacant / Occupied / Not Settled Yet Other: \_\_\_\_\_  
 Contact for access: Property Manager / Real Estate Agent / Tenant / Owner  
 Contact Person/Company: \_\_\_\_\_ Telephone: \_\_\_\_\_

## 3. INVESTMENT PROPERTY INFORMATION

Settlement Date (dd/mm/yyyy) \_\_\_\_\_ Purchase Price \$ \_\_\_\_\_  
 Property Type: New Build\*\* / Existing Land Value \$ \_\_\_\_\_ as at \_\_\_\_\_  
\*\*New Build = Provide copy of construction contract and drawings of the property  
 Date Constructed (Certificate of Classification): \_\_\_\_\_ Age of Property: \_\_\_\_\_  
 Floorplans Available? YES / NO Furnished? YES / NO (please supply a full list incl dates/costs)  
 Before Purchase, was the property renovated? YES / NO (please provide as much detail as possible – including dates if known)  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Since purchase/Settlement, have you made any renovations/additions to the property? YES / NO  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\*\* Please attach an excel spreadsheet with a breakdown of the items with their costs and dates when installed \*\*  
 (A small additional fee may apply for the inclusion of post purchase renovations if not already included in the quotation – Please contact us for details)

**4. ACCOUNTANTS DETAILS** (Reports can be emailed direct to your accountant on completion)

Company \_\_\_\_\_ Contact Person \_\_\_\_\_

Phone \_\_\_\_\_ Email Address \_\_\_\_\_

**5. OTHER INFORMATION - Additional Details about the property** (Please including additional pages if not enough room)

\_\_\_\_\_

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**6. PAYMENT TERMS**

**The fee is 100% tax deductible in the year of expenditure.**

Reports are issued by email in PDF format. Should you require a hard copy, a surcharge of \$50/report will apply.

I/We authorise AT Consultants to prepare a detailed Capital Allowances Schedule (Tax Depreciation Schedule) utilising information supplied as outlined above and attached. In accordance with the "Privacy Act", we authorise AT Consultants as our representative to gather appropriate information about this property from third parties. AT Consultants warrants that such information will remain confidential to all staff preparing the final report.

I/We, the undersigned accept the fee of \$ \_\_\_\_\_ (payable in advance) & terms as outlined above, and commission AT Consultants to complete the requested report for my property.

**Accepted by:**

Authorised Person: \_\_\_\_\_ Company \_\_\_\_\_

Signature: \_\_\_\_\_ Dated: \_\_\_\_\_

**Authorisation for Payment**

Method of payment:  Money Order / Cheque (please attach)

EFT Payment / Direct Deposit (Please contact us for details)

**NOTES**

1. Your acceptance and return of this document to AT Consultants is required before your commission can proceed.
2. Payment is required prior to the completion of the report however in some cases inspections may occur prior to payment
3. Whilst payments are processed in advance, this does not signify the completion of the report and processing times apply.
4. GST is not applicable.

**OFFICE USE ONLY**

Quoted Fee: \_\_\_\_\_ Paid?  EFT  CHQ  MO  PP Date: \_\_\_\_\_ Rec #: \_\_\_\_\_

Insp Date: \_\_\_\_\_ With: \_\_\_\_\_

Supplied Info/Docs Checked  Furniture  Post Purchase  Hard Copy  \_\_\_\_\_