



## Tax Depreciation Schedule Application Form (JSI)



Description of the Property (e.g. Unit, House, Duplex, Other): \_\_\_\_\_

### Information Required (please complete either Option 1 OR 2 below):

#### 1. I purchased an already constructed property. OR

Purchase Price: \_\_\_\_\_

Settlement Date: \_\_\_\_\_

Land Value at Purchase: \_\_\_\_\_  
(rates notice)

Age of Building: \_\_\_\_\_  
(Approx. if unknown)

#### 2. I engaged the builder to construct.

Construction Cost (House): \_\_\_\_\_

Land Cost: \_\_\_\_\_

Construction Completion Date: \_\_\_\_\_

Settlement/Handover Date(House): \_\_\_\_\_

Builder's Details: \_\_\_\_\_

Investment Property Address: \_\_\_\_\_

Have you installed any additional items since purchase? \_\_\_\_\_

(If yes please provide cost & installation date) \_\_\_\_\_

Do you own any furniture in the property? (yes/no) \_\_\_\_\_

Have you ever lived in this property? (Please provide dates): \_\_\_\_\_

Contact for access to the property (Property manager/Tenant): \_\_\_\_\_

If available please forward copies of: Floor plan / Strata plan / Schedule of finishes / Front page of contract / Construction cost.

### Applicant's Details:

Applicant's name: \_\_\_\_\_

Name/s the report is to be made in: \_\_\_\_\_

Forward report to: \_\_\_\_\_

Postal address: \_\_\_\_\_

Email address: \_\_\_\_\_

Contact Details: (At least one number) Mobile: \_\_\_\_\_ Work: \_\_\_\_\_

Home: \_\_\_\_\_ Fax: \_\_\_\_\_

How did you hear about BMT?: \_\_\_\_\_

Accountant's email: \_\_\_\_\_

Accountant's details: \_\_\_\_\_

**Fee - \$450 + GST for a standard residential property when floor plans & inclusions list are provided. (Tax Deductible)**

**Payment is required prior to release of the report. See terms of engagement on website for conditions.**

### Payment Options:

Signed by applicant: \_\_\_\_\_ Dated: \_\_\_\_\_

#### 1. Direct deposit details or credit card via phone on - (07) 3221 9922

#### 2. Credit card payment

Credit Card Type: MasterCard / Visa/ American Express? (Please circle) Name on card: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

#### 3. Cheque payable to BMT Tax Depreciation Pty Ltd, GPO Box 3229, BRISBANE QLD 4001

**You may return this form to BMT via email, post or fax.**