



# HELSTON & ASSOCIATES LTD

ACCOUNTING • TAXATION • BUSINESS CONSULTANTS

Client: \_\_\_\_\_

Contact Phone No: \_\_\_\_\_

Email Address: \_\_\_\_\_

## INFORMATION REQUIRED FOR 2025 MIXED USE HOLIDAY HOME

Address of Property \_\_\_\_\_

Is your holiday home used privately and also to derive income? YES / NO

Was the property empty for 62 days or more in the income year? YES / NO

**If yes, please complete the following section.**

The number of nights rented out at market value \_\_\_\_\_

The number of nights rented out to close relatives or used privately \_\_\_\_\_

The number of nights rented out at less than 80% of market value \_\_\_\_\_

The number of nights the property was vacant \_\_\_\_\_

The number of nights personally used to carry out repairs on the property \_\_\_\_\_

Please provide the following income and expense information. If the property is managed by a third party, please also provide their monthly statements for the year.

### INCOME

\$

Total Rental Income \_\_\_\_\_

### EXPENSES

\$

Advertising \_\_\_\_\_

Agent's/Management Fees \_\_\_\_\_

Bank Charges \_\_\_\_\_

Insurance \_\_\_\_\_

Legal Expenses \_\_\_\_\_

Interest \_\_\_\_\_

Power \_\_\_\_\_

Rates \_\_\_\_\_

Repairs & Maintenance \_\_\_\_\_

Travel Costs (number of kms travelled to manage/maintain property) \_\_\_\_\_

Type of Vehicle:                      Petrol or Diesel               Petrol Hybrid               Electric

Other Expenses (Specify) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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I authorise you to prepare Financial Statements from the information and records I have supplied to you. I advise you not to complete an audit or review. I accept responsibility for the accuracy and completeness of all records and information supplied to you.

**Information and Signing Authorisation**

I authorise Helston & Associates Limited to obtain any information and sign any Returns on my behalf, regarding my tax affairs.

Name:..... Signed: .....

Date: .....