

FORM #5: HOME OFFICE INFO SHEET

If you are unsure of the answer to any of these questions, please ask your preparer.

NAME: _____ SSN# _____

BUSINESS USE OF HOME

DATE HOME OFFICE WAS PLACED IN SERVICE _____
SQUARE FOOTAGE USED SOLELY FOR BUSINESS _____
TOTAL SQUARE FEET OF HOME _____

DID YOU USE YOUR HOME FOR A DAY CARE BUSINESS? Y/N _____
HOURS USED FOR DAYCARE: _____

EXPENSES

EXPENSES	TOTAL AMOUNT FOR HOUSEHOLD
MORTGAGE INTEREST	
REAL ESTATE TAXES	
INSURANCE	
RENT	
REPAIRS AND MAINTENANCE	
OTHER EXPENSES	

UTILITIES (year total) GAS _____ ELEC _____ TRASH _____ WATER _____

OTHER EXPENSES DIRECTLY RELATED TO THE HOME OFFICE (i.e. painting the home office)

AMOUNT SPECIFIC TO HOME OFFICE

PREPARER-USE ONLY:

WHAT IS THE VALUE OF THE LAND? BUILDING BASIS _____ LAND BASIS _____