

**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**

DID YOU CLAIM HOME OFFICE EXPENSES LAST TAX YEAR? Y/N

**\*IF NO, PLEASE FILL OUT THE FOLLOWING:**

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

**EXPENSES**

EXPENSES	TOTAL AMOUNT FOR HOUSEHOLD
MORTGAGE INTEREST	
REAL ESTATE TAXES	
INSURANCE	
RENT	
REPAIRS AND MAINTENANCE	
UTILITIES (gas, electric, trash, water)	
OTHER EXPENSES	

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

***AMOUNT SPECIFIC TO HOME OFFICE***


**PREPARER-USE ONLY:**

ENTER THE **SMALLER** OF THE HOME'S ADJ BASIS OR ITS FMV:

DOES THIS INCLUDE THE VALUE OF THE LAND? Y/N

IF YES, WHAT IS THE VALUE OF THE LAND?