

HOME OFFICE WORKSHEET

MONTH/YEAR HOME OFFICE WAS FIRST USED: _____

SQUARE FOOTAGE OF OFFICE: _____ TOTAL SQUARE FOOTAGE OF HOME: _____

DID YOU LIVE IN YOUR HOME ALL YEAR? YES NO

IF NO, ENTER DATES YOU LIVED IN THE HOME: _____

IF YOU USE YOUR HOME FOR DAYCARE:

SQUARE FOOTAGE EXCLUSIVE TO DAYCARE: _____ SHARED SQUARE FOOTAGE: _____

SQUARE FOOTAGE EXCLUSIVELY PERSONAL: _____ HOURS USED AS DAYCARE: _____

*****IF YOU RENT YOUR HOME:*****

Table with 2 columns: PLEASE PROVIDE TOTALS FOR THE YEAR (IF APPLICABLE) and AMOUNT. Rows include RENT, ELECTRIC, TRASH, WATER, GAS, RENTERS INSURANCE, REPAIRS AND MAINTENANCE, OTHER EXPENSES.

*****IF YOU OWN YOUR HOME:*****

Table with 2 columns: PLEASE PROVIDE TOTALS FOR THE YEAR (IF APPLICABLE) and AMOUNT. Rows include MORTGAGE INTEREST, PROPERTY TAX, ELECTRIC, WATER, GAS, TRASH, HOME SECURITY, INSURANCE, REPAIRS AND MAINTENANCE, OTHER EXPENSES.

IF YOU ARE A NEW CLIENT OR THIS IS YOUR FIRST YEAR WITH A HOME OFFICE, PLEASE PROVIDE THE INFORMATION BELOW:

PURCHASE PRICE OF HOME: \$ _____

COST OF ANY ADDITIONAL IMPROVEMENTS: \$ _____

PLEASE LIST ANY EXPENSES RELATED DIRECTLY TO THE HOME OFFICE BELOW: