

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:*******

| PLEASE PROVIDE TOTALS FOR THE YEAR (IF APPLICABLE) | AMOUNT |
|--|--------|
| RENT | \$ |
| ELECTRIC | \$ |
| TRASH | \$ |
| WATER | \$ |
| GAS | \$ |
| RENTERS INSURANCE | \$ |
| REPAIRS AND MAINTENANCE | \$ |
| OTHER EXPENSES | \$ |

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

| PLEASE PROVIDE TOTALS FOR THE YEAR (IF APPLICABLE) | |
|--|----|
| 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: \$ _____

| | |
|----------------------------------|-------------------|
| Preparer use only: Land Basis \$ | Building Basis \$ |
|----------------------------------|-------------------|

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