

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)	AMOUNT
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: