

HOME OFFICE EXPENSES

Taxpayer Name: _____

Business Name: _____

Fill out this section if it is your FIRST time claiming Home Office Deduction:

Total square feet of home _____

Total square feet of office _____

Purchase price of residence _____

Complete this section EVERY year:

Deductible Expenses:

Real Estate Taxes _____

Mortgage Interest _____

Home / Renters Insurance _____

Phone bill _____

Internet bill _____

Water Bill _____

Electric & Gas bill _____

Septic (if applicable) _____

Repairs & Maintenance _____

** (incl housekeeping, landscaping, etc)

Rent Paid (if applicable) _____