

**In Home Office Reimbursement Worksheet**  
**When you are a HOMEOWNER**

***In order to benefit from the expenses you pay personally for the use of space in your home used exclusively for business purposes, please fill in the following blanks.***

Tax Year being Represented:

Taxpayer First and Last Name:

Address of the Home Office:

Square footage of area used regularly and exclusively for work:

Total Square footage of home:

% used for Home Office :   
***(Halls on Post will complete)***

**Expenses for the Whole House:**

Type of Expense	Annual Amount
Mortgage Interest	<input type="text"/>
Homeowner's Insurance	<input type="text"/>
Property Tax	<input type="text"/>
Water	<input type="text"/>
Electric	<input type="text"/>
Natural/Propane Gas	<input type="text"/>
Sanitation	<input type="text"/>
Security System	<input type="text"/>
Pest Control	<input type="text"/>
Association Fees	<input type="text"/>
Repairs and Maintenance	<input type="text"/>
Cleaning Services	<input type="text"/>

**Other Expenses Whole House (Please clarify)**

<input type="text"/>	<input type="text"/>
<b>Please indicate expense</b>	
<input type="text"/>	<input type="text"/>
<b>Please indicate expense</b>	
<input type="text"/>	<input type="text"/>
<b>Please indicate expense</b>	
<input type="text"/>	<input type="text"/>
<b>Please indicate expense</b>	

**Expenses for the Home Office Exclusively:**

Type of Expense	Annual Amount
Repairs and Maintenance	<input type="text"/>
Utilities	<input type="text"/>

**Other Expenses for the Office Only**

<input type="text"/>	<input type="text"/>
<b>Please indicate expense</b>	
<input type="text"/>	<input type="text"/>
<b>Please indicate expense</b>	

**Notes or Comments**