

## WORKSHEET FOR BUSINESS USE OF HOME ~ EXPENSES

In order to maximize your deductions, please complete this form.

TAXPAYER \_\_\_\_\_

TAX YEAR \_\_\_\_\_

| MONTH  | Electric | Water &/ or<br>Sewer | Gas | Gardener<br>Landscape | Pest Control | Maintenance<br>Repairs | Other<br>(Describe) | Rent | <b>VITAL INFORMATION</b>  |
|--------|----------|----------------------|-----|-----------------------|--------------|------------------------|---------------------|------|---|
| JAN    |          |                      |     |                       |              |                        |                     |      | <b>Total Square Footage of<br/>Property:</b>                                |
| FEB    |          |                      |     |                       |              |                        |                     |      |   |
| MAR    |          |                      |     |                       |              |                        |                     |      | <b>Square Footage Used Strictly<br/>for Business:</b>                       |
| APR    |          |                      |     |                       |              |                        |                     |      |   |
| MAY    |          |                      |     |                       |              |                        |                     |      | <b>ANNUAL EXPENSES</b>  |
| JUN    |          |                      |     |                       |              |                        |                     |      | <b>Mortgage Interest</b><br><small>ATTACH YOUR LENDER FORM 1098</small>     |
| JUL    |          |                      |     |                       |              |                        |                     |      | <b>2nd Mortgage Interest</b><br><small>ATTACH YOUR LENDER FORM 1098</small> |
| AUG    |          |                      |     |                       |              |                        |                     |      | <b>Property Taxes:</b>  |
| SEP    |          |                      |     |                       |              |                        |                     |      | <b>Insurance:</b>   |
| OCT    |          |                      |     |                       |              |                        |                     |      | <b>HOA Dues:</b>  |
| NOV    |          |                      |     |                       |              |                        |                     |      | <b>Other (Describe):</b>  |
| DEC    |          |                      |     |                       |              |                        |                     |      |   |
| TOTALS |          |                      |     |                       |              |                        |                     |      |   |

(Land line phone service is not deductible)

**NOTES:**