

FORM #5: HOME OFFICE INFO SHEET

NAME: _____ SSN# _____

BUSINESS USE OF HOME

DID YOU CLAIM HOME OFFICE EXPENSES LAST TAX YEAR? Y/N	
*IF NO, PLEASE FILL OUT THE FOLLOWING:	
DATE HOME OFFICE WAS PLACED IN SERVICE	_____
TOTAL SQUARE FOOTAGE OF HOME	_____
SQUARE FOOTAGE USED SOLELY FOR BUSINESS	_____

USE OF HOME FOR DAYCARE

TOTAL HOURS USED FOR DAYCARE (including administrative hours)	_____
DID YOU LIVE IN THE HOME ALL YEAR?	_____
IF NOT, ENTER THE DATES YOU LIVED IN THE HOME	_____

EXPENSES

EXPENSES	TOTAL AMOUNT FOR HOUSEHOLD
MORTGAGE INTEREST	
REAL ESTATE TAXES	
INSURANCE	
RENT	
REPAIRS AND MAINTENANCE	
UTILITIES (gas, electric, trash, water)	
OTHER EXPENSES	

OTHER EXPENSES DIRECTLY RELATED TO THE HOME OFFICE (i.e. painting the home office)	AMOUNT SPECIFIC TO HOME OFFICE

PREPARER-USE ONLY:
ENTER THE SMALLER OF THE HOME'S ADJ BASIS OR ITS FMV:
DOES THIS INCLUDE THE VALUE OF THE LAND? Y/N
IF YES, WHAT IS THE VALUE OF THE LAND?