

NELSON TAX & ACCOUNTING

Home Office Worksheet

General Information

Principal business or profession _____

Taxpayer/Spouse/Joint _____

Business Use of Home

Date Home Acquired _____

Total Cost \$ _____

Cost of Improvements \$ _____
(prior to this tax year – list current year below)

Cost of Land \$ _____

Square Footage of Home _____

Day Care Only:

Square Footage Used For Office _____

Number of days children
were in your care _____

Type of Office Use _____
(e.g. admin, meet with clients, sales, storage)

Number of hours per day, _____

Office used exclusively for business? ☐ Yes ☐ No

OR
Total hours for the year _____

If No, explain _____

Improvements During the Year

Improvement Description	Date	Cost	Direct	Indirect

Home Office Expenses

List as direct expenses any expenses that are attributable only to the business part of your home. List as indirect expenses any expenses that are attributable to the overall upkeep and running of your home.

	Direct	Indirect		Direct	Indirect
Rent Paid (If you are a renter)			Garbage Removal		
Real Estate Taxes			Repairs/Maintenance		
Insurance – General			Internet Access		
Insurance – Business Rider			Cable TV (day care only)		
Utilities: Heat/Fuel			Other Expense (please list):		
Electric					
Water/Sewer					
Mortgage Interest (from 1098)					