

Statement of Home-Office Expenses

For the year (MM/DD/YY): _____

	Included HST in Amount	<u>Total Amount Paid</u>	Additional Notes
Heat	<input type="checkbox"/>		
Insurance	<input type="checkbox"/>		
Interest on Mortgage (Please make sure you have excluded any principal payment)			
Electricity	<input type="checkbox"/>		
Property Taxes	<input type="checkbox"/>		
Rent (If you have rented a house, apartment, ...)	<input type="checkbox"/>		
Repairs & Maintenance	<input type="checkbox"/>		
Water	<input type="checkbox"/>		

Other:

	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		

* Please refer to the second page.

Amount of sq. ft. used for Business from your living space	0.00	Sq. ft.	
Total sq. ft. of you living space	0.00	Sq. ft.	
Number of Business room(s) of your living space	0	Room(s)	
Total room(s) in your living space	0	Room(s)	

Please Note:

If any of the above categories are not applicable to you, kindly enter the value "0" in that field such that we know that you have acknowledged that field and have not accidentally forgotten to fill in any specific field in the form. Thank you.

Statement of Footage of your Living Space

For the year (MM/DD/YY): _____

Number of Rooms			Area in Square Footage		
Office	Personal	Total	Office	Personal	Total

Living Room		0			0.00
Dining Room		0			0.00
Family Room		0			0.00
Bedroom		0			0.00
Bedroom		0			0.00
Bedroom		0			0.00
Bedroom		0			0.00
Office		0			0.00
Office		0			0.00

Other:

		0			0.00
		0			0.00
		0			0.00
		0			0.00
		0			0.00
		0			0.00

Total	0	0	0	0.00	0.00	0.00
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Percentage	NaN	%	NaN	%	NaN	%	NaN	%	NaN	%	NaN	%
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