

OFFICE-IN-HOME QUESTIONNAIRE

Name of Business _____

Total Area of Your Home (square feet) _____

Total Area of Office in Home (square feet) _____

Total Cost of House _____

Date of First Business Use in Home _____

| Expense Item | Expense Specific to Business Space* | Expense for Entire House |
|----------------------------|-------------------------------------|--------------------------|
| Rent | | |
| Mortgage Interest | | |
| Real Estate Taxes | | |
| Homeowner's Insurance | | |
| Repairs & Maintenance | | |
| Utilities (less telephone) | | |
| House Cleaning | | |
| Pest Control | | |
| Security System | | |
| Improvements | See Below | See Below |
| Other | | |
| Other | | |

Improvements:

List any improvements made to either total home or business space (also include date improvement made)

| | | |
|--|--|--|
| Description of Improvement (attach additional pages if needed) | | |
| Cost | | |
| Date | | |

* Expenses attributable to business space/office only