

**OFFICE IN HOME**

**Publication 587**

**Video**

- |   |            |           |
|---|------------|-----------|
| 1. The office is used exclusively for business    | <b>YES</b> | <b>NO</b> |
| 2. The office is used regularly                   | <b>YES</b> | <b>NO</b> |
| 3. The office is your principal place of business | <b>YES</b> | <b>NO</b> |
| - Do you have another fixed office location       | <b>YES</b> | <b>NO</b> |

**\*\*\*\*\* CHOOSE One Method**

**OFFICE IN HOME - Simplified Method**

Standard deduction of \$5 per square foot (max of 300 square feet)  
if a change in home occurred during the year allocate by house

	#1 House	#2 House
Total Square Feet of your Office	_____	_____

**OFFICE IN HOME - Itemized Method**

the home must be depreciated and then recaptured if the home is sold  
if a change in home occurred during the year allocate by house

\*primary use administrative and no other office available

\*storage of inventory

	#1 House	#2 House
Date placed home in service:	_____	_____
Original Cost of Home	_____	_____
Total Square Feet of Home:	_____	_____
Total Square Feet of your Office	_____	_____

**Office in Home Expenses**

Rent	_____	_____
Total Gas, Oil, Propane, Electric Bills for year:	_____	_____
Homeowner's Insurance:	_____	_____
Repairs and Maintenance of Office:	_____	_____
Homeowners Association:	_____	_____
Security System:	_____	_____
Trash Pickup:	_____	_____

**Daycare**

Total Hours House was used in the daycare	_____	_____
Total Hours Available (Max = 365days x 24 hours in a day)	_____	_____
Water / Sewer	_____	_____
Cable TV	_____	_____
Internet	_____	_____