

**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

|                                  | #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  | _____ | _____ |

