

# Employment Expenses - Home

Employer:

Tax year:

Employee (tax payer):

Work Space in the Home	Amount
Please choose one:	
Designated work space (room) - ( Yes / No)	
Common (shared) space - ( Yes / No)	
Number of hours worked per week	
Area of home used for workspace	
Total area of home	
Electricity, heat, wate, home internet	
Maintenance (cleaning supplies, light bulbs, etc)	
Insurance (commission employee only)	
Property taxes (commission employee only)	
Other expenses (specify)	
Other expenses (specify)	
Total expenses	