

# 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**