

TAXPAYER _____

SCHEDULE OF OFFICE IN HOME AND
OTHER OFFICE EXPENSES

TOTAL SQUARE FOOTAGE OF HOME _____
ALLOCATED TO OFFICE PERCENTAGE _____
ALLOWED _____

MONTHS IN USE _____

COST OF HOME (INCLUDING IMPROVEMENTS) _____

LAND COST _____

DEPRECIABLE COST _____ METH _____ LIFE _____

APARTMENT RENT _____

EXPENSES:

ELECTRIC _____

HEAT _____

WATER _____

RUBBISH REMOVAL _____

TELEPHONE _____

INSURANCE _____

REPAIRS _____

REAL ESTATE TAXES _____

MORTGAGE INTEREST _____

TOTAL EXPENSES _____

ALLOCATED PERCENT _____

ALLOWABLE AMOUNT _____

OTHER OFFICE EXPENSES

DEPRECIATION - OFFICE EQUIPMENT & FURNITURE

PROPERTY	RATE	ACQ DATE	COST	PRIOR	
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

OFFICE SUPPLIES _____

POSTAGE & PRINTING _____

TOTAL OFFICE IN HOME EXPENSE \$ _____

CARRYFORWARD FROM LAST' YEAR _____

TOTAL \$ _____

POSTED TO SCHEDULE _____