



Home Office Reimbursement

Taxpayer Name	SSN
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Street Address of Property	City	State	Zip
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Expenses for Prior Year _____

EXPENSES (Enter 100% of the total expenses for prior year)

Expense Type

Mortgage Interest	\$	_____	Other Expenses	\$	_____
Real Estate Taxes	\$	_____	Lights	\$	_____
HO Insurance	\$	_____	Water	\$	_____
Cleaning & Maintenance	\$	_____	Garbage	\$	_____
Supplies	\$	_____	Gas	\$	_____
Repairs	\$	_____	Other	\$	_____
HO Dues or Fees	\$	_____	Total Utilities	\$	_____
Rents Paid	\$	_____	Total Ordinary Expense	\$	_____

Property Information

Date First Used for Business Purposes _____

Lesser of Purchase Price or FVM on Conv Date \$ _____ **Land Value** \$ _____

Total Sq Foot _____ **Business Usage** _____ **% of Use** _____

Calculations

Basis _____ **Business Basis** _____

Depreciation _____ **Annual Reim** _____ **Monthly Reim** _____

The expenses represented in this form are accurate for the time period referenced above.

Name Date

Notes: