

**In-Home Office Organizer****Tax Year:**

This checklist is to be used as a guide and starting point for organizing expenses pertaining to your In-home office and may not include all possible expenses. If you have additional expenses not included on the organizer that you feel could be used when preparing your income tax return, please document those in the NOTES section and discuss these with your tax preparer.

Per IRS guidelines, there are two basic requirements for your In-home office to qualify as a deduction:

- 1) You must regularly use part of your home exclusively for conducting business,
- 2) You must show that you use your home as your principal place of business.

Expenses should be "ordinary and necessary" and should take into account any reimbursement you have or could receive. Please verify the information for accuracy as this information will be included on your tax return that will be submitted to the IRS. Additionally, it is the responsibility of the taxpayer to collect and retain all supporting documentation for your files.

Please bring the completed organizer with you to your appointment. Should you have additional questions, feel free to contact us by email: [dollartax@dollarincometax.com](mailto:dollartax@dollarincometax.com) or phone: 404-753-8048.

Name:			
Business Name:			
Home Office Address:			
City, State, Zip:			
Type of Business:	Date Converted to Business Use:		
Total Heated Square Feet of Home:	sq ft	Sq Ft of Area Used Exclusively For Business:	sq ft

<b>General Home Expenses:</b>		<b>Utilities:</b>	
Rent:	Per year	Gas	Per year
Mortgage Interest:	Per year	Electric/Power:	Per year
Property Taxes:	Per Year	Water/Sewage:	Per Year
Homeowners/Renters Insurance:	Per Year	Trash Service:	Per Year
Homeowners Association Fees:	Per Year	Pest Control:	Per Year
Special County/City Assessments:	Per Year	Cleaning Services:	Per Year
Other:		Security Monitoring:	Per year
		Other:	

<b>Communications:</b>		<b>Maintenance/Upkeep:</b>	
Home Phone:	Per year	Repairs Interior:	Per year
Fax:	Per year	Repairs Exterior:	Per year
Other:	Per Year	Landscaping:	Per year
		Other:	Per Year

<b>Major Improvements:</b>			
New Roof:		Painting:	
New HVAC:		Fencing:	
New Carpet:		Appliances:	
Room Addition:		Other (Specify):	

Notes:			
Reviewed by:			Date: