

2024 Home Office Claim

Name: _____

Office Area	_____
Garage Area	_____
Storage Area	_____
Total Business Use	_____
Total Area of Home and Garage	_____

EXPENSES:

Rent (if property not owned) \$ _____

Power : \$ _____

Rates: \$ _____

Interest: \$ _____

Insurance: Home \$ _____

Contents \$ _____

Repairs and maintenance: \$ _____

Other - please provide details \$ _____

_____ %
