

Client Name _____

Home Office Schedule

Account Description	Monthly Charge	# of Months	Business Percentage	Year End
Area Used for Office				
Total Area of Home				
# of Days Used for Office				
Insurance				
Interest				
Mortgage Interest				
Other Interest				
HOH Fee				
Rent				
Taxes				
County				
School District				
Municipality				
Total Taxes				
Utilities				
Gas				
Electric				
Water				
Sewage				
Trash				
Total Utilities				
Phone				
Internet				
Repairs				
Maintenance				
Landscaping				
Building Costs				
Improvements				
Total Expenses	-	-	-	-