

Applicable Tax Year _____

GENERAL INFORMATION

1. Business Name (if applicable): _____
2. Business Address (street): _____
 City: _____

 Province/State: _____
 Postal/Zip Code: _____
 Country: _____

PRORATION DETAILS

1. Is this the first year using this space for work? ☐ Yes ☐ No
 - a. What was the start date? _____
2. Square Footage of entire home: _____
3. Square Footage of space used **exclusively** for work: _____
4. Number of days worked in the year: _____
 - a. Number of days worked in Home Office: _____

5. Is this a daycare business? ☐ Yes ☐ No
 - a. total number of hours per day: _____
 - b. days per week: _____
 - c. weeks per year: _____
6. Did you receive an allowance/reimbursement from your employer? ☐ Yes ☐ No If yes, amount? _____

EXPENSES

Currency _____

	Current Year	Prior Year (If not prepared by AET)
Heat		
Electricity		
Insurance		
Maintenance/Repairs		
Mortgage Interest		
Other Interest		
Rent		
Other Income (Describe)		
Other Income (Describe)		

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