Schedule of office-in-home expenses

For the period _____ to _____

	100% of expenses for the period	

Heat	
Electricity	
Insurance	
Maintenance	
Mortgage interest	
Property taxes	
Rent	
Other expenses (specify)	

Basis of allocation:

Area of home used for business	**(A)**
Total area of home	**(B)**

% used for business **(A ÷ B x 100)**   **%**

Total

Schedule of motor vehicle expenses

For the period _____ to _____

	100% of expenses for the period

Fuel and oil	
Maintenance & repairs	
Insurance & licensing	
Interest on vehicle loan	
Lease payments	
Other expenses (specify)	

Basis of allocation:

Closing km, end of year	
less: Opening km, beginning of year	
Equals km driven during the year	**(A)**
Km driven for business	**(B)**

Total

% used for business **(B ÷ A x 100)**   **%**

If you owned this vehicle:

❑ Please provide a copy of the bill of sale if you purchased or sold this vehicle during the year.

❑ Please provide us with the fair market value of this vehicle if this was the first year the vehicle was used in your business.

     $ _____

If you leased this vehicle:

❑ Please provide a copy of the lease agreement if you entered into the lease during the year, or if this was the first year the vehicle was used in your business.