



# LEAKEY & LEWICKI LTD.

CHARTERED PROFESSIONAL ACCOUNTANTS

Office Use of Home

\_\_\_\_\_  
Tax Year

Client Name: \_\_\_\_\_  
\_\_\_\_\_

Number of months used: \_\_\_\_\_

Annual cost for the year includes all taxes (GST/ HST / PST)

	Employees *	Commissioned Sales People *	Self - Employed
Heat (gas, wood or other)			
Electricity			
Home insurance	NA		
Repairs & maintenance			
Mortgage interest	NA	NA	
Rent (if property not owned)			
Property taxes	NA		
Internet			
Water, sewer & garbage			
Landscaping			
Other expenses (specify):			
<b>Total</b>			
Business Portion	a/b	%	%

Available to Claim \_\_\_\_\_

*Business Portion (square footage):*

House, shop & garage used for business

a

\_\_\_\_\_

Total house, shop & garage

b

\_\_\_\_\_

\_\_\_\_\_  
%

\* T2200 - Declaration of Conditions of Employment (required)