



**TAX &
BOOKKEEPING**

1 (800) 879-6605 | FAX: (914) 696-7505 | **SUBMIT ONLINE:** dsatax.com

EMAIL: to your Tax Rep | **MAIL:** a copy of your Record to

2900 Westchester Avenue, Suite 201, Purchase NY 10577

Business Name: *Your Business Name, Inc.*

DSA # / EIN: *12-3456789*

for the month of *September*

, 20 *18*

ACCT REP: *Your Tax Rep*

Sample HOME OFFICE EXPENSE RECORD For Sole Proprietors Only

Date	Type of Home Expense	Payee Name	Amount
9/1	Electric	<i>Your Town Electric Co.</i>	\$ 100.00
9/5	Heating	<i>Your Town Oil Co.</i>	\$ 130.00
9/8	Water	<i>Your Town Water Co.</i>	\$ 100.00
9/12	Garbage	<i>Your Town Sanitation</i>	\$ 70.00
9/16	Security	<i>Your Security System Inc.</i>	\$ 50.00
9/22	Landline Phone / Internet	<i>Your Town Telephone Co.</i>	\$ 60.00
9/28	Rent (if applicable)	<i>Your Landlord</i>	\$ 1200.00
9/30	Homeowners / Renters Insurance	<i>Your Insurance Co.</i>	\$ 40.00
	Other:		\$
	Other:		\$
	Other:		\$
Transfer TOTAL for this MONTH:			\$
<i>to your Monthly Report, LINE 7</i>			

"Please do not include Mortgage Payments or Property Taxes."

Sole Proprietors: If you have recently moved, please complete this section:

Please log in to update your Profile at dsatax.com with new address or contact changes.

Date of Move: _____ / _____ / _____

Do you own or rent your home? *Please circle one:* OWN RENT

Area used regularly and exclusively for business: _____ sq. ft.

Total area of your new home: _____ sq. ft.

"Only the percentage of your residence that is used for business purposes will be deducted."