

Office In Home Organizer

Client Name _____ Date _____

Home Information

Sq. Feet Used for Business	Sq. Feet
Square Feet of Home	Sq. Feet

Home Expenses

Insurance	\$	
Mortgage Interest	\$	
Real Estate Taxes	\$	
Rent	\$	
Repairs/Maintenance	\$	
Utilities	\$	
Other	\$	
Other	\$	
Other	\$	
Other	\$	

Day Care Facilities

Area Used Part Time	Sq. Feet
Total Hours Used	Hours/Year
Total Hours Available	Hours/Year