

HOME OFFICE CLAIM DUE TO COVID

Use this Form for **Detailed Method** Only (not for \$2 Flat Rate method)

1. You must have **an Employer signed T2200S**.

2. You must have **worked more than 50% of the time from home for a period of at least four (4) consecutive weeks in 2022!**

Circle the situation that applies to you and enter the information

Situation 1

You have a room in your home that is used only for your home office (designated room).

OR

Situation 2

You use only part of a room for your home office **ex.** table in dining room (shared room).

If Situation 1 or 2 applies:

Enter the square footage of office room

Enter the square footage of entire home (finished area)

Enter the period dates you were required to work from home

Did you work more than 50% of the time from home for all the
period dates listed?

Circle Yes or No

If Situation 2 applies:

Enter the number of hours worked at home per week

Enter expenses only for the period dates you worked from home

Heat

Hydro

Water

Internet (monthly fee only)

Rent

Maintenance (**ex.** Cleaning supplies, light bulbs, furnace filters)

If you also earn commission income:

Insurance (only for the period dates worked from home)

Property Taxes (only for the period dates worked from home)

Employment Use Only Expenses:

Enter total **Office Supplies** (pens, paper, toner, envelopes, etc)

Enter employment use of **Cell Phone** (basic service only)

Enter employment use of **Long Distance Charges** (cell or landline)
