



COVID-19 Employment Home Office Checklist

Does your employment normally require you to work from home? YES NO

If yes, then please complete our regular 'Employment Expense' checklist (Not this one)

ONLY complete this checklist if you worked from home at any time in 2021 due to COVID only

If you began working from home due to COVID, did you work from home for all of 2021?

Yes or No (tick one)

If No, how many business days in 2021 did you work from home? _____

Information about your home office:

Total Sq. ft. of residence: _____

Did you have a dedicated office in your residence? YES NO

If YES, Total Sq. ft. of office: _____

If NO, what room in your residence did you use? _____

What is Sq. ft. of that room: _____

How many hours per day did you work in that space? _____ / day

How many days per week did you work in that space? _____ / week

Do you rent your residence? YES NO If YES, complete PART A, if NO, complete PART B

PART A: (for employees that RENT their residence)

How much rent do you pay per month? \$ _____

What is the total you paid in utilities, including heat, electricity and water for year? \$ _____

How much was internet for same period? \$ _____

If we determine it is financially beneficial for you, we may ask you to inquire with your employer as to whether you can obtain the COVID, simplified T2200S form and if we determine a deduction of more than the \$500 max for 2021, no form required.

PART B: (for employees that OWN their residence)

Mortgage interest is not an eligible home office expense for employees.

What is the total you paid in utilities (from date you began working from home, until dec 31 or date you ceased working from home)?

Heat \$ _____ Electricity \$ _____ Internet \$ _____

House Insurance (commission employees only) \$ _____

Property Taxes (commission employees only) \$ _____

If we determine it is financially beneficial for you, we may ask you to inquire with your employer as to whether you can obtain the COVID, simplified T2200S form and if we determine a deduction of more than the \$500 max, no form required.

PART C: Other Home Office Expenses

Did you have to purchase any furniture or other office equipment, that you were not

Reimbursed for, that was necessary to purchase in order to work from home?

Item: _____ Amount: \$ _____

Item: _____ Amount: \$ _____

Item: _____ Amount: \$ _____

Were any renovations necessary for your home office to enable you to work from home?

Repair: _____ Amount: \$ _____

Repair: _____ Amount: \$ _____

In order to claim any "other" home office expenses, your employer will be required to sign the simplified, COVID, T2200 form.

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