

EMPLOYEE – HOME OFFICE EXPENSES (2025)

Please attach your employer-signed T2200 (electronic signature accepted). Expenses reimbursed by your employer cannot be claimed. You must use the Detailed Method for 2025 — the temporary flat-rate method no longer applies.

CLIENT NAME:

ELIGIBILITY CONFIRMATION

| | | |
|--|-----|----|
| Were you required by your employer to work from home in 2025? | Yes | No |
| Did you work from home more than 50% of the time for at least 4 consecutive weeks? | Yes | No |
| Did you use your workspace regularly for in-person meetings with clients or others? | Yes | No |
| Did your employer reimburse any of the expenses listed below? <i>If yes, only claim the unreimbursed portion of each expense.</i> | Yes | No |

WORKSPACE INFORMATION

Area of home used for business (sq ft or # rooms):

Total area of home (sq ft or # rooms):

Total days worked from home in 2025:

Required to calculate the employment-use percentage on Form T777.

HOME-RELATED EXPENSES

| | | |
|-------------|----|----------------------|
| Heat | \$ | <input type="text"/> |
| Electricity | \$ | <input type="text"/> |
| Water | \$ | <input type="text"/> |
| Rent | \$ | <input type="text"/> |

| | | |
|--|----|----------------------|
| Insurance (Commission employees only) | \$ | <input type="text"/> |
| Maintenance <i>(snow removal, maid service, etc.)</i> | \$ | <input type="text"/> |
| Property taxes (Commission employees only) | \$ | <input type="text"/> |
| Other | \$ | <input type="text"/> |

OTHER WORK-RELATED EXPENSES

| | | |
|------------|----|----------------------|
| Cell phone | \$ | <input type="text"/> |
| Internet | \$ | <input type="text"/> |

| | | |
|---|----|----------------------|
| Supplies <i>See CRA T4044 guide for eligible supplies list</i> | \$ | <input type="text"/> |
| Other | \$ | <input type="text"/> |

OTHER RECEIPTS & COMMENTS