



ED MURPHY AND COMPANY

PO Box 1615
Rocky Point, NY 11778

Business/Client Name: _____

Did you purchase any large equipment in 2019? **YES or NO** - If you have a loan please send loan papers.

Did you have any activity for this business for 2019? _____

If YES: Please complete the worksheet.

If NO: Sign here authorizing our office to file a Zero Tax Return for 2019. _____

Do you want us to file a **FINAL return for 2019?** _____

DESCRIPTION	AMOUNT
PART I - INCOME	
Gross Income/Sales	
PART II - WITHDRAWALS	
Owner's Draw	
PART III - COST OF GOODS SOLD	
Cost of Sales and/or Purchases for Resale	
Cost of Sub-Contractor Labor ** (Do you need a 1099-MISC issued?) **	
W-2 Wages out if we do not do your payroll	
PART IV - EXPENSES	
Advertising - (incl. Social Networking)	
Bank Charges	
Commissions	
Continuing Professional Education	
Dues/Subscriptions - Professional Organizations	
Garbage Service	
Business Insurance	
Workman's Comp Insurance	
Health Insurance - Family/Self - (Self Employed Individuals ONLY)	
Health Insurance - Employees	
Legal/Professional Services (ex. Accountant/Lawyer)	
Licenses (Specific to business)	
Meals & Entertainment	
Office Expenses (Postage, Paper, Ink, etc.)	
Rent - Office Space	
Rent/Lease - Equipment (If you have a loan please send loan papers)	
Repairs/Maintenance	
Security Services	
Small Tools	
Uniforms & Laundry	



ED MURPHY AND COMPANY

PO Box 1615
Rocky Point, NY 11778

PART IV - EXPENSES (cont.)	
Supplies	
Tax - Sales Taxes	
Tax - Payroll Taxes	
Tax - Corporate Taxes	
Telephone/Internet	
Travel/Lodging for Business Purposes ONLY	
Utilities	
Other Expenses	
PART V - AUTOMOBILE EXPENSES	
Model/Make/Year of Vehicle	
Is your vehicle leased or owned?	
Purchase price of vehicle if owned	
1. Do you have another vehicle available for personal use? <input type="checkbox"/> YES <input type="checkbox"/> NO	
2. Was your vehicle available for use during off-duty hours? <input type="checkbox"/> YES <input type="checkbox"/> NO	
3. Do you have evidence to support your deduction? <input type="checkbox"/> YES <input type="checkbox"/> NO	
4. If "yes", is the evidence written? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Odometer Reading beginning of year _____ at end of year _____	
Total miles driven in 2019 _____	
Total Business miles driven in 2019 (NO COMMUTING MILES) _____	
Average Daily Commuting miles _____	
Gasoline Expenses	
Maintenance Expenses	
Oil Changes	
Tires	
Insurance	
Lease Payments (if applicable)	
Interest on Auto Loan (if applicable)(please include loan papers)	

Declaration by Taxpayer:

I declare that I have examined and/or completed this worksheet and any accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete.

Print Name: _____ Date: _____

Signature: _____