



ED MURPHY AND COMPANY

PO Box 1615
Rocky Point, NY 11778

Business/Client Name: _____

Questions:

1. Did you purchase any large equipment this year? **YES or NO** – If you have a loan please send loan papers.
2. Did you receive the ERTC? Yes ____ No ____
3. Did you have any activity for this business for 202_? _____

If YES: Please complete the worksheet.

If NO: Sign here authorizing our office to file THE ZERO TAX FORMS for 202_ . _____

Do you want us to file a **FINAL return for 202_?** _____

DESCRIPTION	AMOUNT
PART I - INCOME	
Gross Income/Sales (Deposits, Venmo, Square, 1099)	
PART II – WITHDRAWALS / CONTRIBUTIONS	
Cash distributions to owner other than W2 payroll (Money you pulled from business)	
Did owner contribute any money from personal money	
PART III – COST OF GOODS SOLD	
Cost of Sales and/or Purchases for Resale	
Cost of Sub-Contractor Labor ** (Do you need a 1099-NEC issued?)**	
PART IV - EXPENSES	
W-2 for payroll for your employees	
* If we do NOT do your payroll we will need: W2s, W3s, 940, 941, NYS-45	
Advertising – (incl. Social Networking)	
Bank Charges (including CC fees)	
Interest (CC, Loans, Etc.)	
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	
Home Office	Yes or No
Rent/Lease – Equipment (If you have a loan please send loan papers)	
Repairs/Maintenance	
Security Services	
Small Tools/ Equipment	



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Uniforms & Laundry	
Supplies	
Internet/ Cable	
Cellphone	
Travel / Lodging for Business Purposes ONLY	
Utilities	
Other Expenses	
PART V - TAXES	
Tax – Sales Taxes	
Tax – Payroll Taxes -employer portion only	
Tax – Corporate Taxes	
PART VI – AUTOMOBILE EXPENSES	
Did you purchase or put a vehicle into service in 202__? Yes or No	
Model/Make/Year of Vehicle	
Is your vehicle leased or owned?	
Purchase price of vehicle if owned (Please bring in bill of sale)	
Do you have another vehicle available for personal use?	Yes No
Was your vehicle available for use during off-duty hours?	Yes No
Do you have evidence to support your deduction?	Yes No
1. Total miles driven in 202__	
2. Total Business miles driven in 202__ (NO COMMUTING MILES)	
3. 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. **I have all supporting documents including receipts for all expenses listed.**

Print Name: _____ Signature: _____ Date: _____