



ED MURPHY AND COMPANY

PO Box 1615
Rocky Point, NY 11778

Business Name: _____

Did you purchase any large equipment in 2014? **YES or NO** – If you have a loan please send loan papers.

Did you have any activity for this business for 2014? _____

If YES: Please complete the worksheet.

If NO: Sign here authorizing our office to file a Zero Tax Return for 2014. _____

Do you want us to file a **FINAL** return for 2014? _____

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	
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	



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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 2014 _____	
Total Business miles driven in 2014 (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: _____