

For the year Jan. 1–Dec. 31, 2014, or other tax year beginning , 2014, ending , 20		See separate instructions.
Your first name and initial William L	Last name Laney	Your social security number 536-44-0172
If a joint return, spouse's first name and initial Myrna C	Last name Laney	Spouse's social security number 483-82-3456
Home address (number and street). If you have a P.O. box, see instructions. 2879 Breezy Lane		Apt. no. ▲ Make sure the SSN(s) above and on line 6c are correct.
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). Castle Rock CO 80109		Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse
Foreign country name	Foreign province/state/county	Foreign postal code

Filing Status Check only one box.	1 <input type="checkbox"/> Single	4 <input type="checkbox"/> Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. ►
	2 <input checked="" type="checkbox"/> Married filing jointly (even if only one had income)	
	3 <input type="checkbox"/> Married filing separately. Enter spouse's SSN above and full name here. ►	5 <input type="checkbox"/> Qualifying widow(er) with dependent child

Exemptions	6a <input checked="" type="checkbox"/> Yourself. If someone can claim you as a dependent, do not check box 6a	Boxes checked on 6a and 6b No. of children on 6c who: • lived with you • did not live with you due to divorce or separation (see instructions) Dependents on 6c not entered above Add numbers on lines above ►	
	b <input checked="" type="checkbox"/> Spouse		2
	c Dependents:		
	(1) First name Last name (2) Dependent's social security number (3) Dependent's relationship to you (4) <input checked="" type="checkbox"/> if child under age 17 qualifying for child tax credit (see instructions)		
	If more than four dependents, see instructions and check here ► <input type="checkbox"/>		
d Total number of exemptions claimed		2	

Income Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld. If you did not get a W-2, see instructions.	7 Wages, salaries, tips, etc. Attach Form(s) W-2	7
	8a Taxable interest. Attach Schedule B if required	8a
	b Tax-exempt interest. Do not include on line 8a	8b
	9a Ordinary dividends. Attach Schedule B if required	9a
	b Qualified dividends	9b
	10 Taxable refunds, credits, or offsets of state and local income taxes	10
	11 Alimony received	11
	12 Business income or (loss). Attach Schedule C or C-EZ	12 42,907.
	13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ► <input type="checkbox"/>	13
	14 Other gains or (losses). Attach Form 4797	14
	15a IRA distributions	15a
	b Taxable amount	15b
	16a Pensions and annuities	16a
	b Taxable amount	16b
	17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17
18 Farm income or (loss). Attach Schedule F	18	
19 Unemployment compensation	19	
20a Social security benefits	20a 21,638.	
b Taxable amount	20b 9,059.	
21 Other income. List type and amount	21	
22 Combine the amounts in the far right column for lines 7 through 21. This is your total income ►	22 51,966.	

Adjusted Gross Income	23 Educator expenses	23
	24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	24
	25 Health savings account deduction. Attach Form 8889	25
	26 Moving expenses. Attach Form 3903	26
	27 Deductible part of self-employment tax. Attach Schedule SE	27 3,032.
	28 Self-employed SEP, SIMPLE, and qualified plans	28
	29 Self-employed health insurance deduction	29 3,095.
	30 Penalty on early withdrawal of savings	30
	31a Alimony paid b Recipient's SSN ►	31a
	32 IRA deduction	32
	33 Student loan interest deduction	33
	34 Tuition and fees. Attach Form 8917	34
	35 Domestic production activities deduction. Attach Form 8903	35
	36 Add lines 23 through 35	36 6,127.
	37 Subtract line 36 from line 22. This is your adjusted gross income ►	37 45,839.

REV 03/10/15 TTW Form **1040** (2014)

**SCHEDULE A
(Form 1040)**

 Department of the Treasury
Internal Revenue Service (99)

Itemized Deductions

 ► Information about Schedule A and its separate instructions is at www.irs.gov/schedulea.

► Attach to Form 1040.

OMB No. 1545-0074

2014

 Attachment
Sequence No. **07**

Name(s) shown on Form 1040

William L & Myrna C Laney

Your social security number

536-44-0172

Medical and Dental Expenses		Caution. Do not include expenses reimbursed or paid by others.		
1	Medical and dental expenses (see instructions)	1	3,617.	
2	Enter amount from Form 1040, line 38 2 45,839.			
3	Multiply line 2 by 10% (.10). But if either you or your spouse was born before January 2, 1950, multiply line 2 by 7.5% (.075) instead	3	3,438.	
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	4	179.	
Taxes You Paid		5 State and local (check only one box):		
a	<input checked="" type="checkbox"/> Income taxes, or	5	935.	
b	<input type="checkbox"/> General sales taxes			
6	Real estate taxes (see instructions)	6	2,820.	
7	Personal property taxes	7		
8	Other taxes. List type and amount ►	8		
9	Add lines 5 through 8	9	3,755.	
Interest You Paid		10 Home mortgage interest and points reported to you on Form 1098		
	11 Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address ►	10	14,650.	
Note. Your mortgage interest deduction may be limited (see instructions).		11		
	12 Points not reported to you on Form 1098. See instructions for special rules	12		
	13 Mortgage insurance premiums (see instructions)	13		
	14 Investment interest. Attach Form 4952 if required. (See instructions.)	14		
	15 Add lines 10 through 14	15	14,650.	
Gifts to Charity		16 Gifts by cash or check. If you made any gift of \$250 or more, see instructions		
	17 Other than by cash or check. If any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500	16	15,947.	
	18 Carryover from prior year	17		
	19 Add lines 16 through 18	18		
		19	15,947.	
Casualty and Theft Losses		20 Casualty or theft loss(es). Attach Form 4684. (See instructions.)		
Job Expenses and Certain Miscellaneous Deductions		21 Unreimbursed employee expenses—job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See instructions.) ►		
	22 Tax preparation fees	21		
	23 Other expenses—investment, safe deposit box, etc. List type and amount ►	22		
		23		
	24 Add lines 21 through 23	24		
	25 Enter amount from Form 1040, line 38 25	25		
	26 Multiply line 25 by 2% (.02)	26		
	27 Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-	27		
Other Miscellaneous Deductions		28 Other—from list in instructions. List type and amount ►		
		28		
Total Itemized Deductions		29 Is Form 1040, line 38, over \$152,525?		
	<input checked="" type="checkbox"/> No. Your deduction is not limited. Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40.	29	34,531.	
	<input type="checkbox"/> Yes. Your deduction may be limited. See the Itemized Deductions Worksheet in the instructions to figure the amount to enter.			
	30 If you elect to itemize deductions even though they are less than your standard deduction, check here			

SCHEDULE C
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Profit or Loss From Business
(Sole Proprietorship)

► **Information about Schedule C and its separate instructions is at www.irs.gov/schedulec.**
► **Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.**

OMB No. 1545-0074

2014
Attachment
Sequence No. **09**

Name of proprietor William L Laney		Social security number (SSN) 536-44-0172
A Principal business or profession, including product or service (see instructions) Beauty Sales and Service	B Enter code from instructions ► 9 9 9 9 9 9	
C Business name. If no separate business name, leave blank. Diamond Rose Shears, LLC	D Employer ID number (EIN), (see instr.) 2 0 0 2 5 2 6 4 7	
E Business address (including suite or room no.) ► 2879 Breezy Lane City, town or post office, state, and ZIP code Castle Rock, CO 80109		
F Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) ►		
G Did you "materially participate" in the operation of this business during 2014? If "No," see instructions for limit on losses . <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
H If you started or acquired this business during 2014, check here <input type="checkbox"/>		
I Did you make any payments in 2014 that would require you to file Form(s) 1099? (see instructions) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
J If "Yes," did you or will you file required Forms 1099? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

Part I Income

1 Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked <input type="checkbox"/>	1	149,061.
2 Returns and allowances	2	
3 Subtract line 2 from line 1	3	149,061.
4 Cost of goods sold (from line 42)	4	18,592.
5 Gross profit. Subtract line 4 from line 3	5	130,469.
6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	
7 Gross income. Add lines 5 and 6	7	130,469.

Part II Expenses. Enter expenses for business use of your home **only** on line 30.

8 Advertising	8	1,531.	18 Office expense (see instructions)	18	4,371.
9 Car and truck expenses (see instructions).	9		19 Pension and profit-sharing plans	19	
10 Commissions and fees	10	530.	20 Rent or lease (see instructions):		
11 Contract labor (see instructions)	11	16,387.	a Vehicles, machinery, and equipment	20a	
12 Depletion	12		b Other business property	20b	
13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions).	13	0.	21 Repairs and maintenance	21	
14 Employee benefit programs (other than on line 19)	14		22 Supplies (not included in Part III)	22	
15 Insurance (other than health)	15	12,241.	23 Taxes and licenses	23	2,647.
16 Interest:			24 Travel, meals, and entertainment:		
a Mortgage (paid to banks, etc.)	16a		a Travel	24a	
b Other	16b		b Deductible meals and entertainment (see instructions)	24b	
17 Legal and professional services	17		25 Utilities	25	8,275.
28 Total expenses before expenses for business use of home. Add lines 8 through 27a	28	109,369.	26 Wages (less employment credits)	26	31,161.
29 Tentative profit or (loss). Subtract line 28 from line 7	29	21,100.	27a Other expenses (from line 48)	27a	32,226.
30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). Simplified method filers only: enter the total square footage of: (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	30	17,770.	b Reserved for future use	27b	
31 Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Form 1040, line 12 (or Form 1040NR, line 13) and on Schedule SE, line 2 . (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3 . • If a loss, you must go to line 32.	31	3,330.			
32 If you have a loss, check the box that describes your investment in this activity (see instructions). • If you checked 32a, enter the loss on both Form 1040, line 12 , (or Form 1040NR, line 13) and on Schedule SE, line 2 . (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on Form 1041, line 3 . • If you checked 32b, you must attach Form 6198 . Your loss may be limited.					

32a ☐ All investment is at risk.
32b ☐ Some investment is not at risk.

Part III Cost of Goods Sold (see instructions)

33	Method(s) used to value closing inventory: a <input checked="" type="checkbox"/> Cost b <input type="checkbox"/> Lower of cost or market c <input type="checkbox"/> Other (attach explanation)	
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35 _____
36	Purchases less cost of items withdrawn for personal use	36 18,592.
37	Cost of labor. Do not include any amounts paid to yourself	37 _____
38	Materials and supplies	38 _____
39	Other costs	39 _____
40	Add lines 35 through 39	40 18,592.
41	Inventory at end of year	41 _____
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	42 18,592.

Part IV Information on Your Vehicle. Complete this part **only** if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

43	When did you place your vehicle in service for business purposes? (month, day, year) ▶ _____
44	Of the total number of miles you drove your vehicle during 2014, enter the number of miles you used your vehicle for:
a	Business _____
b	Commuting (see instructions) _____
c	Other _____
45	Was your vehicle available for personal use during off-duty hours? <input type="checkbox"/> Yes <input type="checkbox"/> No
46	Do you (or your spouse) have another vehicle available for personal use? <input type="checkbox"/> Yes <input type="checkbox"/> No
47a	Do you have evidence to support your deduction? <input type="checkbox"/> Yes <input type="checkbox"/> No
b	If "Yes," is the evidence written? <input type="checkbox"/> Yes <input type="checkbox"/> No

Part V Other Expenses. List below business expenses not included on lines 8-26 or line 30.

Automobile	2,291.
Bank Charges	222.
Tech Support	1,250.
Telephone	856.
Computer	706.
Radio Show	3,432.
Interest	4,483.
Dues/Subscriptions	519.
See Line 48 Other Expenses	18,467.
48 Total other expenses. Enter here and on line 27a	48 32,226.

SCHEDULE C
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Profit or Loss From Business
(Sole Proprietorship)

► **Information about Schedule C and its separate instructions is at www.irs.gov/schedulec.**
► **Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.**

OMB No. 1545-0074

2014
Attachment
Sequence No. **09**

Name of proprietor William L Laney		Social security number (SSN) 536-44-0172
A Principal business or profession, including product or service (see instructions) Beauty Sales and Services		B Enter code from instructions ► 9 9 9 9 9 9
C Business name. If no separate business name, leave blank. Musashi Shears, LLC		D Employer ID number (EIN), (see instr.) 2 7 3 6 0 7 7 9 4
E Business address (including suite or room no.) ► 2879 Breezy Lane City, town or post office, state, and ZIP code Castle Rock, CO 80109		
F Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) ►		
G Did you "materially participate" in the operation of this business during 2014? If "No," see instructions for limit on losses		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
H If you started or acquired this business during 2014, check here		<input type="checkbox"/>
I Did you make any payments in 2014 that would require you to file Form(s) 1099? (see instructions)		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
J If "Yes," did you or will you file required Forms 1099?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Part I Income

1 Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked <input type="checkbox"/>	1	117,279.
2 Returns and allowances	2	
3 Subtract line 2 from line 1	3	117,279.
4 Cost of goods sold (from line 42)	4	61,773.
5 Gross profit. Subtract line 4 from line 3	5	55,506.
6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	
7 Gross income. Add lines 5 and 6	7	55,506.

Part II Expenses. Enter expenses for business use of your home **only** on line 30.

8 Advertising	8	390.	18 Office expense (see instructions)	18	796.
9 Car and truck expenses (see instructions).	9		19 Pension and profit-sharing plans	19	
10 Commissions and fees	10		20 Rent or lease (see instructions):		
11 Contract labor (see instructions)	11		a Vehicles, machinery, and equipment	20a	
12 Depletion	12		b Other business property	20b	
13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions).	13		21 Repairs and maintenance	21	
14 Employee benefit programs (other than on line 19)	14		22 Supplies (not included in Part III)	22	
15 Insurance (other than health)	15		23 Taxes and licenses	23	
16 Interest:			24 Travel, meals, and entertainment:		
a Mortgage (paid to banks, etc.)	16a		a Travel	24a	
b Other	16b		b Deductible meals and entertainment (see instructions)	24b	
17 Legal and professional services	17		25 Utilities	25	
			26 Wages (less employment credits)	26	
			27a Other expenses (from line 48)	27a	14,743.
			b Reserved for future use	27b	
28 Total expenses before expenses for business use of home. Add lines 8 through 27a	28	15,929.		29	39,577.
29 Tentative profit or (loss). Subtract line 28 from line 7	29				
30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). Simplified method filers only: enter the total square footage of: (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	30				
31 Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Form 1040, line 12 (or Form 1040NR, line 13) and on Schedule SE, line 2 . (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3 . • If a loss, you must go to line 32.	31	39,577.			
32 If you have a loss, check the box that describes your investment in this activity (see instructions). • If you checked 32a, enter the loss on both Form 1040, line 12 , (or Form 1040NR, line 13) and on Schedule SE, line 2 . (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on Form 1041, line 3 . • If you checked 32b, you must attach Form 6198 . Your loss may be limited.			32a <input type="checkbox"/> All investment is at risk.		
			32b <input type="checkbox"/> Some investment is not at risk.		

Part III Cost of Goods Sold (see instructions)

33	Method(s) used to value closing inventory: a <input checked="" type="checkbox"/> Cost b <input type="checkbox"/> Lower of cost or market c <input type="checkbox"/> Other (attach explanation)	
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35
36	Purchases less cost of items withdrawn for personal use	36 61,773.
37	Cost of labor. Do not include any amounts paid to yourself	37
38	Materials and supplies	38
39	Other costs	39
40	Add lines 35 through 39	40 61,773.
41	Inventory at end of year	41
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	42 61,773.

Part IV Information on Your Vehicle. Complete this part **only** if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

43	When did you place your vehicle in service for business purposes? (month, day, year) ▶	
44	Of the total number of miles you drove your vehicle during 2014, enter the number of miles you used your vehicle for:	
a	Business	b Commuting (see instructions)
c	Other	
45	Was your vehicle available for personal use during off-duty hours?	<input type="checkbox"/> Yes <input type="checkbox"/> No
46	Do you (or your spouse) have another vehicle available for personal use?	<input type="checkbox"/> Yes <input type="checkbox"/> No
47a	Do you have evidence to support your deduction?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b	If "Yes," is the evidence written?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Part V Other Expenses. List below business expenses not included on lines 8–26 or line 30.

Automobile expense	12,509.
Computer/Internet	0.
Bank charges	577.
Interest	1,619.
Dues	28.
Licenses	10.
48 Total other expenses. Enter here and on line 27a	48 14,743.

SCHEDULE SE
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Self-Employment Tax

► Information about Schedule SE and its separate instructions is at www.irs.gov/schedulese.

► Attach to Form 1040 or Form 1040NR.

OMB No. 1545-0074

2014
Attachment
Sequence No. **17**

Name of person with **self-employment** income (as shown on Form 1040 or Form 1040NR)

William L Laney

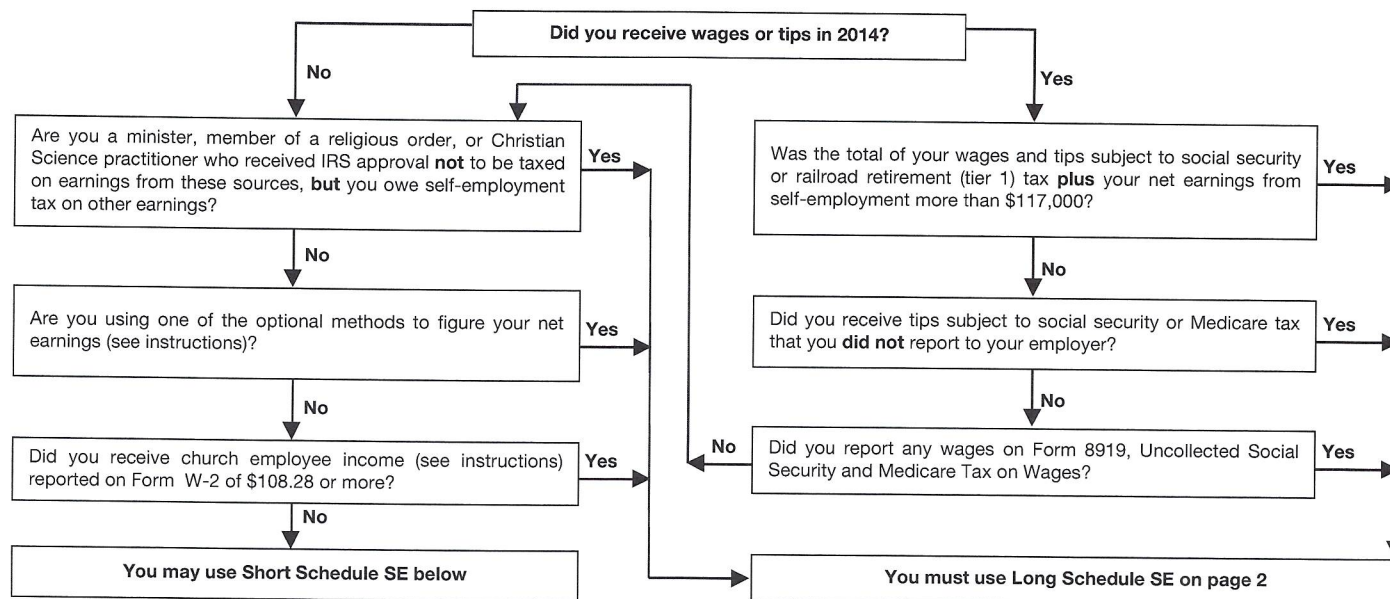
Social security number of person
with **self-employment** income ►

536-44-0172

Before you begin: To determine if you must file Schedule SE, see the instructions.

May I Use Short Schedule SE or Must I Use Long Schedule SE?

Note. Use this flowchart **only** if you must file Schedule SE. If unsure, see *Who Must File Schedule SE* in the instructions.



Section A—Short Schedule SE. Caution. Read above to see if you can use Short Schedule SE.

1a	Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A	1a	
b	If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code Z	1b	()
2	Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), box 14, code A (other than farming); and Schedule K-1 (Form 1065-B), box 9, code J1. Ministers and members of religious orders, see instructions for types of income to report on this line. See instructions for other income to report	2	42,907.
3	Combine lines 1a, 1b, and 2	3	42,907.
4	Multiply line 3 by 92.35% (.9235). If less than \$400, you do not owe self-employment tax; do not file this schedule unless you have an amount on line 1b ►	4	39,625.
5	Self-employment tax. If the amount on line 4 is: • \$117,000 or less, multiply line 4 by 15.3% (.153). Enter the result here and on Form 1040, line 57, or Form 1040NR, line 55 • More than \$117,000, multiply line 4 by 2.9% (.029). Then, add \$14,508 to the result. Enter the total here and on Form 1040, line 57, or Form 1040NR, line 55	5	6,063.
6	Deduction for one-half of self-employment tax. Multiply line 5 by 50% (.50). Enter the result here and on Form 1040, line 27, or Form 1040NR, line 27	6	3,032.

For Paperwork Reduction Act Notice, see your tax return instructions. **BAA**

REV 10/29/14 TTW

Schedule SE (Form 1040) 2014

Expenses for Business Use of Your Home► **File only with Schedule C (Form 1040). Use a separate Form 8829 for each home you used for business during the year.**► **Information about Form 8829 and its separate instructions is at www.irs.gov/form8829.**

OMB No. 1545-0074

2014Attachment
Sequence No. **176**

Name(s) of proprietor(s)

William L Laney

Your social security number

536-44-0172

Part I Part of Your Home Used for Business

Beauty Sales and Service

1	Area used regularly and exclusively for business, regularly for daycare, or for storage of inventory or product samples (see instructions)	1	2,200
2	Total area of home	2	6,400
3	Divide line 1 by line 2. Enter the result as a percentage	3	34.38 %
For daycare facilities not used exclusively for business, go to line 4. All others, go to line 7.			
4	Multiply days used for daycare during year by hours used per day	4	hr.
5	Total hours available for use during the year (365 days x 24 hours) (see instructions)	5	8,760 hr.
6	Divide line 4 by line 5. Enter the result as a decimal amount	6	
7	Business percentage. For daycare facilities not used exclusively for business, multiply line 6 by line 3 (enter the result as a percentage). All others, enter the amount from line 3	7	34.38 %

Part II Figure Your Allowable Deduction

8	Enter the amount from Schedule C, line 29, plus any gain derived from the business use of your home, minus any loss from the trade or business not derived from the business use of your home (see instructions). See instructions for columns (a) and (b) before completing lines 9-21.	8	21,100.
9	Casualty losses (see instructions)	9	
10	Deductible mortgage interest (see instructions)	10	
11	Real estate taxes (see instructions)	11	22,326.
12	Add lines 9, 10, and 11	12	4,298.
13	Multiply line 12, column (b) by line 7	13	26,624.
14	Add line 12, column (a) and line 13	14	9,153.
15	Subtract line 14 from line 8. If zero or less, enter -0-	15	11,947.
16	Excess mortgage interest (see instructions)	16	
17	Insurance	17	2,207.
18	Rent	18	
19	Repairs and maintenance	19	
20	Utilities	20	4,142.
21	Other expenses (see instructions)	21	767.
22	Add lines 16 through 21	22	7,116.
23	Multiply line 22, column (b) by line 7	23	2,446.
24	Carryover of prior year operating expenses (see instructions)	24	
25	Add line 22, column (a), line 23, and line 24	25	2,446.
26	Allowable operating expenses. Enter the smaller of line 15 or line 25	26	2,446.
27	Limit on excess casualty losses and depreciation. Subtract line 26 from line 15	27	9,501.
28	Excess casualty losses (see instructions)	28	
29	Depreciation of your home from line 41 below	29	6,171.
30	Carryover of prior year excess casualty losses and depreciation (see instructions)	30	
31	Add lines 28 through 30	31	6,171.
32	Allowable excess casualty losses and depreciation. Enter the smaller of line 27 or line 31	32	6,171.
33	Add lines 14, 26, and 32	33	17,770.
34	Casualty loss portion, if any, from lines 14 and 32. Carry amount to Form 4684 (see instructions)	34	
35	Allowable expenses for business use of your home. Subtract line 34 from line 33. Enter here and on Schedule C, line 30. If your home was used for more than one business, see instructions	35	17,770.

Part III Depreciation of Your Home

36	Enter the smaller of your home's adjusted basis or its fair market value (see instructions)	36	700,000.
37	Value of land included on line 36	37	
38	Basis of building. Subtract line 37 from line 36	38	700,000.
39	Business basis of building. Multiply line 38 by line 7	39	240,660.
40	Depreciation percentage (see instructions)	40	2.5641 %
41	Depreciation allowable (see instructions). Multiply line 39 by line 40. Enter here and on line 29 above	41	6,171.

Part IV Carryover of Unallowed Expenses to 2015

42	Operating expenses. Subtract line 26 from line 25. If less than zero, enter -0-	42	0.
43	Excess casualty losses and depreciation. Subtract line 32 from line 31. If less than zero, enter -0-	43	0.

Additional information from your 2014 Federal Tax Return**Schedule C (Beauty Sales and Service): Profit or Loss from Business****Line 48 Other Expenses****Continuation Statement**

Description	Amount
Credit Reporting Fees	675.
Marketing	443.
Printing	152.
Accounting	2,073.
Website	3,012.
Attorney	6,955.
Promotion	1,303.
Repairs & Maint	1,013.
Other Expenses	2,841.
Total	18,467.