Department of the Treasury-Internal Revenue Service (99) U.S. Individual Income Tax Return 2014 OMB No. 1545-0074 IRS Use Only-Do not write or staple in this space.

| For the year Jan. 1-De | c. 31, 2014 | , or other tax year beginning | | , | 2014, endi | ng | | , 20 | See | e separate instruct | ions. |
|--|-------------|--|-----------------|------------------------|--------------------------|-------------|-------------------------------|--|-----------|--|---|
| Your first name and | initial | | Last name | | Company of States (Conse | | | | You | ır social security nu | mber |
| William L | | | Laney | | | | | | 53 | 6-44-0172 | |
| If a joint return, spou | use's first | name and initial | Last name | | | | | | | use's social security | number |
| Myrna C | | | Laney | | | | | | 48 | 3-82-3456 | |
| Home address (num | | treet). If you have a P.O. b | ox, see instru | ctions. | | | | Apt. no. | | Make sure the SSN(and on line 6c are | |
| | | nd ZIP code. If you have a for | eign address, a | also complete spaces b | pelow (see | nstructions | s). | | Pr | esidential Election Ca | ampaign |
| Castle Roc | ck CO | 80109 | | | | | | | | k here if you, or your spou: | |
| Foreign country nan | ne | | | Foreign province/s | state/cour | ty | For | eign postal code | | below will not change you | |
| Filing Status | 1 | Single | | 1 1: \ | | | | | | person). (See instructi | |
| Charle ankeans | | Married filing jointly | | | | | e qualilying nild's name l | | ia but ii | not your dependent, e | inter triis |
| Check only one box. | 3 | Married filing separa and full name here. | | spouse's 5514 abo | | | | dow(er) with | depend | dent child | |
| | 6a | Yourself. If some | | im you as a denen | - | | | | 1 | Boxes checked | |
| Exemptions | b | NZ - | · · · · | - | ident, do | not one | on box oa | | ; } | on 6a and 6b | 2_ |
| | C | Dependents: | · · · · · · | (2) Dependent's | (3) De | endent's | | child under age | | No. of children on 6c who: | |
| | (1) First | | so so | ocial security number | . , | ship to you | | g for child tax cre e instructions) | dit | lived with youdid not live with | |
| | (-7 | | | | | | | | | you due to divorce or separation | |
| If more than four | | | | | | | | | | (see instructions) | |
| dependents, see instructions and | | | | | | | | | | Dependents on 6c not entered above | |
| check here ▶ | | | | | | | | | | Add numbers on | |
| _ | d | Total number of exem | ptions clain | ned | | | | | | lines above | 2 |
| Income | 7 | Wages, salaries, tips, | etc. Attach | Form(s) W-2 . | | | | | 7 | | |
| meome | 8a | Taxable interest. Atta | ch Schedul | e B if required . | | | | | 8a | | |
| THE SECTION SE | b | Tax-exempt interest. | Do not incl | ude on line 8a . | | 8b | | | | | |
| Attach Form(s) | 9a | Ordinary dividends. A | ttach Sched | dule B if required | | . , . | | | 9a | | |
| W-2 here. Also attach Forms | b | Qualified dividends | | | | 9b | | | | | |
| W-2G and | 10 | Taxable refunds, cred | lits, or offse | ts of state and loca | al incom | e taxes | | | 10 | | |
| 1099-R if tax | 11 | Alimony received . | | | | | | | 11 | | |
| was withheld. | 12 | Business income or (I | | | | | | · · <u>·</u> | 12 | 42, | 907. |
| 16 | 13 | Capital gain or (loss). | Attach Sche | edule D if required | . If not re | quired, | check here | • ▶ □ | 13 | | |
| If you did not get a W-2, | 14 | Other gains or (losses | s). Attach Fo | orm 4797 | 1 | | * | E | 14 | | |
| see instructions. | 15a | IRA distributions . | 15a | | | | e amount | | 15b | | |
| | 16a | Pensions and annuities | | | | | e amount | | 16b | | |
| | 17 | Rental real estate, roy | | | | usts, etc | . Attach S | chedule E | 17 | | |
| | 18 | Farm income or (loss) | | | | | | | 18 | | |
| | 19 | Unemployment comp | 1 1 | | 1 | | | | 19 | | 050 |
| | 20a | Social security benefits | | 21,63 | 88. k | Taxable | e amount | | 20b | 9, | 059. |
| | 21 | Other income. List type Combine the amounts in | oe and amo | unt | brough 0 | This is a | our total is | come > | 21 | | 966. |
| | 22 | | | | | | your total II | IOUIIIE F | 22 | 51, | , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| Adjusted | 23 | ALTOGORANI MATERIAL DE LA CONTRA DEL CONTRA DE LA CONTRA DEL CONTRA DE LA CONTRA DEL CONTRA DE LA CONTRA DE LA CONTRA DEL CONTRA DEL CONTRA DE LA CONTRA DE LA CONTRA DE LA CONTRA DEL CONTRA DE LA CONTRA DEL CONTRA DEL CONTRA DE LA CONTRA DEL CO | | | | 23 | | | 5.5 | | |
| Gross | 24 | Certain business expens fee-basis government of | | | | 24 | | | | | |
| Income | 05 | Health savings accou | | | | 25 | | | | | |
| | 25 | | | | 1 | 26 | | | | | |
| | 26 | Moving expenses. At Deductible part of self-e | | | | 27 | | 3,032. | | | |
| | 27 28 | Self-employed SEP, | | | | 28 | | 5,052. | | | |
| | 28 | Self-employed SEP, Self-employed health | | | | 29 | | 3,095. | | | |
| | 30 | Penalty on early with | | | | 30 | | 2,220 | | | |
| | 31a | Alimony paid b Reci | | | | 31a | | | | | |
| | 32 | IRA deduction | 5) | | | 32 | | - | | | |
| | 33 | Student loan interest | | | 1 | 33 | | | | | |
| | 34 | Tuition and fees. Atta | | | | 34 | | | | | |
| | 35 | Domestic production a | | | | 35 | | | | | |
| | 36 | Add lines 23 through | | | | | | | 36 | 6, | 127. |
| | 27 | Subtract line 36 from | | | | | | | 37 | 45 | 839. |

| | 38 | Amount from line 37 (adjusted gross income) | 38 | 45,839. |
|--|-----------|--|----------------------|---|
| Tax and | 39a | Check You were born before January 2, 1950, ☐ Blind. Total boxes | | |
| Credits | | if: Spouse was born before January 2, 1950, ☐ Blind. checked ▶ 39a ☐ 1 | | |
| Credits | b | If your spouse itemizes on a separate return or you were a dual-status alien, check here ▶ 39b□ | | |
| Standard | 40 | Itemized deductions (from Schedule A) or your standard deduction (see left margin) | 40 | 34,531. |
| Deduction for— | 41 | Subtract line 40 from line 38 | 41 | 11,308. |
| People who | 42 | Exemptions. If line 38 is \$152,525 or less, multiply \$3,950 by the number on line 6d. Otherwise, see instructions | 42 | 7,900. |
| check any box on line | 43 | Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0 | 43 | 3,408. |
| 39a or 39b or who can be | 44 | Tax (see instructions). Check if any from: a Form(s) 8814 b Form 4972 c | 44 | 343. |
| claimed as a | 45 | Alternative minimum tax (see instructions). Attach Form 6251 | 45 | |
| dependent, see | 46 | Excess advance premium tax credit repayment. Attach Form 8962 | 46 | |
| instructions. | 47 | Add lines 44, 45, and 46 | 47 | 343. |
| All others: Single or | 48 | Foreign tax credit. Attach Form 1116 if required 48 | | |
| Married filing | 49 | Credit for child and dependent care expenses. Attach Form 2441 | | |
| separately, \$6,200 | 50 | Education credits from Form 8863, line 19 | | |
| Married filing | 51 | Retirement savings contributions credit. Attach Form 8880 51 | | |
| jointly or Qualifying | 52 | Child tax credit. Attach Schedule 8812, if required | | |
| widow(er), \$12,400 | 53 | Residential energy credits. Attach Form 5695 53 | | |
| Head of | 54 | Other credits from Form: a 3800 b 8801 c 54 | | |
| household, | 55 | Add lines 48 through 54. These are your total credits | 55 | |
| \$9,100 | 56 | Subtract line 55 from line 47. If line 55 is more than line 47, enter -0- | 56 | 343. |
| | 57 | Self-employment tax. Attach Schedule SE | 57 | 6,063. |
| Other | 58 | Unreported social security and Medicare tax from Form: a 4137 b 8919 | 58 | |
| | 59 | Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required | 59 | |
| Taxes | 60a | Household employment taxes from Schedule H | 60a | |
| | b | First-time homebuyer credit repayment. Attach Form 5405 if required | 60b | |
| | 61 | Health care: individual responsibility (see instructions) Full-year coverage 🗵 | 61 | |
| | 62 | Taxes from: a Form 8959 b Form 8960 c Instructions; enter code(s) | 62 | |
| | 63 | Add lines 56 through 62. This is your total tax | 63 | 6,406. |
| Payments | 64 | Federal income tax withheld from Forms W-2 and 1099 64 | | |
| rayments | 65 | 2014 estimated tax payments and amount applied from 2013 return 65 1,000. | | |
| If you have a | 66a | Earned income credit (EIC) | | |
| qualifying | b | Nontaxable combat pay election 66b | | |
| child, attach Schedule EIC. | 67 | Additional child tax credit. Attach Schedule 8812 67 | | |
| Correction Ero. | 68 | American opportunity credit from Form 8863, line 8 68 | | |
| | | Net premium tax credit. Attach Form 8962 69 | | |
| | 69 | Amount paid with request for extension to file | | |
| | 70 71 | Excess social security and tier 1 RRTA tax withheld | | |
| | 72 | Credit for federal tax on fuels. Attach Form 4136 | | |
| | 73 | Credits from Form: a 2439 b Reserved c Reserved d 73 | | |
| | 73 74 | Add lines 64, 65, 66a, and 67 through 73. These are your total payments | 74 | 1,000. |
| Refund | 75 | If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid | 75 | |
| neiuila | 75 76a | Amount of line 75 you want refunded to you. If Form 8888 is attached, check here . | 76a | |
| DISS SECTION S | N . | Routing number X X X X X X X X X | | |
| Direct deposit? See | ▶ d | Account number X X X X X X X X X X X X X X X X X X X | | |
| instructions. | | Amount of line 75 you want applied to your 2015 estimated tax ▶ 77 | | |
| Amount | 77 78 | Amount of line 75 you want applied to your 2015 estimated tax? Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions | 78 | 5,442. |
| You Owe | 79 | Estimated tax penalty (see instructions) | | |
| | | Estimated tax penalty (eee medications) | s. Com | olete below. X No |
| Third Party | | esignee's Phone Personal idea | | |
| Designee | na | no. ► number (PIN | | |
| Sign | Uı | nder penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to ey are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which prep | the best arer has | of my knowledge and belief, any knowledge. |
| Here | | bur signature Date Your occupation | Daytir | ne phone number |
| Joint return? See | | 04/4/15 Business Owner | (30 | 03)217-8660 |
| instructions. | 2 | pouse's signature. If a joint return, both must sign. Date, Spouse's occupation | If the If | RS sent you an Identity Protection |
| Keep a copy for your records. | 3 | Muss a L. Laney 04/14/15 Homemaker | PIN, er here (s | nter it ee inst.) |
| , | D | rint/Type/preparer's name Preparer's Aignature Date | | PTIN |
| Paid | F1 | Tropardi Siland | Check self-e | < ☐ if mployed |
| Preparer | | Galf Dropping | | s EIN ▶ |
| Use Only | - | rm's name Self-Prepared | Phone | |
| | Fi | irm's address ▶ | 1 / 11011 | |

SCHEDULE A (Form 1040)

Itemized Deductions

a and its separate instructions is at www.irs.gov/schedulea.

OMB No. 1545-0074

2014

Attachment
Sequence No. 07

Department of the Treasury Internal Revenue Service (99) ► Information about Schedule A and its separate instructions is at www.irs.gov/schedulea.

► Attach to Form 1040.

| Name(s) shown on | Form | 1040 | | | You | r social security number |
|--------------------------------|------|---|-------------|---------------------------------------|------|--------------------------|
| William L | & | Myrna C Laney | | | 53 | 6-44-0172 |
| | | Caution. Do not include expenses reimbursed or paid by others. | | | | |
| Medical | 1 | Medical and dental expenses (see instructions) | 1 | 3,617. | | |
| and | 2 | Enter amount from Form 1040, line 38 2 45,839. | | | | |
| Dental - | 3 | Multiply line 2 by 10% (.10). But if either you or your spouse was | | | | |
| Expenses | _ | born before January 2, 1950, multiply line 2 by 7.5% (.075) instead | 3 | 3,438. | | |
| | | Subtract line 3 from line 1. If line 3 is more than line 1, enter -0- | | · · · · · · · · · · · · · · · · · · · | 4 | 179. |
| Taxes You | 5 | State and local (check only one box): | - | 025 | | |
| Paid | | a ☑ Income taxes, or | 5 | 935. | | |
| | 6 | Real estate taxes (see instructions) | 6 | 2,820. | | |
| | | Personal property taxes | 7 | 2,020. | | |
| | | Other taxes. List type and amount | - | | | |
| | • | | 8 | | | |
| | 9 | Add lines 5 through 8 | | | 9 | 3,755. |
| Interest | | Home mortgage interest and points reported to you on Form 1098 | 10 | 14,650. | | |
| You Paid | 11 | Home mortgage interest not reported to you on Form 1098. If paid | | | | |
| | | to the person from whom you bought the home, see instructions | | | | |
| Note. Your mortgage | | and show that person's name, identifying no., and address ▶ | | | | |
| interest | | | | | | |
| deduction may | | | 11 | | | |
| be limited (see instructions). | 12 | Points not reported to you on Form 1098. See instructions for | 40 | | | |
| mondonoj. | 40 | special rules | 12 13 | | 1-1- | |
| | | Mortgage insurance premiums (see instructions) Investment interest. Attach Form 4952 if required. (See instructions.) | 14 | | | |
| | | Add lines 10 through 14 | 17 | | 15 | 14,650. |
| Gifts to | | Gifts by cash or check. If you made any gift of \$250 or more, | | | | |
| Charity | 10 | see instructions. | 16 | 15,947. | | |
| If you made a | 17 | Other than by cash or check. If any gift of \$250 or more, see | | | | |
| gift and got a | | instructions. You must attach Form 8283 if over \$500 | 17 | | | |
| benefit for it, | 18 | Carryover from prior year | 18 | | | |
| see instructions. | 19 | Add lines 16 through 18 | <u></u> | | 19 | 15,947. |
| Casualty and | | | | | | |
| Theft Losses | | Casualty or theft loss(es). Attach Form 4684. (See instructions.) | | | 20 | |
| Job Expenses and Certain | 21 | Unreimbursed employee expenses—job travel, union dues, | | | | |
| Miscellaneous | | job education, etc. Attach Form 2106 or 2106-EZ if required. | 21 | | | |
| Deductions | 22 | (See instructions.) ► Tax preparation fees | 22 | | | |
| | | Other expenses—investment, safe deposit box, etc. List type | | | | |
| | 20 | and amount ▶ | | | | |
| | | | 23 | | | |
| | 24 | Add lines 21 through 23 | 24 | | | |
| | 25 | Enter amount from Form 1040, line 38 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 | r -0- | | 27 | |
| Other | 28 | Other—from list in instructions. List type and amount ▶ | | | | |
| Miscellaneous Deductions | | | | | 20 | |
| | 20 | le Form 1040 line 38 over \$152 5252 | | | 28 | |
| Total Itemized | 29 | Is Form 1040, line 38, over \$152,525? No. Your deduction is not limited. Add the amounts in the fa | ır rial | nt column | | |
| Deductions | | for lines 4 through 28. Also, enter this amount on Form 1040 | | | 29 | 34,531. |
| Peddello113 | | ☐ Yes. Your deduction may be limited. See the Itemized Dedu | | | | |
| | | Worksheet in the instructions to figure the amount to enter. | a | J | | |
| | 30 | If you elect to itemize deductions even though they are less to | than | your standard | | |
| | | deduction, check here | | 🕨 📙 | | |

SCHEDULE C (Form 1040)

Department of the Treasury

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 Attachment

| Name of proprietor William L Laney A Principal business or profession, including product or service (see instructions) Beauty Sales and Service C Business name. If no separate business name, leave blank. Diamond Rose Shears, LLC Business address (including suite or room no.) City, town or post office, state, and ZIP code Castle Rock, CO 80109 F Accounting method: Nocial security number (SS 536-44-0172 Bequence Nocial security number (SS 536-44-0172 Bequence Nocial security number (SS 536-44-0172 Beneficial security number (SS 536- | ons 9 9 9 , (see instr.) |
|--|--|
| William L Laney A Principal business or profession, including product or service (see instructions) Beauty Sales and Service C Business name. If no separate business name, leave blank. Diamond Rose Shears, LLC Diamond Rose Shears, LLC Diamond Rose Shears, LLC Business address (including suite or room no.) ▶ 2879 Breezy Lane City, town or post office, state, and ZIP code Castle Rock, CO 80109 C Accounting method: (1) ▼ Cash (2) □ Account (2) □ Other (associal) ▶ | ons 9 9 9 , (see instr.) |
| Beauty Sales and Service Diamond Rose Shears, LLC Business address (including suite or room no.) ► 2879 Breezy Lane City, town or post office, state, and ZIP code Castle Rock, CO 80109 Castle Rock (2) □ Other (specific) ► | 9 9 9 , (see instr.) |
| Beauty Sales and Service Diamond Rose Shears, LLC Business address (including suite or room no.) ► 2879 Breezy Lane City, town or post office, state, and ZIP code Castle Rock, CO 80109 Castle Rock (2) □ Other (specific) ► | 9 9 9 , (see instr.) |
| Business name. If no separate business name, leave blank. Diamond Rose Shears, LLC Business address (including suite or room no.) ▶ 2879 Breezy Lane City, town or post office, state, and ZIP code Castle Rock, CO 80109 Castle Rock, CO 80109 | (see instr.) |
| Diamond Rose Shears, LLC Business address (including suite or room no.) ► 2879 Breezy Lane City, town or post office, state, and ZIP code Castle Rock, CO 80109 Castle Rock Consolit Consol | |
| Business address (including suite or room no.) ► 2879 Breezy Lane City, town or post office, state, and ZIP code Castle Rock, CO 80109 Castle Rock, CO 80109 | |
| F Accounting method: (1) V Cash (2) Account (2) Other (anglish) | |
| F Accounting method: (1) ☑ Cash (2) ☐ Accrual (3) ☐ Other (specify) ▶ | |
| | |
| G Did you "materially participate" in the operation of this business during 2014? If "No," see instructions for limit on losses . 🗵 Yes | No |
| H If you started or acquired this business during 2014, check here | _ |
| Did you make any payments in 2014 that would require you to file Form(s) 1099? (see instructions) | ∏ No |
| J If "Yes," did you or will you file required Forms 1099? | |
| 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 | |
| F W 0 14 //0 | 9,061. |
| 2 Returns and allowances | |
| 3 Subtract line 2 from line 1 | 9,061. |
| | 3,592. |
| | ,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 | ,469. |
| Part II Expenses. Enter expenses for business use of your home only on line 30. | |
| 8 Advertising | 1,371. |
| 9 Car and truck expenses (see 19 Pension and profit-sharing plans . 19 | |
| instructions) 9 20 Rent or lease (see instructions): | |
| 10 Commissions and fees . 10 530. a Vehicles, machinery, and equipment 20a | The state of the s |
| 11 Contract labor (see instructions) 11 16,387. b Other business property 20b | |
| 12 Depletion 12 21 Repairs and maintenance 21 | |
| Depreciation and section 179 expense deduction (not section 179 expense deduction 179 expense deduction (not section 179 expense deduction 179 expense deduction 179 expense deduction 179 expense deduction (not section 179 expense deduction 179 ex | |
| expense deduction (not included in Part III) (see | 2,647. |
| instructions) 13 | |
| 14 Employee benefit programs a Travel | |
| (other than on line 19) 14 b Deductible meals and | |
| 15 Insurance (other than health) 15 12,241. entertainment (see instructions) . 24b | |
| 16 Interest: 25 Utilities | 3,275. |
| | ,161. |
| | 2,226. |
| 17 Legal and professional services 17 b Reserved for future use 27b | |
| | ,369. |
| | ,100. |
| 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 | |
| | 7,770. |
| | |
| 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. | 2.5.5 |
| • 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. | ,330. |
| 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. | ,330. |
| 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. If you have a loss, check the box that describes your investment in this activity (see instructions). | ,330. |
| 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. 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 | |
| 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. If you have a loss, check the box that describes your investment in this activity (see instructions). | is at risk. |

| Schedu | le C (Form 1040) 2014 | Page 2 |
|--------|--|----------------------|
| Part | Cost of Goods Sold (see instructions) | |
| 33 | Method(s) used to value closing inventory: a \boxtimes Cost b \square Lower of cost or market c \square Other (attach e | explanation) |
| 34 | Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation | . ☐ Yes X 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 | 18,592. |
| 37 | Cost of labor. Do not include any amounts paid to yourself | |
| 38 | Materials and supplies | |
| 39 | Other costs | |
| 40 | Add lines 35 through 39 | 18,592. |
| 41 | Inventory at end of year | |
| 42 | Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4 | 18,592. |
| Part | Information on Your Vehicle. Complete this part only if you are claiming car or true and are not required to file Form 4562 for this business. See the instructions for line 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 | le for: |
| а | Business b Commuting (see instructions) c Other | |
| 45 | Was your vehicle available for personal use during off-duty hours? | Yes No |
| 46 | Do you (or your spouse) have another vehicle available for personal use? | Yes No |
| 47a | Do you have evidence to support your deduction? | Yes No |
| b | If "Yes," is the evidence written? | |
| Part | Other Expenses. List below business expenses not included on lines 8–26 or line 3 | 0. |
| Au | tomobile | 2,291. |
| Ва | nk Charges | 222. |
| Те | ch Support | 1,250. |
| Те | lephone | 856. |
| Co | mputer | 706. |
| Ra | dio Show | 3,432. |
| In | terest | 4,483. |
| Du | es/Subscriptions | 519. |
| Se | e Line 48 Other Expenses Total other expenses Enter here and on line 27a | 18,467. 32,226. |
| 48 | TOTAL DURING PAYMENTERS FILLET DETECTION OF THE 2773 | 34.440. |

SCHEDULE C (Form 1040)

Profit or Loss From Business

(Sole Proprietorship)

► Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

▶ Information about Schedule C and its separate instructions is at www.irs.gov/schedulec.

OMB No. 1545-0074 20 Attachment Sequence No. 09

Department of the Treasury Internal Revenue Service (99)

Social security number (SSN) Name of proprietor 536-44-0172 William L Laney B Enter code from instructions A Principal business or profession, including product or service (see instructions) **▶** | 9 | 9 | 9 | 9 | 9 Beauty Sales and Services D Employer ID number (EIN), (see instr.) С Business name. If no separate business name, leave blank. 2 7 3 6 0 7 7 9 4 Musashi Shears, LLC E Business address (including suite or room no.) ▶ 2879 Breezy Lane Castle Rock, CO 80109 City, town or post office, state, and ZIP code F Accounting method: (1) X Cash (2) Accrual (3) ☐ Other (specify) ► Did you "materially participate" in the operation of this business during 2014? If "No," see instructions for limit on losses . G Н × Yes No Did you make any payments in 2014 that would require you to file Form(s) 1099? (see instructions) X Yes ☐ No Part I Income 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 ▶ □ 117,279. 1 2 2 117,279. 3 3 Subtract line 2 from line 1 . . . 61,773. 4 4 Cost of goods sold (from line 42) 55,506. 5 5 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions) . 6 6 55,506. 7 Gross income. Add lines 5 and 6. Part II Expenses. Enter expenses for business use of your home only on line 30. 796. 390. 18 Advertising 8 18 Office expense (see instructions) 8 19 19 Pension and profit-sharing plans . 9 Car and truck expenses (see 20 Rent or lease (see instructions): 9 instructions). Vehicles, machinery, and equipment 20a 10 a 10 Commissions and fees . b Other business property . . 11 Contract labor (see instructions) 11 21 12 12 21 Repairs and maintenance . . . Depletion . . . Depreciation and section 179 13 22 Supplies (not included in Part III) . 22 expense deduction (not 23 23 Taxes and licenses included in Part III) (see Travel, meals, and entertainment: 24 13 instructions). 24a а 14 Employee benefit programs (other than on line 19). 14 Deductible meals and entertainment (see instructions) . 15 24b 15 Insurance (other than health) 25 Utilities 25 16 Interest: 26 Wages (less employment credits). 26 16a Mortgage (paid to banks, etc.) a 14,743. 27a 27a Other expenses (from line 48) . . . 16b b Other 27b Reserved for future use . . 17 Legal and professional services 17 15,929. Total expenses before expenses for business use of home. Add lines 8 through 27a 28 28 39,577. 29 29 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 30 unless using the simplified method (see instructions). **Simplified method filers only:** enter the total square footage of: (a) your home: . Use the Simplified and (b) the part of your home used for business: Method Worksheet in the instructions to figure the amount to enter on line 30 30 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. 39,577. (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3. 31 • If a loss, you must go to line 32. If you have a loss, check the box that describes your investment in this activity (see instructions). 32 • If you checked 32a, enter the loss on both Form 1040, line 12, (or Form 1040NR, line 13) and 32a All investment is at risk. on Schedule SE, line 2. (If you checked the box on line 1, see the line 31 instructions). Estates and 32b Some investment is not trusts, enter on Form 1041, line 3. at risk. If you checked 32b, you must attach Form 6198. Your loss may be limited.

| Part | Cost of Goods Sold (see instructions) | | |
|------------------------|--|--------------|----------|
| 33 34 | Method(s) used to value closing inventory: a ☒ Cost b ☐ Lower of cost or market c ☐ Other (attach e Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation | explanation) | ⊠ 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 | | 61,773. |
| 37 | Cost of labor. Do not include any amounts paid to yourself | | |
| 38 | Materials and supplies | | |
| 39 | Other costs | | |
| 40 | Add lines 35 through 39 | | 61,773. |
| 41 | Inventory at end of year | | |
| 42 | Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4 | | 61,773. |
| Part | Information on Your Vehicle. Complete this part only if you are claiming car or true and are not required to file Form 4562 for this business. See the instructions for line 1 file Form 4562. | k expenses o | n line 9 |
| 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 | e for: | |
| а | Business b Commuting (see instructions) c Other | | |
| 45 | Was your vehicle available for personal use during off-duty hours? | Tyes | ☐ No |
| 46 | Do you (or your spouse) have another vehicle available for personal use? | Tes | ☐ No |
| 47a | Do you have evidence to support your deduction? | Tes | ☐ No |
| | If "Yes," is the evidence written? | Tyes | ☐ No |
| Part | Other Expenses. List below business expenses not included on lines 8–26 or line 30 |). | - |
| Au | tomobile expense | | 12,509. |
| Co | mputer/Internet | | 0. |
| Ba | nk charges | | 577. |
| In | terest | | 1,619. |
| Du | es | | 28. |
| Li | censes | | 10. |
| | | | |
| | | | |
| Control of the control | | | |
| 10 | Total other expenses. Enter here and an line 27s | | 14 540 |

SCHEDULE SE (Form 1040)

Self-Employment Tax

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

OMB No. 1545-0074

2014

Attachment
Sequence No. 17

Department of the Treasury Internal Revenue Service (99)

William L Laney

Internal Revenue Service (99) Attach to Form 1040 or Form 1040NR.

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

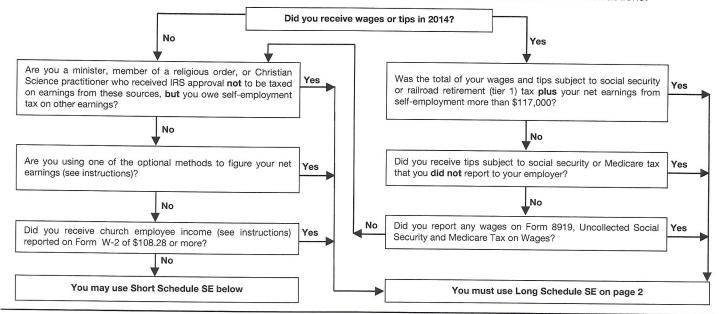
Social security number of person with self-employment income ▶

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. |
| | Note. If line 4 is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions. | | |
| 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 | | |
| r Do | portural Poduction Act Nation and Mating | | |

Expenses for Business Use of Your Home

Department of the Treasury Internal Revenue Service (99) Name(s) of proprietor(s)

▶ 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 201

Attachment Sequence No. 176 Your social security number

William L Laney 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 1 2,200 2 6,400 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 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 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 % 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 21,100. completing lines 9-21. (a) Direct expenses (b) Indirect expenses Casualty losses (see instructions). 9 Deductible mortgage interest (see instructions) 10 22,326 Real estate taxes (see instructions) 11 4,298 **12** Add lines 9, 10, and 11 12 26,624. 13 Multiply line 12, column (b) by line 7. . . . 13 9,153 Add line 12, column (a) and line 13 14 14 15 Subtract line 14 from line 8. If zero or less, enter -0-15 11,947. Excess mortgage interest (see instructions) . 16 16 17 17 2,207 18 18 19 Repairs and maintenance . . . 19 Utilities 20 4,142 21 Other expenses (see instructions). . . . 21 767 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 Add line 22, column (a), line 23, and line 24 25 25 2,446. Allowable operating expenses. Enter the smaller of line 15 or line 25 . 26 26 2,446. Limit on excess casualty losses and depreciation. Subtract line 26 from line 15 27 27 9,501. 28 Depreciation of your home from line 41 below 29 6,171. Carryover of prior year excess casualty losses and depreciation (see 30 31 31 6,171. Allowable excess casualty losses and depreciation. Enter the smaller of line 27 or line 31 . . . 32 6,171. 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 38 Basis of building. Subtract line 37 from line 36 . . . 38 700,000. 39 240,660. 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 | |
| Marketing | 675. |
| Printing | 443. |
| Accounting | 152. |
| | 2,073. |
| Website | 3,012. |
| Attorney | 6,955. |
| Promotion | 1,303. |
| Repairs & Maint | 1,013. |
| Other Expenses | |
| | 2,841. |
| | Total 18,467. |