

#1

SCHEDULE C
(Form 1040 or 1040-SR)**Profit or Loss From Business**
(Sole Proprietorship)

OMB No. 1545-0074

2019Attachment
Sequence No. **09**Department of the Treasury
Internal Revenue Service (99)▶ Go to www.irs.gov/ScheduleC for instructions and the latest information.
▶ Attach to Form 1040, 1040-SR, 1040-NR, or 1041; partnerships generally must file Form 1065.

Name of proprietor

MYRNA C LANEY

Social security number (SSN)

483-82-3456

A Principal business or profession, including product or service (see instructions)

BEAUTY SALES AND SERVICE

B Enter code from Instructions

▶ 999999

C Business name. If no separate business name, leave blank.

DIAMOND ROSE SHEARS LLC

D Employer ID no. (EIN) (see instr.)

20-0252647

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) ☒ Cash (2) ☐ Accrual (3) ☐ Other (specify) ▶**G** Did you "materially participate" in the operation of this business during 2019? If "No," see instructions for limit on losses☒ Yes ☐ No**H** If you started or acquired this business during 2019, check here**I** Did you make any payments in 2019 that would require you to file Form(s) 1099? (see instructions)☐ Yes ☒ No**J** If "Yes," did you or will you file required Forms 1099?☐ Yes ☒ 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 **SEE ATTACHMENT** ▶ ☐**1** 119,098**2** Returns and allowances**2** 0**3** Subtract line 2 from line 1**3** 119,098**4** Cost of goods sold (from line 42)**4** 25,096**5** Gross profit. Subtract line 4 from line 3**5** 94,002**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** 94,002**Part II Expenses.** Enter expenses for business use of your home **only** on line 30.**8** Advertising**8****18** Office expense (see instructions)**18****9** Car and truck expenses (see instructions)**9****19** Pension & profit-sharing plans**19****10** Commissions and fees**10****20** Rent or lease (see instructions):**20a****11** Contract labor (see instructions)**11****a** Vehicles, machinery, and equipment**20b****12** Depletion**12****b** Other business property**21****13** Depreciation and section 179**13****21** Repairs and maintenance**21**

expense deduction (not included in Part III) (see instr.)

13**22** Supplies (not included in Part III)**22****14** Employee benefit programs**14****23** Taxes and licenses**23**

(other than on line 19)

14**24** Travel and meals:**24a****15** Insurance (other than health)**15****a** Travel**24b****16** Interest (see instructions):**16a****b** Deductible meals (see instructions)**24b****a** Mortgage (paid to banks, etc.)**16a****25** Utilities**25****b** Other**16b****26** Wages (less employment credits)**26****17** Legal and professional services**17****27a** Other expenses (from line 48)**27a****b** Reserved for future use**27b****28** Total expenses before expenses for business use of home. Add lines 8 through 27a**28****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).**30****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.**31**• If a profit, enter on both **Sch 1 (Form 1040 or 1040-SR), line 3** (or **Form 1040-NR, 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**.**31**• If a loss, you **must** go to line 32.**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 **Schedule 1 (Form 1040 or 1040-SR), line 3** (or **Form 1040-NR, 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**.**32a** ☐ All investment is at risk.**32b** ☐ Some investment is not at risk.• If you checked 32b, you **must** attach **Form 6198**. Your loss may be limited.

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule C (Form 1040 or 1040-SR) 2019

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Schedule C (Form 1040 or 1040-SR) 2019

LANEY 483-82-3456

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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
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
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 25,096

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 2019, 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.

SEE ATTACHMENT	46,973
48 Total other expenses. Enter here and on line 27a	48 46,973

#2

SCHEDULE C
(Form 1040 or 1040-SR)**Profit or Loss From Business**
(Sole Proprietorship)

OMB No. 1545-0074

2019Department of the Treasury
Internal Revenue Service (99)

► Go to www.irs.gov/ScheduleC for instructions and the latest information.
 ► Attach to Form 1040, 1040-SR, 1040-NR, or 1041; partnerships generally must file Form 1065.

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 ► 999999
C Business name. If no separate business name, leave blank. MUSASHI SHEARS LLC & SAYURI LOSSES		D Employer ID no. (EIN) (see instr.) 27-3607794
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 2019? 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 2019, check here		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
I Did you make any payments in 2019 that would require you to file Form(s) 1099? (see instructions)		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
J If "Yes," did you or will you file required Forms 1099?		<input type="checkbox"/> Yes <input checked="" 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	1	107,534
2 Returns and allowances	2	0
3 Subtract line 2 from line 1	3	107,534
4 Cost of goods sold (from line 42)	4	53,950
5 Gross profit. Subtract line 4 from line 3	5	53,584
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	53,584

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

8 Advertising	8	96	18 Office expense (see instructions)	18	2,990
9 Car and truck expenses (see instructions)	9		19 Pension & 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 Depreciation	12		b Other business property	20b	
13 Depreciation and section 179 expense deduction (not included in Part III) (see instr.)	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 (see instructions):			24 Travel and meals:		
a Mortgage (paid to banks, etc.)	16a		a Travel	24a	
b Other	16b	4,358	b Deductible meals (see instructions)	24b	
17 Legal and professional services	17		25 Utilities	25	
28 Total expenses before expenses for business use of home. Add lines 8 through 27a	28		26 Wages (less employment credits)	26	
29 Tentative profit or (loss). Subtract line 28 from line 7	29		27a Other expenses (from line 48)	27a	7,333
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		b Reserved for future use	27b	
31 Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Sch 1 (Form 1040 or 1040-SR), line 3 (or Form 1040-NR, 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				
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 Schedule 1 (Form 1040 or 1040-SR), line 3 (or Form 1040-NR, 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.		

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule C (Form 1040 or 1040-SR) 2019

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Schedule C (Form 1040 or 1040-SR) 2019

LANEY 536-44-0172

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Part III Cost of Goods Sold (see instructions)

33 Method(s) used to value closing inventory: a ☒ Cost b ☐ Lower of cost or market c ☐ Other (attach explanation)

34 Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation ☐ Yes ☒ 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	4,806
37 Cost of labor. Do not include any amounts paid to yourself	37	46,733
38 Materials and supplies	38	
39 Other costs	39	2,411
40 Add lines 35 through 39	40	53,950
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	53,950

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 2019, 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? ☐ 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? ☐ Yes ☐ No

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

AUTOMOBILE EXPENSE	2,990
BANK CHARGES	170
COMPUTER AND INTERNET EXP	23
DUES AND SUB	110
WEBSITE	280
SAYURI SHEARS LOSSES	3,760
48 Total other expenses. Enter here and on line 27a	48 7,333

#3

SCHEDULE C
(Form 1040 or 1040-SR)**Profit or Loss From Business**
(Sole Proprietorship)

OMB No. 1545-0074

2019Department of the Treasury
Internal Revenue Service (99)▶ Go to www.irs.gov/ScheduleC for instructions and the latest information.
▶ Attach to Form 1040, 1040-SR, 1040-NR, or 1041; partnerships generally must file Form 1065.Attachment
Sequence No. **09**

Name of proprietor MYRNA C LANEY		Social security number (SSN) 483-82-3456
A Principal business or profession, including product or service (see instructions) MARKETING SERVICES		B Enter code from instructions ▶ 541800
C Business name. If no separate business name, leave blank. AMERICAN HOPE RADIO LLC		D Employer ID no. (EIN) (see instr.) 46-3170815
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 2019? 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 2019, check here		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
I Did you make any payments in 2019 that would require you to file Form(s) 1099? (see instructions)		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
J If "Yes," did you or will you file required Forms 1099?		<input type="checkbox"/> Yes <input checked="" 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	1	0
2 Returns and allowances	2	0
3 Subtract line 2 from line 1	3	0
4 Cost of goods sold (from line 42)	4	
5 Gross profit. Subtract line 4 from line 3	5	
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	0

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

8 Advertising	8		18 Office expense (see instructions)	18	246
9 Car and truck expenses (see instructions)	9		19 Pension & profit-sharing plans	19	
10 Commissions and fees	10		20 Rent or lease (see instructions):	20a	
11 Contract labor (see instructions)	11	175	a Vehicles, machinery, and equipment	20b	
12 Depletion	12		b Other business property	21	
13 Depreciation and section 179 expense deduction (not included in Part III) (see instr.)	13		22 Repairs and maintenance	22	
14 Employee benefit programs (other than on line 19)	14		23 Supplies (not included in Part III)	23	
15 Insurance (other than health)	15		24 Travel and meals:	24a	
16 Interest (see instructions):			a Travel	24b	
a Mortgage (paid to banks, etc.)	16a		b Deductible meals (see instructions)	25	
b Other	16b	6,138	26 Utilities	26	
17 Legal and professional services	17		27 Wages (less employment credits)	27a	2,989
			b Reserved for future use	27b	
28 Total expenses before expenses for business use of home. Add lines 8 through 27a	28	9,548			
29 Tentative profit or (loss). Subtract line 28 from line 7	29	-9,548			
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	0			
31 Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Sch 1 (Form 1040 or 1040-SR), line 3 (or Form 1040-NR, 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	-9,548			
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 Schedule 1 (Form 1040 or 1040-SR), line 3 (or Form 1040-NR, 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 checked="" type="checkbox"/> All investment is at risk. 32b <input type="checkbox"/> Some investment is not at risk.		

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule C (Form 1040 or 1040-SR) 2019

#3

Schedule C (Form 1040 or 1040-SR) 2019

LANEY 483-82-3456

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Part III Cost of Goods Sold (see instructions)

33	Method(s) used to value closing inventory.	a <input 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 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		
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		
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		

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 2019, 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.

POSTAGE	8
BANK SERVICE CHARGE	144
COMPUTER AND INTERNET	918
DUES	10
LIVE STREAMING	294
MARKETING	623
RADIO PRODUCTION	512
WEBSITE	429
RESEARCH AND SOFTWARE	51
48 Total other expenses. Enter here and on line 27a	48 2,989

SCHEDULE SE
(Form 1040 or
1040-SR)
 Department of the Treasury
 Internal Revenue Service (99)

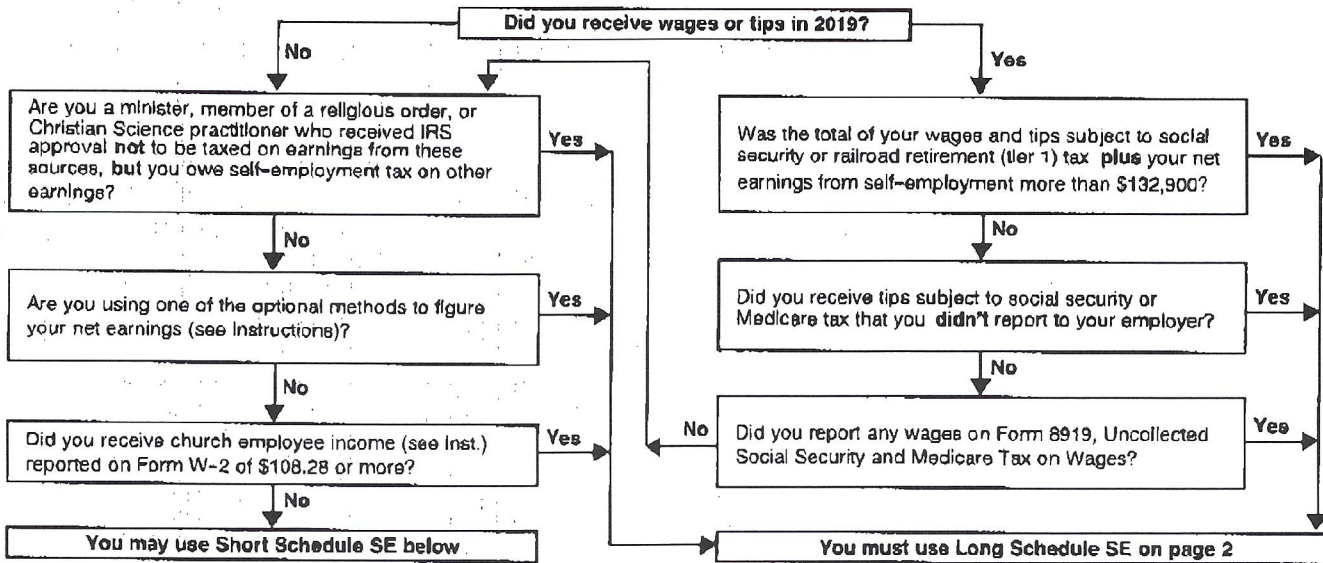
Self-Employment Tax

OMB No. 1545-0074

► Go to www.irs.gov/ScheduleSE for instructions and the latest information.
 ► Attach to Form 1040, 1040-SR, or 1040-NR.

2019Attachment
Sequence No. 17Name of person with self-employment income (as shown on Form 1040, 1040-SR, or 1040-NR)
WILLIAM L LANEYSocial 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 AH	1b	()
2 Net profit or (loss) from Schedule C, line 31; and Schedule K-1 (Form 1065), box 14, code A (other than farming). 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	22,621
3 Combine lines 1a, 1b, and 2	3	22,621
4 Multiply line 3 by 92.35% (0.9235). If less than \$400, you don't owe self-employment tax; don't file this schedule unless you have an amount on line 1b	4	20,890
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: • \$132,900 or less, multiply line 4 by 15.3% (0.153). Enter the result here and on Schedule 2 (Form 1040 or 1040-SR), line 4, or Form 1040-NR, line 55. • More than \$132,900, multiply line 4 by 2.9% (0.029). Then, add \$16,479.60 to the result. Enter the total here and on Schedule 2 (Form 1040 or 1040-SR), line 4, or Form 1040-NR, line 55.	5	3,196
6 Deduction for one-half of self-employment tax. Multiply line 5 by 50% (0.50). Enter the result here and on Schedule 1 (Form 1040 or 1040-SR), line 14, or Form 1040-NR, line 27.	6	1,598

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

Schedule SE (Form 1040 or 1040-SR) 2019

Form **8995****Qualified Business Income Deduction
Simplified Computation**

OMB No. 1545-0123

2019Attachment
Sequence No. **55**Department of the Treasury
Internal Revenue Service

▶ Attach to your tax return.

▶ Go to www.irs.gov/Form8995 for instructions and the latest information.

Name(s) shown on return

Your taxpayer identification number

MYRNA C AND WILLIAM L LANEY

483-82-3456

1	(a) Trade, business, or aggregation name	(b) Taxpayer identification number	(c) Qualified business income or (loss)
i	DIAMOND ROSE SHEARS LLC	20-0252647	8,264
ii	MUSASHI SHEARS LLC & SAYURI LOSSES	27-3607794	21,023
iii	AMERICAN HOPE RADIO LLC	46-3170815	-9,548
iv			
v			

2	Total qualified business income or (loss). Combine lines 1i through 1v, column (c)	2	19,739
3	Qualified business net (loss) carryforward from the prior year	3	()
4	Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0-	4	19,739
5	Qualified business income component. Multiply line 4 by 20% (0.20)	5	3,948
6	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions)	6	
7	Qualified REIT dividends and qualified PTP (loss) carryforward from the prior year	7	()
8	Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0-	8	
9	REIT and PTP component. Multiply line 8 by 20% (0.20)	9	
10	Qualified business income deduction before the income limitation. Add lines 5 and 9	10	3,948
11	Taxable income before qualified business income deduction	11	
12	Net capital gain (see instructions)	12	
13	Subtract line 12 from line 11. If zero or less, enter -0-	13	
14	Income limitation. Multiply line 13 by 20% (0.20)	14	
15	Qualified business income deduction. Enter the lesser of line 10 or line 14. Also enter this amount on the applicable line of your return	15	
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, enter -0-	16	()
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than zero, enter -0-	17	()

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8995** (2019)

Form **8829**Department of the Treasury
Internal Revenue Service (99)**Expenses for Business Use of Your Home**

► **File only with Schedule C (Form 1040 or 1040-SR). Use a separate Form 8829 for each home you used for business during the year.**
 ► **Go to www.irs.gov/Form8829 for instructions and the latest information.**

OMB No. 1545-0074

2019Attachment
Sequence No. **176**

Name(s) of proprietor(s)

WILLIAM L. LANEY

Your social security no.

536-44-0172

Part I Part of Your Home Used for Business

1	Area used regularly and exclusively for business, regularly for daycare, or for storage of inventory or product samples (see instructions)	1	2200
2	Total area of home	2	6400
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	If you started or stopped using your home for daycare during the year, see instructions; otherwise, enter 8,760	5	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 9-22.	8	38807
		(a) Direct expenses	(b) Indirect expenses
9	Casualty losses (see instructions)	9	
10	Deductible mortgage interest (see instructions)	10	
11	Real estate taxes (see instructions)	11	
12	Add lines 9, 10, and 11	12	
13	Multiply line 12, column (b), by line 7	13	
14	Add line 12, column (a), and line 13	14	
15	Subtract line 14 from line 8. If zero or less, enter -0-	15	38807
16	Excess mortgage interest (see instructions)	16	8089
17	Excess real estate taxes (see instructions)	17	4296
18	Insurance	18	4046
19	Rent	19	
20	Repairs and maintenance	20	
21	Utilities	21	3962
22	Other expenses (see instructions)	22	1235
23	Add lines 16 through 22	23	21628
24	Multiply line 23, column (b), by line 7	24	7436
25	Carryover of prior year operating expenses (see instructions)	25	
26	Add line 23, column (a), line 24, and line 25	26	7436
27	Allowable operating expenses. Enter the smaller of line 15 or line 26	27	7436
28	Limit on excess casualty losses and depreciation. Subtract line 27 from line 15	28	31371
29	Excess casualty losses (see instructions)	29	
30	Depreciation of your home from line 42 below	30	8750
31	Carryover of prior year excess casualty losses and depreciation (see instructions)	31	
32	Add lines 29 through 31	32	8750
33	Allowable excess casualty losses and depreciation. Enter the smaller of line 28 or line 32	33	8750
34	Add lines 14, 27, and 33	34	16186
35	Casualty loss portion, if any, from lines 14 and 33. Carry amount to Form 4684 (see instructions)	35	
36	Allowable expenses for business use of your home. Subtract line 35 from line 34. Enter here and on Schedule C, line 30. If your home was used for more than one business, see instructions	36	16186

Part III Depreciation of Your Home

37	Enter the smaller of your home's adjusted basis or its fair market value (see instructions)	37	700000
38	Value of land included on line 37	38	1
39	Basis of building. Subtract line 38 from line 37	39	699999
40	Business basis of building. Multiply line 39 by line 7	40	240660
41	Depreciation percentage (see instructions)	41	003.64%
42	Depreciation allowable (see instructions). Multiply line 40 by line 41. Enter here and on line 30 above	42	8750

Part IV Carryover of Unallowed Expenses to 2020

43	Operating expenses. Subtract line 27 from line 26. If less than zero, enter -0-	43	
44	Excess casualty losses and depreciation. Subtract line 33 from line 32. If less than zero, enter -0-	44	

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

FDA 19 88291 BWF 1040 U Form Software Copyright 1998 - 2020 HRB Tax Group, Inc.

Form **8829** (2019)

Form **1040-SR U.S. Tax Return for Seniors** 2019 OMB No. 1545-0074 IRS Use Only-Do not write or staple in this space.

Filing Status ☐ Single ☒ Married filing jointly ☐ Married filing separately (MFS)
Status ☐ Head of household (HOH) ☐ Qualifying widow(er) (QW)
 Check only one box. If you checked the MFS box, enter the name of spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent. ▶

Your first name and middle initial **MYRNA C** Last name **LANEY** Your social security number **483-82-3456**
 if joint return, spouse's first name and middle initial **WILLIAM L** Last name **LANEY** Spouse's social security number **536-44-0172**
 Home address (number and street). If you have a P.O. box, see instructions. **2879 BREEZY LANE** Apt. no.
 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**
 Foreign country name Foreign province/state/county Foreign postal code
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. ☐ You ☐ Spouse
 If more than four dependents, see inst. and / here ▶ ☐

Standard Deduction Someone can claim: ☐ You as a dependent ☐ Your spouse as a dependent
☐ Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness You: ☒ Were born before January 2, 1955 ☐ Are blind
 Spouse: ☒ Was born before January 2, 1955 ☐ Is blind

Dependents (see instructions):

(1) First name	Last name	(2) Social security no.	(3) Relationship to you	(4) / if qualifies for (see inst.): Child tax credit Credit for other dependents

Attach Schedule B if required.

1 Wages, salaries, tips, etc. Attach Form(s) W-2	1	
2a Tax-exempt interest	2a	
3a Qualified dividends	3a	
4a IRA distributions	4a	
c Pensions and annuities	4c	
5a Social security benefits	5a	31,854
b Taxable interest	2b	
b Ordinary dividends	3b	
b Taxable amount	4b	
b Taxable amount	4d	
b Taxable amount	5b	1,833
6 Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>	6	
7a Other income from Schedule 1, line 9	7a	21,337
b Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and 7a. This is your total income ▶	7b	23,170
8a Adjustments to income from Schedule 1, line 22	8a	1,598
b Subtract line 8a from line 7b. This is your adjusted gross income ▶	8b	21,572
9 Standard deduction or itemized deductions (from Schedule A)	9	27,000
10 Qualified business income deduction. Attach Form 8995 or Form 8995-A	10	
11a Add lines 9 and 10	11a	27,000
b Taxable income. Subtract line 11a from line 8b. If zero or less, enter -0-	11b	0

Standard Deduction
See Standard Deduction Chart below.

Standard Deduction Chart*

Add the number of boxes checked in the "Age/Blindness" section of Standard Deduction						2
IF your filing status is . .	AND the number of boxes checked is . .	THEN your standard deduction is . .	IF your filing status is . .	AND the number of boxes checked is . .	THEN your standard deduction is . .	
Single	1	13,850	Head of household	1	20,000	
	2	15,500		2	21,650	
Married filing jointly or	1	25,700		1	13,500	
Qualifying widow(er)	2	27,000	Married filing separately	2	14,800	
	3	28,300		3	16,100	
	4	29,600		4	17,400	

*Don't use this chart if someone can claim you (or your spouse if filing jointly) as a dependent, your spouse itemizes on a separate return, or you were a dual-status alien. Instead, see instructions.

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form 1040-SR (2019)

SCHEDULE 1
(Form 1040 or 1040-SR)**Additional Income and Adjustments to Income**

OMB No. 1545-0074

2019Attachment
Sequence No. 01Department of the Treasury
Internal Revenue Service

▶ Attach to Form 1040 or 1040-SR.

▶ Go to www.irs.gov/Form1040 for instructions and the latest information.

Name(s) shown on Form 1040 or 1040-SR

MYRNA C AND WILLIAM L LANEY

Your social security number

483-82-3456

At any time during 2019, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? ☐ Yes ☒ No**Part I Additional Income**

1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions) ▶		
3	Business income or (loss). Attach Schedule C	3	21,337
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income. List type and amount ▶	8	
9	Combine lines 1 through 8. Enter here and on Form 1040 or 1040-SR, line 7a	9	21,337

Part II Adjustments to Income

10	Educator expenses	10	
11	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	11	
12	Health savings account deduction. Attach Form 8889	12	
13	Moving expenses for members of the Armed Forces. Attach Form 3903	13	
14	Deductible part of self-employment tax. Attach Schedule SE	14	1,598
15	Self-employed SEP, SIMPLE, and qualified plans	15	
16	Self-employed health insurance deduction	16	
17	Penalty on early withdrawal of savings	17	
18a	Alimony paid	18a	
b	Recipient's SSN. ▶		
c	Date of original divorce or separation agreement (see instructions) ▶		
19	IRA deduction	19	
20	Student loan interest deduction	20	
21	Tuition and fees. Attach Form 8917	21	
22	Add lines 10 through 21. These are your adjustments to income. Enter here and on Form 1040 or 1040-SR, line 8a	22	1,598

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

Schedule 1 (Form 1040 or 1040-SR) 2019

SCHEDULE 2
(Form 1040 or 1040-SR)**Additional Taxes**

OMB No. 1545-0074

2019Attachment
Sequence No. **02**Department of the Treasury
Internal Revenue Service

▶ Attach to Form 1040 or 1040-SR.

▶ Go to www.irs.gov/Form1040 for instructions and the latest information.

Name(s) shown on Form 1040 or 1040-SR

MYRNA C AND WILLIAM L LANEY

Your social security number

483-82-3456

Part I Tax

1	Alternative minimum tax. Attach Form 8251	1	
2	Excess advance premium tax credit repayment. Attach Form 8962	2	
3	Add lines 1 and 2. Enter here and include on Form 1040 or 1040-SR, line 12b	3	

Part II Other Taxes

4	Self-employment tax. Attach Schedule SE	4	
5	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	5	3,196
6	Additional tax on IRAs, other qualified retirement plans, and other tax-favored accounts. Attach Form 5329 if required	6	
7a	Household employment taxes. Attach Schedule H	7a	
b	Repayment of first-time homebuyer credit from Form 5405. Attach Form 5405 if required	7b	
8	Taxes from: a <input type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8960 c <input type="checkbox"/> Instructions; enter code(s)	8	
9	Section 965 net tax liability installment from Form 965-A	9	
10	Add lines 4 through 8. These are your total other taxes . Enter here and on Form 1040 or 1040-SR, line 15	10	3,196

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

Schedule 2 (Form 1040 or 1040-SR) 2019

SCHEDULE 3
(Form 1040 or 1040-SR)**Additional Credits and Payments**

OMB No. 1545-0074

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 1040 or 1040-SR.

▶ Go to www.irs.gov/Form1040 for instructions and the latest information.**2019**Attachment
Sequence No. 03

Name(s) shown on Form 1040 or 1040-SR

MYRNA C AND WILLIAM L LANEY

Your social security number

483-82-3456

Part I Nonrefundable Credits

1	Foreign tax credit. Attach Form 1116 if required	1	
2	Credit for child and dependent care expenses. Attach Form 2441	2	
3	Education credits from Form 8863, line 19	3	
4	Retirement savings contributions credit. Attach Form 8880	4	
5	Residential energy credit. Attach Form 5695	5	
6	Other credits from Form a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	6	
7	Add lines 1 through 6. Enter here and include on Form 1040 or 1040-SR, line 13b	7	

Part II Other Payments and Refundable Credits

8	2019 estimated tax payments and amount applied from 2018 return	8	3,600
9	Net premium tax credit. Attach Form 8962	9	
10	Amount paid with request for extension to file (see instructions)	10	
11	Excess social security and tier 1 RRTA tax withheld	11	
12	Credit for federal tax on fuels. Attach Form 4136	12	
13	Credits from Form: a <input type="checkbox"/> 2439 b <input type="checkbox"/> Reserved c <input type="checkbox"/> 8885 d <input type="checkbox"/>	13	
14	Add lines 8 through 13. Enter here and on Form 1040 or 1040-SR, line 18d	14	3,600

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

Schedule 3 (Form 1040 or 1040-SR) 2019

#3

SCHEDULE C
(Form 1040 or 1040-SR)**Profit or Loss From Business**
(Sole Proprietorship)

OMB No. 1545-0074

2019Department of the Treasury
Internal Revenue Service (99)▶ Go to www.irs.gov/ScheduleC for instructions and the latest information.
▶ Attach to Form 1040, 1040-SR, 1040-NR, or 1041; partnerships generally must file Form 1065.Attachment
Sequence No. **09**

Name of proprietor

MYRNA C LANEY

Social security number (SSN)

483-82-3456

A Principal business or profession, including product or service (see instructions)

MARKETING SERVICES

B Enter code from instructions

▶ 541800

C Business name. If no separate business name, leave blank.

AMERICAN HOPE RADIO LLC

D Employer ID no. (EIN) (see instr.)

46-3170815

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) ☒ Cash (2) ☐ Accrual (3) ☐ Other (specify) ▶**G** Did you "materially participate" in the operation of this business during 2019? If "No," see instructions for limit on losses☒ Yes ☐ No**H** If you started or acquired this business during 2019, check here**I** Did you make any payments in 2019 that would require you to file Form(s) 1099? (see instructions)☐ Yes ☒ No**J** If "Yes," did you or will you file required Forms 1099?☐ Yes ☒ 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

1

0

2 Returns and allowances

2

0

3 Subtract line 2 from line 1

3

0

4 Cost of goods sold (from line 42)

4

0

5 Gross profit. Subtract line 4 from line 3

5

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

0

Part II Expenses. Enter expenses for business use of your home **only** on line 30.**8** Advertising

8

9 Car and truck expenses (see instructions)

9

10 Commissions and fees

10

11 Contract labor (see instructions)

11

175

12 Depletion

12

13 Depreciation and section 179

13

expense deduction (not included in Part III) (see instr.)

14

14 Employee benefit programs

14

(other than on line 19)

15

15 Insurance (other than health)

15

16 Interest (see instructions):

16a

a Mortgage (paid to banks, etc.)

16b

6,138

b Other

17

17 Legal and professional services

17

18 Office expense (see instructions)

18

246

19 Pension & profit-sharing plans

19

20 Rent or lease (see instructions):

20a

a Vehicles, machinery, and equipment

20b

b Other business property

21

21 Repairs and maintenance

22

22 Supplies (not included in Part III)

23

23 Taxes and licenses

24

24 Travel and meals:

24a

a Travel

24b

b Deductible meals

25

(see instructions)

26

25 Utilities

26

26 Wages (less employment credits)

27a

27a Other expenses (from line 48)

27b

2,989

b Reserved for future use

28

28 Total expenses before expenses for business use of home. Add lines 8 through 27a

29

9,548

29 Tentative profit or (loss). Subtract line 28 from line 7

30

-9,548

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

31

0

31 Net profit or (loss). Subtract line 30 from line 29.

- If a profit, enter on both **Sch 1 (Form 1040 or 1040-SR), line 3** (or **Form 1040-NR, 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.

32a

-9,548

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 **Schedule 1 (Form 1040 or 1040-SR), line 3** (or **Form 1040-NR, 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.

#3

Schedule C (Form 1040 or 1040-SR) 2019

LANEY 483-82-3456

Page 2

Part III Cost of Goods Sold (see instructions)

33 Method(s) used to value closing inventory: a ☐ Cost b ☐ Lower of cost or market c ☐ Other (attach explanation)

34 Was there any change in determining quantities, costs, or valuations between opening and closing inventory? ☐ Yes ☐ No
If "Yes," attach explanation

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
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
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

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 2019, 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? ☐ 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? ☐ Yes ☐ No

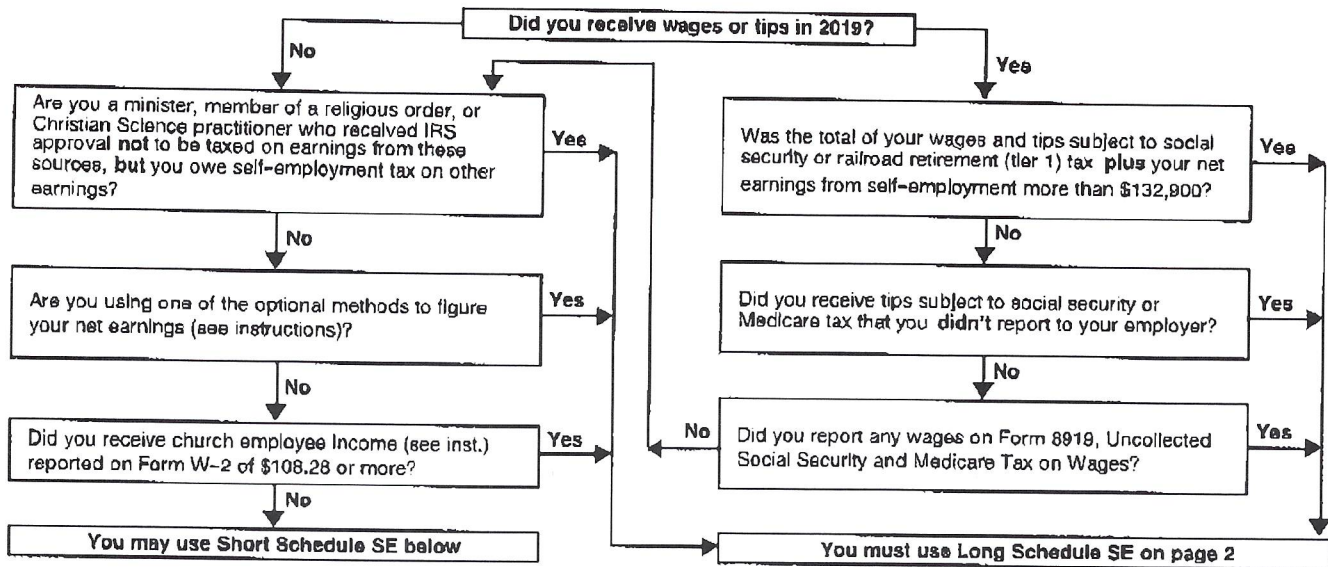
Part V Other Expenses. List below business expenses not included on lines 8-26 or line 30.

POSTAGE	8
BANK SERVICE CHARGE	144
COMPUTER AND INTERNET	918
DUES	10
LIVE STREAMING	294
MARKETING	623
RADIO PRODUCTION	512
WEBSITE	429
RESEARCH AND SOFTWARE	51
48 Total other expenses. Enter here and on line 27a	2,989

SCHEDULE SE
(Form 1040 or
1040-SR)Department of the Treasury
Internal Revenue Service (99)**Self-Employment Tax**

OMB No. 1545-0074

► Go to www.irs.gov/ScheduleSE for instructions and the latest information.
 ► Attach to Form 1040, 1040-SR, or 1040-NR.

2019Attachment
Sequence No. 17Name of person with self-employment income (as shown on Form 1040, 1040-SR, or 1040-NR)
WILLIAM L LANEYSocial 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 AH	1b	()
2 Net profit or (loss) from Schedule C, line 31, and Schedule K-1 (Form 1065), box 14, code A (other than farming). 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	22,621
3 Combine lines 1a, 1b, and 2	3	22,621
4 Multiply line 3 by 92.35% (0.9235). If less than \$400, you don't owe self-employment tax; don't file this schedule unless you have an amount on line 1b	4	20,890
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: ● \$132,900 or less, multiply line 4 by 15.3% (0.153). Enter the result here and on Schedule 2 (Form 1040 or 1040-SR), line 4, or Form 1040-NR, line 55. ● More than \$132,900, multiply line 4 by 2.9% (0.029). Then, add \$16,479.60 to the result. Enter the total here and on Schedule 2 (Form 1040 or 1040-SR), line 4, or Form 1040-NR, line 55.	5	3,196
6 Deduction for one-half of self-employment tax. Multiply line 5 by 50% (0.50). Enter the result here and on Schedule 1 (Form 1040 or 1040-SR), line 14, or Form 1040-NR, line 27.	6	1,598

For Paperwork Reduction Act Notice, see your tax return Instructions.

Schedule SE (Form 1040 or 1040-SR) 2019

Form **8995****Qualified Business Income Deduction
Simplified Computation**

OMB No. 1545-0123

2019Department of the Treasury
Internal Revenue Service

▶ Attach to your tax return.

▶ Go to www.irs.gov/Form8995 for instructions and the latest information.Attachment
Sequence No. **55**

Name(s) shown on return

Your taxpayer identification number

MYRNA C AND WILLIAM L LANEY

483-82-3456

1	(a) Trade, business, or aggregation name	(b) Taxpayer identification number	(c) Qualified business income or (loss)
i	DIAMOND ROSE SHEARS LLC	20-0252647	8,264
ii	MUSASHI SHEARS LLC & SAYURI LOSSES	27-3607794	21,023
iii	AMERICAN HOPE RADIO LLC	46-3170815	-9,548
iv			
v			

2	Total qualified business income or (loss). Combine lines 1i through 1v, column (c)	2	19,739
3	Qualified business net (loss) carryforward from the prior year	3	()
4	Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0-	4	19,739
5	Qualified business income component. Multiply line 4 by 20% (0.20)	5	3,948
6	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions)	6	
7	Qualified REIT dividends and qualified PTP (loss) carryforward from the prior year	7	()
8	Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0-	8	
9	REIT and PTP component. Multiply line 8 by 20% (0.20)	9	
10	Qualified business income deduction before the income limitation. Add lines 5 and 9	10	3,948
11	Taxable income before qualified business income deduction	11	
12	Net capital gain (see instructions)	12	
13	Subtract line 12 from line 11. If zero or less, enter -0-	13	
14	Income limitation. Multiply line 13 by 20% (0.20)	14	
15	Qualified business income deduction. Enter the lesser of line 10 or line 14. Also enter this amount on the applicable line of your return	15	
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, enter -0-	16	()
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than zero, enter -0-	17	()

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8995** (2019)

Form **8829****Expenses for Business Use of Your Home**

OMB No. 1545-0074

Department of the Treasury
Internal Revenue Service (99)

► **File only with Schedule C (Form 1040 or 1040-SR). Use a separate Form 8829 for each home you used for business during the year.**

► **Go to www.irs.gov/Form8829 for instructions and the latest information.**

2019Attachment
Sequence No. **176**

Name(s) of proprietor(s)

WILLIAM L LANEY

Your social security no.

536-44-0172

Part I Part of Your Home Used for Business

1	Area used regularly and exclusively for business, regularly for daycare, or for storage of inventory or product samples (see instructions)	1	2200
2	Total area of home	2	6400
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	If you started or stopped using your home for daycare during the year, see instructions; otherwise, enter 8,760	5	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 9-22.	8	38807
9	Casualty losses (see instructions)	9	
10	Deductible mortgage interest (see instructions)	10	
11	Real estate taxes (see instructions)	11	
12	Add lines 9, 10, and 11	12	
13	Multiply line 12, column (b), by line 7	13	
14	Add line 12, column (a), and line 13	14	
15	Subtract line 14 from line 8. If zero or less, enter -0-	15	38807
16	Excess mortgage interest (see instructions)	16	8089
17	Excess real estate taxes (see instructions)	17	4296
18	Insurance	18	4046
19	Rent	19	
20	Repairs and maintenance	20	
21	Utilities	21	3962
22	Other expenses (see instructions)	22	1235
23	Add lines 16 through 22	23	21628
24	Multiply line 23, column (b), by line 7	24	7436
25	Carryover of prior year operating expenses (see instructions)	25	
26	Add line 23, column (a), line 24, and line 25	26	7436
27	Allowable operating expenses. Enter the smaller of line 15 or line 26	27	7436
28	Limit on excess casualty losses and depreciation. Subtract line 27 from line 15	28	31371
29	Excess casualty losses (see instructions)	29	
30	Depreciation of your home from line 42 below	30	8750
31	Carryover of prior year excess casualty losses and depreciation (see instructions)	31	
32	Add lines 29 through 31	32	8750
33	Allowable excess casualty losses and depreciation. Enter the smaller of line 28 or line 32	33	8750
34	Add lines 14, 27, and 33	34	16186
35	Casualty loss portion, if any, from lines 14 and 33. Carry amount to Form 4684 (see instructions)	35	
36	Allowable expenses for business use of your home. Subtract line 35 from line 34. Enter here and on Schedule C, line 30. If your home was used for more than one business, see instructions	36	16186

Part III Depreciation of Your Home

37	Enter the smaller of your home's adjusted basis or its fair market value (see instructions)	37	700000
38	Value of land included on line 37	38	1
39	Basis of building. Subtract line 38 from line 37	39	699999
40	Business basis of building. Multiply line 39 by line 7	40	240660
41	Depreciation percentage (see instructions)	41	003.64%
42	Depreciation allowable (see instructions). Multiply line 40 by line 41. Enter here and on line 30 above	42	8750

Part IV Carryover of Unallowed Expenses to 2020

43	Operating expenses. Subtract line 27 from line 26. If less than zero, enter -0-	43	
44	Excess casualty losses and depreciation. Subtract line 33 from line 32. If less than zero, enter -0-	44	

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

FDA 19 88291 BWF 1040 U Form Software Copyright 1998 - 2020 HRB Tax Group, Inc.

Form **8829** (2019)

2019 MERCHANT PAYMENTS SUMMARY ATTACHMENTMYRNA C AND WILLIAM L LANEY
483-82-3456

Payer Name	Payer's Federal ID Number	T or S	Activity	Gross Amount (Box 1a)	Card Not Present Transactions (Box 1b)	Merchant Code (Box 2)	Federal Tax Withheld (Box 4)	State	State Withholdin (Box 8)
ELAVON INC	58-1916822	T	SCH C, L1	119,098	110,877	5999			
ELAVON INC	58-1916822	T	SCH C, L1	6,176	6,176	5999			
TOTAL				125,274	117,053				

2019 OTHER BUSINESS EXPENSES ATTACHMENTMYRNA C AND WILLIAM L LANEY
483-82-3456

BUSINESS TELEPHONE	1,445
ACCOUNTING FEES	2,469
AUTO EXPENSE	1,564
BANK CAHRGES	148
COMPUTER	375
DUES	157
PAYROLL	20,640
PAYROLL TAXES	1,638
TECH SUPPORT	1,090
WEBSITE	4,457
EDUCATION	32
MARKETING	3,358
CONTRIBUTION OF PRODUCT	9,600
TOTAL TO SCHEDULE C LINE 48	46,973
DIAMOND ROSE SHEARS LLC	

2019 DETAIL STATEMENTS

MYRNA LANEY
483-82-3456

PAGE 1

STATEMENT #1 - OTHER COSTS (SCHEDULE C #1 LINE 39)

OTHER COGS
SCISSOR SHARPENING
MACNINE COGS

TOTAL CARRIED TO SCHEDULE C #1 LINE 39

STATEMENT #2 - OTHER INDIRECT EXPENSES (FORM 8829 #1 LINE 21)

HOA..... 860
ALARM SYSTEM..... 375

TOTAL CARRIED TO FORM 8829 #1 LINE 21..... 1,235

STATEMENT #3 - OTHER COSTS (SCHEDULE C #2 LINE 39)

SHIPPING..... 525
TRAINING CLASS EXPENSE..... 532
CREDIT CARD FEES..... 535
COGS..... 13
KIT EXPENSE..... 190
MACHINE EXPENSES..... 355
INVENTORY ADJUSTMENT..... -1,046
RECRUITING..... 1,307

TOTAL CARRIED TO SCHEDULE C #2 LINE 39..... 2,411

2019 SOCIAL SECURITY TAXABLE BENEFITS WORKSHEET

MYRNA C AND WILLIAM L LANEY
483-82-3456Keep for Your Records
Publication 915

- Before you begin:** ✓ If you are married filing separately and you lived apart from your spouse for all of 2019, enter "D" to the right of the word "benefits" on Form 1040 or 1040-SR, line 5a.
- ✓ Don't use this worksheet if you repaid benefits in 2019 and your total repayments (box 4 of Forms SSA-1099 and RRB-1099) were more than your gross benefits for 2018 (box 3 of Forms SSA-1099 and RRB-1099). None of your benefits are taxable for 2019. For more information, see "Repayments More Than Gross Benefits" in Pub 915.
- ✓ If you are filing Form 8815, Exclusion of Interest From Series EE and I U.S. Savings Bonds Issued After 1989, do not include the amount from line 2b of Form 1040 on line 3 of this worksheet. Instead, include the amount from Schedule B (Form 1040), line 2.

1. Enter the total amount from box 5 of ALL your Forms SSA-1099 and Forms RRB-1099.
Also enter this amount on Form 1040 or 1040-SR, line 5a 1. 31,854
2. Multiply line 1 by 50% (0.50) 2. 15,927
3. Combine the amounts from:
Form 1040/1040-SR: Lines 1, 2b, 3b, 4b, 4d, 6 and Schedule 1 (Form 1040 or 1040-SR) line 9 3. 21,337
4. Enter the amount, if any, from Form 1040 or 1040-SR line 2a 4. _____
5. Enter the total of any exclusions/adjustments for:
• Adoption benefits (Form 8839, line 28)
• Foreign earned income or housing (Form 2555, lines 45 and 50), and
• Certain income of bona fide residents of American Samoa (Form 4563, line 15) or Puerto Rico 5. _____
6. Combine lines 2, 3, 4, and 5 6. 37,264
7. **Form 1040 filers:** Enter the amounts from Schedule 1 (Form 1040/1040-SR) lines 10 through 19,
and any write-in adjustments you entered on the dotted line next to line 22 7. 1,598
8. Is the amount on line 7 less than the amount on line 6?
No. ☐ **STOP** None of your social security benefits are taxable. Enter -0- on Form 1040 or 1040-SR, line 5b 8. 35,666
- Yes.** Subtract line 7 from line 6 8. 35,666
9. If you are:
• Married filing jointly, enter \$32,000
• Single, head of household, qualifying widow(er), or married filing separately and you **lived apart from**
your spouse for all of 2019, enter \$25,000 9. 32,000
- Note:** If you are married filing separately and you lived with your spouse at any time in 2019, skip lines 9 through 16; multiply line 8 by 85% (0.85) and enter the result on line 17. Then go to line 18.
- Is the amount on line 9 less than the amount on line 8?
No. ☐ **STOP** None of your benefits are taxable. Enter -0- on Form 1040 or 1040-SR, line 5b. If you
are married filing separately and you **lived apart from** your spouse for all of 2019, be
sure you entered "D" to the right of the word "benefits" on Form 1040 or 1040-SR, line 5a.
Yes. Subtract line 9 from line 8 10. 3,666
11. Enter: \$12,000 if married filing jointly; \$9,000 if single, head of household, qualifying widow(er), or married
filing separately and you **lived apart from** your spouse for all of 2019 11. 12,000
12. Subtract line 11 from line 10. If zero or less, enter -0- 12. _____
13. Enter the **smaller** of line 10 or line 11 13. 3,666
14. Multiply line 13 by 50% (0.50) 14. 1,833
15. Enter the **smaller** of line 2 or line 14 15. 1,833
16. Multiply line 12 by 85% (0.85). If line 12 is zero, enter -0- 16. 0
17. Add lines 15 and 16 17. 1,833
18. Multiply line 1 by 85% (0.85) 18. 27,076
19. **Taxable benefits.** Enter the **smaller** of line 17 or line 18. Also enter this amount on
Form 1040 or 1040-SR line 5b 19. 1,833

TIP: If you received a lump-sum payment in 2019 that was for an earlier year, also complete Worksheet 2 or 3 and Worksheet 4 to see if you can report a lower taxable benefit.

2019 FEDERAL DEPRECIATION SCHEDULE

MYRNA C AND WILLIAM L LANEY
483-82-3456

DESCRIPTION	DATE	METHOD	COST	PRIOR 179	CURRENT 179	PR SPEC ALLOW	CURR SPEC ALLOW	BASIS	PRIOR DEPR	CURRENT DEPR	ACCUM DEPR	ADJ BASIS
FORM 8829 4001												
HOME OFFICE	01-01-14	S/L-27.5	700000	0	0	0	0	290660	43387	8750	52137	188523
1 ASSETS	TOTALS:		700000	0	0	0	0	290660	43387	8750	52137	188523

12LSDEPR

2019 FEDERAL AMT DEPRECIATION SCHEDULE

MYRNA C AND WILLIAM L LANEY
483-82-3456

DESCRIPTION	DATE	METHOD	COST	PRIOR	CURRENT	PR SPEC	CURR SPEC	BASIS	PRIOR	CURRENT	ACCUM	ADJ
		- LIFE		179	179	ALLOW	ALLOW		DEPR	DEPR	DEPR	BASIS
FORM 8829 #001												
HOME OFFICE	01-01-14	S/L-27.5	700000	0	0	0	0	240660	43387	8750	52137	188523
1 ASSETS	TOTALS:		700000	0	0	0	0	240660	43387	8750	52137	188523

12AMTDEPR

2019 QUALIFIED BUSINESS INCOME DEDUCTION WORKSHEET DETAIL BY BUSINESS

MYRNA C AND WILLIAM L LANEY

483-82-3456

Schedule/Form	SCH C #1	SCH C #2	SCH C #3
Business Name	DIAMOND	MUSASHI	AMERICAN
EIN/SSN	20-0252647	27-3607794	46-3170815
Business Type	NON-SPEC	NON-SPEC	NON-SPEC
Included in Aggregation #			
PTP Income	NO	NO	NO
Qualified Business Income (QBI)			
1. Specified Business Income/Loss from Sch/Form			
2. Non-Specified Business Income/Loss from Sch/Form	8264	22621	-9548
Less applicable adjustments from 1040 Schedule 1 (includes SE Tax, SEHIN, & Qual Retirement plans)		-1598	
3. QBIID Qualified Losses and ST Gains from Asset Disposition			
4. Net Qualified Business Income (QBI) (sum L1 - L3)	8264	21023	-9548
Qualified Other Income (QOI)			
5. Qualified REIT Sec 199A Dividends from 1099-DIV and K-1s			
6. Qualified Other Income from PTPs			
7. QOI Qualified Losses and ST Gains from Disposition incl Sale of PTP			
8. Net Qualified Other Income (QOI) (L5 + L6 + L7)			
9. Net QBI and QOI (L4 + L8)	8264	21023	-9548

2020 CARRYFORWARD INFORMATIONMYRNA C AND WILLIAM L LANEY
483-82-3456**Keep for Your Records**

Itemized Returns Only - 2019 state and local tax refund (This amount may not be taxable in 2020)

Charitable contributions carryover to 2020 2,647

Estimated short-term capital loss carryover

Estimated long-term capital loss carryover

2019 tax liability (for 2020 Form 2210 purposes) 3,196

Form 8839: 2019 carryover of unqualified expenses

Refund amount applied to 2020

Disallowed investment interest in 2019

Additional state taxes paid

Form 8396: Mortgage interest credit from 2017

Mortgage interest credit from 2018

Mortgage interest credit from 2019

Form 8801: Minimum tax credit carryforward

Potential 2020 IRA contribution from 2019 tax refund

NOL carryforward:

Regular Tax**AMT Tax**

from 1999	from 2009	from 1999	from 2009
from 2000	from 2010	from 2000	from 2010
from 2001	from 2011	from 2001	from 2011
from 2002	from 2012	from 2002	from 2012
from 2003	from 2013	from 2003	from 2013
from 2004	from 2014	from 2004	from 2014
from 2005	from 2015	from 2005	from 2015
from 2006	from 2016	from 2006	from 2016
from 2007	from 2017	from 2007	from 2017
from 2008	from 2018	from 2008	from 2018
Gross NOL generated in 2019		Gross AMT NOL generated in 2019	
To be absorbed in carryback period		To be absorbed in carryback period	
Net carryforward from 2019		Net carryforward from 2019	
Total carryforward to 2020		Total carryforward to 2020	

- The amounts carried to next year from Schedule(s) E, pages 1 and/or 2, are found on Form 8582, Worksheet 6. Carryover AMT amounts are found on the AMT Form 8582, Worksheet 6.

- Foreign Tax Credit carryforward to 2020
- General Business Credit carryforward to 2020
- First-Time Homebuyer Credit Repayment carryforward to 2020
- If there are Form(s) 8252 in this tax return, the gross profit ratio and prior payments received (including the current year payments) will carry forward from each Form 6252.
- Amounts from Form 6251, lines 16 through 18, lines 27 and 28 are automatically carried forward to 2020.

CO 2019 RETURN ES TAX PAID IN 2020 100
 2019 CO TAX REFUND 400
 FAGI 2019 USED FOR 2020 CO UNDERPMT PENALTY FORM.. 21,572



190104 12029

DR 0104 (10/07/10)

COLORADO DEPARTMENT OF REVENUE
Colorado.gov/Tax

(0013)

**2019 Colorado Individual Income Tax Return**

- ☒ Full-Year ☐ Part-Year or Nonresident (or resident, part-year, non-resident combination) ☐ Mark if Abroad on due date -- see instructions
- *Must include DR 0104PN

Your Last Name LANEY		Your First Name MYRNA		Middle Initial C
Date of Birth (MM/DD/YYYY) 03/17/1953	SSN or ITIN 483-82-3456	Deceased <input type="checkbox"/> If checked and claiming a refund, you must include the DR 0102 and death certificate with your return.		
Enter the following information from your current driver license or state identification card.		State of Issue	Last 4 characters of ID number	Date of Issuance
If Joint, Spouse's Last Name LANEY		Spouse's First Name WILLIAM		Middle Initial L
Spouse's Date of Birth (MM/DD/YYYY) 08/29/1944	Spouse's SSN or ITIN 536-44-0172	Deceased <input type="checkbox"/> If checked and claiming a refund, you must include the DR 0102 and death certificate with your return.		
Enter the following information from your spouse's current driver license or state identification card.		State of Issue	Last 4 characters of ID number	Date of Issuance
		CO	0775	08/11/2015
Mailing Address 2879 BREEZY LANE			Phone Number (303) 877-4139	
City CASTLE ROCK	State CO	Zip Code 80109	Foreign Country (if applicable)	
Round To The Nearest Dollar				
1. Enter Federal Taxable Income from your federal income tax form: 1040 line 11b or 1040 SR line 11b			-5,428.00	
Include W-2s and 1099s with CO withholding.				
Additions to Federal Taxable Income				
2. State Addback, enter the state income tax deduction from your federal form 1040 or 1040 SR schedule A, line 5a (see instructions)			0.00	
19 CO1 BWF 1040 Form Software Copyright 1998 - 2020 HRB Tax Group, Inc.			0.00	
3. Other Additions, explain (see instructions)			0.00	

Explain:



190104 22029

 DR 0104 (10/07/19)
COLORADO DEPARTMENT OF REVENUE
 Colorado.gov/Tax

Name MYRNA C LANEY		SSN or ITIN 483-82-3456
4. Subtotal, sum of lines 1 through 3	4	-5,428 00
Colorado Subtractions		
5. Subtractions from the DR 0104AD Schedule, line 20, you must submit the DR 0104AD schedule with your return.	• 5	16,923 00
19 CO2 BWF 1040 Form Software Copyright 1996 - 2020 HRB Tax Group, Inc.		
6. Colorado Taxable Income, subtract line 5 from line 4	• 6	-22,351 00
Tax, Prepayments and Credits: see 104 Book for full-year tax table and part-year DR 0104PN Schedule		
7. Colorado Tax from tax table or the DR 0104PN line 36, you must submit the DR 0104PN with your return if applicable.	• 7	0 00
8. Alternative Minimum Tax from the DR 0104AMT line 8, you must submit the DR 0104AMT with your return.	• 8	0 00
9. Recapture of prior year credits	• 9	0 00
10. Subtotal, sum of lines 7 through 9	10	0 00
11. Nonrefundable Credits from the DR 0104CR line 41, the sum of lines 11, 12, and 13 cannot exceed line 10, you must submit the DR 0104CR with your return.	• 11	0 00
12. Total Nonrefundable Enterprise Zone credits used - as calculated, or from the DR 1366 line 87, the sum of lines 11, 12, and 13 cannot exceed line 10, you must submit the DR 1366 with your return.	• 12	0 00
13. Strategic Capital Tax Credit from DR 1330, the sum of lines 11, 12, and 13 cannot exceed line 10, you must submit the DR 1330 with your return.	• 13	0 00
14. Net Income Tax, sum of lines 11, 12, and 13. Subtract that sum from line 10.	14	0 00
15. Use Tax reported on the DR 0104US schedule line 7, you must submit the DR 0104US with your return.	• 15	0 00
16. Net Colorado Tax, sum of lines 14 and 15	16	0 00
17. CO Income Tax Withheld from W-2s and 1099s, you must submit the W-2s and/or 1099s claiming Colorado withholding with your return.	• 17	0 00
18. Prior-year Estimated Tax Carryforward	• 18	0 00
19. Estimated Tax Payments, enter the sum of the quarterly payments remitted for this tax year	• 19	400 00
20. Extension Payment remitted with the DR 0158-I	• 20	0 00
21. Other Prepayments: <input type="checkbox"/> • DR 0104BEP <input type="checkbox"/> • DR 0108 <input type="checkbox"/> • DR 1079 • 21		0 00
22. Gross Conservation Easement Credit from the DR 1305G line 33, you must submit the DR 1305G with your return.	• 22	0 00
23. Innovative Motor Vehicle Credit from the DR 0817, you must submit each DR 0817 with your return.	• 23	0 00
24. Refundable Credits from the DR 0104CR line 8, you must submit the DR 0104CR with your return.	• 24	0 00
25. Subtotal, sum of lines 17 through 24	25	400 00



190104 32029

DR 0104 (10/07/19)

COLORADO DEPARTMENT OF REVENUE

Colorado.gov/Tax

Name		SSN or ITIN	
MYRNA C LANEY		483-82-3456	
26. Federal Adjusted Gross Income from your federal income tax form: 1040 line 8b, or 1040 SR line 8b		26	21,572 00
Lines 27 through 32 are reserved for future use.			
33. Overpayment, if line 25 is greater than line 16 then subtract line 16 from line 25		33	400 00
34. Estimated Tax Credit Carryforward to 2020 first quarter, if any.		34	0 00
Lines 35 and 36 are reserved for future use.			
37. Refund, subtract line 34 from line 33 (see instructions)		37	400 00
Direct Deposit Routing Number <input type="text" value="102000021"/> Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> CollegeInvest 529 Account Number <input type="text" value="103675700431"/>			
For questions regarding CollegeInvest direct deposit or to open an account, visit CollegeInvest.org or call 800-448-2424.			
38. Net Tax Due, subtract line 25 from line 16		38	0 00
39. Delinquent Payment Penalty (see instructions)		39	0 00
40. Delinquent Payment Interest (see instructions)		40	0 00
41. Estimated Tax Penalty, you must submit the DR 0204 with your return. (see instructions)		41	0 00
42. Amount You Owe, sum of lines 38 through 41		42	0.00

The State may convert your check to a one-time electronic banking transaction. Your bank account may be debited as early as the same day received by the State. If converted, your check will not be returned. If your check is rejected due to insufficient or uncollected funds, the Department of Revenue may collect the payment amount directly from your bank account electronically.



190104 42029

DR 0104 (10/07/19)

COLORADO DEPARTMENT OF REVENUE

Colorado.gov/Tax

Name		SSN or ITIN	
MYRNA C LANEY		483-82-3456	
Third Party Designee			
Do you want to allow another person to discuss this return and any other information related to this return with the Colorado Department of Revenue? <input checked="" type="radio"/> No <input type="radio"/> Yes. Complete the following:			
Designee's Name		Phone Number	
Sign Below Under penalties of perjury, I declare that to the best of my knowledge and belief, this return is true, correct and complete.			
Your Signature		Date (MM/DD/YY)	
Spouse Signature. If joint return, BOTH must sign.		Date (MM/DD/YY)	
Paid Preparer's Name		Paid Preparer's Phone	
SUSAN CHADWICK		336-246-7520	
Paid Preparer's Address	City	State	Zip
436 E MAIN ST	JEFFERSON	NC	28640

File and pay at: Colorado.gov/RevenueOnline

If you are filing this return **with** a check or payment, please mail the return to:

COLORADO DEPARTMENT OF REVENUE
Denver, CO 80261-0006

If you are filing this return **without** a check or payment, please mail the return to:

COLORADO DEPARTMENT OF REVENUE
Denver, CO 80261-0005

These addresses and zip codes are exclusive to the Colorado Department of Revenue, so a street address is not required.



190104AD12029

DR 0104AD (10/15/19)
COLORADO DEPARTMENT OF REVENUE
 Colorado.gov/Tax



2019 DR 0104AD - Subtractions from Income Schedule

If claiming a subtraction and filing by paper, you must submit this schedule with your return.

Use this schedule to report any subtractions from your Federal Taxable Income. These subtractions will change your Colorado Taxable Income from the amount of Federal Taxable Income. See instructions in the income tax booklet for additional guidance on completing this schedule. Do not enter negative amounts. You must submit this form along with the DR 0104 if claiming any subtractions.

Name		MYRNA C LANEY		SSN or ITIN	483-82-3456
Subtractions from Federal Taxable Income					
1. State Income Tax Refund from federal income tax form 1040 or 1040 SR, Schedule 1 line 1.				• 1	00
19 CO104AD BWF 1040 Form Software Copyright 1998 - 2020 HRB Tax Group, Inc.					
2. U.S. Government Interest				• 2	00
3. Primary Taxpayer Pension, Annuity, IRA, Social Security, or Disability Income (see instructions)		• Deceased SSN or ITIN		• 3	531 00
4. Spouse Pension, Annuity, IRA, Social Security, or Disability Income (see instructions)		• Deceased SSN or ITIN		• 4	1,302 00
5. Primary Taxpayer Military Retirement Benefits (under age 55), you must submit copies of all 1099R statements with your return. (see instructions)				• 5	00
6. Spouse Military Retirement Benefits (under age 55), you must submit copies of all 1099R statements with your return. (see instructions)				• 6	00
7. Colorado Capital Gain Subtraction				• 7	00
8. CollegeInvest Contribution: (see instructions)		• Owner's SSN or ITIN		• 8	00
• Total Contribution		• Owner's Name			
9. Qualifying Charitable Contribution		• Total Contribution	15,590	• 9	15,090 00
10. Qualified Reservation Income				• 10	00
11. PERA/DPSRS Subtraction, for PERA contributions made in 1984-1986 or DPSRS contributions made in 1986				• 11	00



190104AD22029

DR 0104AD (10/15/19)
COLORADO DEPARTMENT OF REVENUE
 Colorado.gov/Tax

Name		SSN or ITIN	
MYRNA C LANEY		483-82-3456	
12. Railroad Benefit Subtraction	• 12		00
13. Wildfire Mitigation Measures Subtraction	• 13		00
14. Colorado Marijuana Business Deduction	• 14		00
15. Non-Resident Disaster Relief Worker Subtraction	• 15		00
16. Reacquisition of Colorado Residency During Active Duty Military Service Subtraction	• 16		00
17. Agricultural Asset Lease Deduction. Enter CADA certificate number and submit a copy of your certificate with your return	• CADA Certificate Number • 17		00
18. First Time Home Buyer Savings Account Interest Deduction, you must submit form DR 0350(s) with your return	• 18		00
19 CO104AD2 BWF 1040 Form Software Copyright 1996 - 2020 HRB Tax Group, Inc.			
19. Other Subtractions, explain below	• 19		00
Explain			
20. Subtotal, sum of lines 1 through 19, transfer the amount to line 5 on the DR 0104	• 20	16,923	00

Form 1040-SR (2019) LANEY 483-82-3456

Page 2

12a Tax (see instructions). Check if any from:		
1 <input type="checkbox"/> Form(s) 8814	2 <input type="checkbox"/> Form 4972	3 <input type="checkbox"/> _____
		12a _____
b Add Schedule 2, line 3, and line 12a and enter the total		12b _____
13a Child tax credit or credit for other dependents		13a _____
b Add Schedule 3, line 7, and line 13a and enter the total		13b _____
14 Subtract line 13b from line 12b. If zero or less, enter -0-		14 0
15 Other taxes, including self-employment tax, from Schedule 2, line 10		15 3,196
16 Add lines 14 and 15. This is your total tax		16 3,196
17 Federal income tax withheld from Forms W-2 and 1099		17 _____
18 Other payments and refundable credits:		
a Earned income credit (EIC)		18a _____
b Additional child tax credit. Attach Schedule 8812		18b _____
c American opportunity credit from Form 8863, line 8		18c _____
d Schedule 3, line 14		18d 3,600
e Add lines 18a through 18d. These are your total other payments and refundable credits		18e 3,600
19 Add lines 17 and 18e. These are your total payments		19 3,600
Refund 20 If line 19 is more than line 16, subtract line 16 from line 19. This is the amount you overpaid		20 404
21a Amount of line 20 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>		21a 404
b Routing number 1 0 2 0 0 0 0 2 1 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
d Account number 1 0 3 6 7 5 7 0 0 4 3 1		
22 Amount of line 20 you want applied to your 2020 estimated tax		22 _____
Amount You Owe 23 Amount you owe. Subtract line 19 from line 16. For details on how to pay, see instructions		23 _____
24 Estimated tax penalty (see instructions)		24 _____
Third Party Designee Do you want to allow another person (other than your paid preparer) to discuss this return with the IRS? See instructions.		<input checked="" type="checkbox"/> Yes, Complete below. <input type="checkbox"/> No
(Other than paid preparer)	Designee's name HRB TAX GROUP INC	Phone no. 336-246-7520 Personal identification number (PIN) 41910
Sign Here Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.		
Your signature <i>Myma L. Laney</i>		Date 05/30/20
Spouse's signature <i>[Signature]</i>		Date 05/30/20
Your occupation BUSINESS OWNER		If the IRS sent you an Identity Protection PIN, enter it here _____
Spouse's occupation BUSINESS OWNER		If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) _____
Phone no. 303-877-4139		Email address COLEEN@DIAMONDROSESHEARS.COM
Paid Preparer Use Only	Preparer's name SUSAN CHADWICK	Preparer's signature _____ Date 05-30-2020 PTIN P01724750
Firm's name HRB TAX GROUP INC		Check if: <input type="checkbox"/> 3rd Party Designee <input type="checkbox"/> Self-employed
Firm's address 436 E MAIN ST		Phone no. 336-246-7520
JEFFERSON NC 28640		Firm's EIN 431871840

Go to www.irs.gov/Form1040SR for instructions and the latest information.Form **1040-SR** (2019)



198453 12029

DR 8453 (10/09/19)
COLORADO DEPARTMENT OF REVENUE
 Denver CO 80261-0005
 Colorado.gov/Tax

State of Colorado Individual Income Tax Declaration for Electronic Filing

Do not mail this form to the IRS or the Colorado Department of Revenue. Retain with your records.

Taxpayer SSN or ITIN		Spouse SSN or ITIN (If Joint Return)		Submission ID	
483-82-3456		536-44-0172			
Taxpayer Last Name		Taxpayer First Name		Middle Initial	
LANEY		MYRNA		C	
Spouse Last Name (If Joint Return)		Spouse First Name (If Joint Return)			
LANEY		WILLIAM			
Street Address				Phone Number	
2879 BREEZY LANE				(303) 877-4139	
City				State	Zip
CASTLE ROCK				CO	80109

Part I -- Tax Return Information

1. Total Income, line 7b from your federal form 1040	1	\$	23170
2. Taxable Income, line 11b on federal form 1040	2	\$	
3. Colorado Tax, Line 16 on Colorado form 104	3	\$	
4. Colorado Tax Withheld, Line 17 on Colorado form 104	4	\$	
19 CO84531 BWF 1040 Form Software Copyright 1998 - 2020 HRB Tax Group, Inc.			
5. Refund, Line 37 Colorado form 104	5	\$	400
6. Amount You Owe, Line 42 on Colorado form 104	6	\$	

Part II -- Declaration of Tax Payer

Under penalties of perjury, I declare that the information I have provided for electronic filing and the amounts shown in Part I above agree with the amounts shown on my 2019 Federal/Colorado income tax returns, and that said tax returns, statements, schedules and attachments are true, correct, and complete to the best of my knowledge and belief. I understand that I (or my Electronic Return Originator (ERO) if applicable) may be required to provide paper copies of this declaration, my returns, withholding statements, schedules, and attachments upon request by the Colorado Department of Revenue at any time during the period covered by the Colorado statute of limitations.

Signature	Date	Spouse's Signature (If Joint Return, Both Must Sign)	Date
<i>Myrna C. LANEY</i>	05/30/20	<i>[Signature]</i>	05/30/20

Part III -- Declaration of ERO/Preparer/Transmitter

If the transmitter did not prepare the tax return, check here ☐

If I am not the preparer, I declare only that the amounts shown in Part I above agree with the amounts shown on the taxpayer's 2019 Federal/Colorado income tax returns. If I am the preparer, under penalties of perjury I declare that I have reviewed the above taxpayer's 2019 Federal/Colorado income tax returns and that the information provided to me by the taxpayer and the amounts shown in Part I above agree with the amounts shown on said tax returns, and that said tax returns, statements, schedules, and attachments are true, correct, and complete to the best of my knowledge and belief. As preparer, I further declare that I have obtained the taxpayer's signature on this form at the time of filing and have provided the taxpayer with copies of all forms and information filed. I also agree to maintain this signed Form (DR 8453) for the period covered by the Colorado statute of limitations, and to provide paper copies of this declaration, said returns, withholding statements, schedules and attachments upon request by the Colorado Department of Revenue at any time during this period.

ERO's Signature	Preparer Identification Number or Your SSN
	P01724750
Check if also preparer <input type="checkbox"/>	Date (MM/DD/YY)
	05-30-20



191778 12029

DR 1778 (06/27/19)
COLORADO DEPARTMENT OF REVENUE
 Denver CO 80261-0008
 Colorado.gov/Tax

e-Filer Attachment Form

For Tax Year (MM/DD/YY)		or fiscal year beginning (MM/DD/YY)	
12/31/19			
Tax Type			
<input checked="" type="checkbox"/> Individual Income <input type="checkbox"/> C Corp Income <input type="checkbox"/> Partnership Income <input type="checkbox"/> S Corp Income <input type="checkbox"/> LLC Income <input type="checkbox"/> LP Income <input type="checkbox"/> LLP Income <input type="checkbox"/> LLLP Income <input type="checkbox"/> Association Income <input type="checkbox"/> Non-Profit Income			
Please print or type			
Taxpayer Last Name		First Name	Middle Initial
LANEY		MYRNA	C
Spouse's Last Name (if applicable)		First Name	Middle Initial
LANEY		WILLIAM	L
Taxpayer SSN	Spouse SSN (if applicable)	FEIN	
483-82-3456	536-44-0172		
Taxpayer address			
2879 BREEZY LANE			
City		State	Zip
CASTLE ROCK		CO	80109
Mark the box for the documents submitted. See the Colorado Department of Revenue, Taxation Division website at Colorado.gov/Tax for more information about these credits. 19 CO17781 BWF 1040 Form Software Copyright 1998 - 2020 HRB Tax Group, Inc.			
<input type="checkbox"/> Other state(s) income tax return(s) <input type="checkbox"/> Colorado Source Capital Gain Subtraction: DR 1316 <input type="checkbox"/> Enterprise Zone Credit: DR 1366 and any applicable certification forms from the Zone Administrator <input type="checkbox"/> Job Growth Incentive Tax Credit: Certification letter from the Colorado Economic Development Commission <input type="checkbox"/> Gross Conservation Easement: DR 1305 and supplemental documentation <input type="checkbox"/> Affordable Housing Credit: CHFA certification letter <input type="checkbox"/> Aircraft Manufacturer New Employee Credit: DR 0085 and/or DR 0086 <input type="checkbox"/> Nonresident Partner, Shareholder or Members Agreement: DR 0107 <input type="checkbox"/> Innovative Motor Vehicle Credit: Vehicle registration and the purchase invoice. <input type="checkbox"/> Plastic Recycling Credit: Required documentation to substantiate credit (receipts, bills, etc) <input type="checkbox"/> Child Care Contribution Credit: DR 1317 <input type="checkbox"/> School-to-Career Investment Credit: Certification letter. <input type="checkbox"/> Claim for refund on behalf of deceased taxpayer: DR 0102, death certificate, and, if applicable, court documents <input type="checkbox"/> Other documentation for credits/subtractions claimed (mark the Other box below and enter details) <input type="checkbox"/> Other Explain			
Signature of Taxpayer or Preparer		Date (MM/DD/YY)	

2:57 PM
05/23/20
Cash Basis

Musashi Shears, LLC
Profit & Loss
January through March 2020

	Jan - Mar 20
Ordinary Income/Expense	
Income	
Product Sales	
Scissors	
Payment Plans	15,577.23
Sales	12,207.77
Total Scissors	27,785.00
Scissor Sharpening	56.95
Shipping Income	12.86
Accessories	42.46
Total Product Sales	27,897.27
Other Income	
Other	22.54
Other Income - Other	-38.79
Total Other Income	-16.25
Total Income	27,881.02
Cost of Goods Sold	
Commissions	
Sales	13,461.30
Total Commissions	13,461.30
Credit Card Fees	1.11
Cost of Goods Sold	7.52
Recruiting	28.20
Product	
Accessories	9.15
Scissors	329.40
Total Product	338.55
Total COGS	13,836.68
Gross Profit	14,044.34
Expense	
Automobile Expense	456.58
Bank Charges	21.00
Interest Expense	923.02
Licenses	10.00
Office Supplies	316.68
Taxes	10.99
Total Expense	1,738.27
Net Ordinary Income	12,306.07
Other Income/Expense	
Other Expense	
Ask Coleen	-656.21
Total Other Expense	-656.21
Net Other Income	656.21
Net Income	12,962.28

6:21 PM
05/30/20
Cash Basis

Musashi Shears, LLC
Balance Sheet
As of March 31, 2020

	Mar 31, 20
ASSETS	
Current Assets	
Checking/Savings	
US Bank Checking	65.19
DRS - Interco	311,261.05
Total Checking/Savings	311,326.24
Accounts Receivable	
Accounts Receivable	25,786.32
Total Accounts Receivable	25,786.32
Other Current Assets	
Sayuri Shears - Interco	6,441.50
Undeposited Funds	0.03
Inventory Asset	40,335.78
Total Other Current Assets	46,777.31
Total Current Assets	383,889.87
TOTAL ASSETS	383,889.87
LIABILITIES & EQUITY	
Liabilities	
Current Liabilities	
Credit Cards	
US Bank Credit Card	27,773.64
Total Credit Cards	27,773.64
Other Current Liabilities	
Loan from Member	900.00
Sales Tax Payable	134.43
Total Other Current Liabilities	1,034.43
Total Current Liabilities	28,808.07
Total Liabilities	28,808.07
Equity	
Owner Contribution	10,021.40
Owner Draw	-1,536.51
Owner Equity	333,705.21
Net Income	12,962.28
Total Equity	355,152.38
TOTAL LIABILITIES & EQUITY	383,960.45

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05/23/20
Cash Basis

Diamond Rose Shears, LLC
Profit & Loss
January through March 2020

	Jan - Mar 20
Ordinary Income/Expense	
Income	
Distributor	
Balance	8,981.55
Note- Interest	312.53
Total Distributor	9,294.08
Product Sales	
Other	566.29
Scissors	
Sales	1,695.79
Scissors - Other	412.50
Total Scissors	2,108.29
Accessories	136.80
Supplies	1,624.87
Total Product Sales	4,436.25
Shipping	
Shipping Income	437.56
Shipping Cost	-1,020.65
Total Shipping	-583.09
The Book - Income	
Book Sales	16.29
The Book - Income - Other	0.48
Total The Book - Income	16.77
Other Income	
Scissor Sharpening	1,420.00
Other Income - Other	30.00
Total Other Income	1,450.00
Total Income	14,614.01
Cost of Goods Sold	
Product	
Scissors	153.42
Accessories	16.50
Supplies	686.64
Total Product	856.56
Machine	60.00
Cost of Goods Sold	0.00
Other COGS	
Coupon Discounts	19.59
Credit Card Fees	938.73
Total Other COGS	958.32
Total COGS	1,874.88
Gross Profit	12,739.13
Expense	
Accounting Fees	455.00
Automobile Expense	121.19
Bank Charges	120.00
Charity	2,400.00
Computer	0.00
Insurance Expense	
Auto	604.07
Worker's Compensation	-39.00

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05/23/20

Cash Basis

Diamond Rose Shears, LLC
Profit & Loss
January through March 2020

	Jan - Mar 20
Insurance Expense - Other	2,412.45
Total Insurance Expense	2,977.52
Interest Expense	3,726.17
Marketing	200.00
Office Supplies	439.08
Payroll	5,160.00
Payroll Taxes	436.74
Repairs and Maintenance	272.35
Telephone Expense	342.17
Utilities	1,125.73
Website	270.62
Total Expense	18,046.57
Net Ordinary Income	-5,307.44
Other Income/Expense	
Other Expense	
Ask Coleen	2,264.42
Total Other Expense	2,264.42
Net Other Income	-2,264.42
Net Income	-7,571.86

6:37 PM

05/30/20

Cash Basis

Diamond Rose Shears, LLC
Balance Sheet
 As of March 31, 2020

	<u>Mar 31, 20</u>
ASSETS	
Current Assets	
Checking/Savings	
US Bank - Checking	6,809.55
Total Checking/Savings	6,809.55
Accounts Receivable	
Accounts Receivable	21,986.44
Total Accounts Receivable	21,986.44
Other Current Assets	
Sayuri Shears - Interco	-5,375.00
American Hope Radio-Interco	13,087.82
Inventory Asset	-226.45
Total Other Current Assets	7,486.37
Total Current Assets	36,282.36
TOTAL ASSETS	<u>36,282.36</u>
LIABILITIES & EQUITY	
Liabilities	
Current Liabilities	
Accounts Payable	
Accounts Payable	0.02
Total Accounts Payable	0.02
Credit Cards	
American Express	11,298.72
Capital One	10,589.37
US Bank - Visa (6982)	3,466.80
US Bank - Visa (4424)	33,212.46
Total Credit Cards	58,567.35
Other Current Liabilities	
Loan from Owner	2,400.00
US Bank - Business Loan	-4.20
US Bank - LOC	47,195.78
Musashi Shears-Intercompany	310,736.55
Payroll Liabilities	429.00
Total Other Current Liabilities	360,757.13
Total Current Liabilities	419,324.50
Total Liabilities	419,324.50
Equity	
Retained Earnings	-425,791.03
Owner Contribution	113,194.03
Owner Draw	-62,873.24
Net Income	-7,571.86
Total Equity	-383,042.10
TOTAL LIABILITIES & EQUITY	<u>36,282.40</u>