

**Filing Status** ☐ Single ☒ Married filing jointly ☐ Married filing separately (MFS)  
☐ Head of household (HOH) ☐ Qualifying widow(er) (QW)  
 Check only one box. If you checked the MFS box, enter the name of your 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. 1255 W DESERT VALLEY DR		Apt. no.	<b>Presidential Election Campaign</b> Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse
City, town, or post office. If you have a foreign address, also complete spaces below. SAN TAN VALLEY		State AZ	
Foreign country name		Foreign province/state/county	
		ZIP code 85143	
		Foreign postal code	

At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? ☐ Yes ☒ No

**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, 1956 ☐ Are blind  
☐ Spouse: ☒ Was born before January 2, 1956 ☐ Is blind

(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
(see instructions):					
If more than four dependents, see instructions and check here ▶ <input type="checkbox"/>					

Attach Schedule B if required.	1 Wages, salaries, tips, etc. Attach Form(s) W-2. . . . .		1	
	2a Tax-exempt interest. . . . .	2a	b Taxable interest. . . . .	2b
	3a Qualified dividends. . . . .	3a	b Ordinary dividends. . . . .	3b
	4a IRA distributions. . . . .	4a	b Taxable amount. . . . .	4b
	5a Pensions and annuities. . . . .	5a	b Taxable amount. . . . .	5b
	6a Social security benefits. . . . .	6a 35,708	b Taxable amount. . . . .	6b
	7 Capital gain or (loss). Attach Schedule D if required. If not required, check here. . . . . ▶ <input type="checkbox"/>		7	
	8 Other income from Schedule 1, line 9. . . . .		8	477
	9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b> . . . . . ▶		9	477
	10 Adjustments to income:			
	a From Schedule 1, line 22. . . . .	10a 34		
b Charitable contributions if you take the standard deduction. See instructions. . . . .	10b 300			
c Add lines 10a and 10b. These are your <b>total adjustments to income</b> . . . . . ▶		10c	334	
11 Subtract line 10c from line 9. This is your <b>adjusted gross income</b> . . . . . ▶		11	143	

**Standard Deduction**

See Standard Deduction Chart on the last page of this form.

<b>12</b>	<b>Standard deduction or itemized deductions</b> (from Schedule A) .....	<b>12</b>	27,400
<b>13</b>	Qualified business income deduction. Attach Form 8995 or Form 8995-A .....	<b>13</b>	
<b>14</b>	Add lines 12 and 13 .....	<b>14</b>	27,400
<b>15</b>	<b>Taxable income.</b> Subtract line 14 from line 11. If zero or less, enter -0- .....	<b>15</b>	0
<b>16</b>	<b>Tax</b> (see instructions). Check if any from: 1 <input type="checkbox"/> Form(s) 8814 2 <input type="checkbox"/> Form 4972 3 <input type="checkbox"/> .....	<b>16</b>	
<b>17</b>	Amount from Schedule 2, line 3 .....	<b>17</b>	
<b>18</b>	Add lines 16 and 17 .....	<b>18</b>	
<b>19</b>	Child tax credit or credit for other dependents .....	<b>19</b>	
<b>20</b>	Amount from Schedule 3, line 7 .....	<b>20</b>	
<b>21</b>	Add lines 19 and 20 .....	<b>21</b>	
<b>22</b>	Subtract line 21 from line 18. If zero or less, enter -0- .....	<b>22</b>	
<b>23</b>	Other taxes, including self-employment tax, from Schedule 2, line 10 .....	<b>23</b>	68
<b>24</b>	Add lines 22 and 23. This is your <b>total tax</b> .....	<b>24</b>	68
<b>25</b>	Federal income tax withheld from:		
a	Form(s) W-2 .....	<b>25a</b>	
b	Form(s) 1099 .....	<b>25b</b>	
c	Other forms (see instructions) .....	<b>25c</b>	
d	Add lines 25a through 25c .....	<b>25d</b>	
<b>26</b>	2020 estimated tax payments and amount applied from 2019 return .....	<b>26</b>	
<b>27</b>	Earned income credit (EIC) .....	<b>27</b>	
<b>28</b>	Additional child tax credit. Attach Schedule 8812 .....	<b>28</b>	
<b>29</b>	American opportunity credit from Form 8863, line 8 .....	<b>29</b>	
<b>30</b>	Recovery rebate credit. See instructions .....	<b>30</b>	
<b>31</b>	Amount from Schedule 3, line 13 .....	<b>31</b>	
<b>32</b>	Add lines 27 through 31. These are your <b>total other payments and refundable credits</b> .....	<b>32</b>	
<b>33</b>	Add lines 25d, 26, and 32. These are your <b>total payments</b> .....	<b>33</b>	

- If you have a qualifying child, attach Sch. EIC.

- If you have nontaxable combat pay, see instructions.

Go to [www.irs.gov/Form1040SR](https://www.irs.gov/Form1040SR) for instructions and the latest information.Form **1040-SR** (2020)



Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>	34	
	35a	Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>	35a	
	b	Routing number	c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
Direct deposit? See instructions.	d	Account number		
	36	Amount of line 34 you want <b>applied to your 2021 estimated tax</b>	36	
Amount You Owe	37	Subtract line 33 from line 24. This is the <b>amount you owe now</b> . <b>Note:</b> Schedule H and Schedule SE filers, line 37 may not represent all of the taxes you owe for 2020. See Schedule 3, line 12e, and its instructions for details.	37	68
	38	Estimated tax penalty (see instructions).	38	

Third Party Designee	Do you want to allow another person to discuss this return with the IRS? See instructions		<input checked="" type="checkbox"/> <b>Yes.</b> Complete below. <input type="checkbox"/> <b>No</b>	
	Designee's name	Phone no.	Personal identification number (PIN)	
	HRB TAX GROUP INC	480-655-5881	02661	

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	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here
			BUSINESS OWNER	(see inst.)
	Spouse's signature. If a joint return, <b>both</b> must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
		BUSINESS OWNER		
Phone no.	303-877-4139	Email address	COLEEN@DIAMONDROSESHEARS.COM	

Paid Preparer Use Only	Preparer's name	Preparer's signature	Date	PTIN	Check if:
	BETTY MARTIN		05-10-2021	P01540764	<input type="checkbox"/> Self-employed
	Firm's name	HRB TAX GROUP INC			Phone no.
	Firm's address	1753 W HUNT HWY SAN TAN VALLEY AZ 85143			Firm's EIN
					480-655-5881
					431871840

Go to [www.irs.gov/Form1040SR](http://www.irs.gov/Form1040SR) for instructions and the latest information.Form **1040-SR** (2020)

**Standard Deduction Chart\***

Add the number of boxes checked in the "Age/Blindness" section of Standard Deduction on page 1 ..... ► 2

IF your filing status is...	AND the number of boxes checked is...	THEN your standard deduction is...
Single	1	\$14,050
	2	15,700
Married filing jointly	1	\$26,100
	2	27,400
	3	28,700
	4	30,000
Qualifying widow(er)	1	\$26,100
	2	27,400
Head of household	1	\$20,300
	2	21,950
Married filing separately**	1	\$13,700
	2	15,000
	3	16,300
	4	17,600

\*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.

\*\*You can check the boxes for your spouse if your filing status is married filing separately and your spouse had no income, isn't filing a return, and can't be claimed as a dependent on another person's return.

Go to [www.irs.gov/Form1040SR](https://www.irs.gov/Form1040SR) for instructions and the latest information.

Form **1040-SR** (2020)



**SCHEDULE 1**

(Form 1040)

**Additional Income and Adjustments to Income**

OMB No. 1545-0074

**2020**Attachment  
Sequence No. **01**Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 1040, 1040-SR, or 1040-NR.

▶ Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.

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

MYRNA C AND WILLIAM L LANEY

Your social security number

483-82-3456

**Part I Additional Income**

<b>1</b>	Taxable refunds, credits, or offsets of state and local income taxes	<b>1</b>	
<b>2a</b>	Alimony received	<b>2a</b>	
<b>b</b>	Date of original divorce or separation agreement (see instructions) ▶		
<b>3</b>	Business income or (loss). Attach Schedule C	<b>3</b>	477
<b>4</b>	Other gains or (losses). Attach Form 4797	<b>4</b>	
<b>5</b>	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	<b>5</b>	
<b>6</b>	Farm income or (loss). Attach Schedule F	<b>6</b>	
<b>7</b>	Unemployment compensation	<b>7</b>	
<b>8</b>	Other income. List type and amount ▶	<b>8</b>	
<b>9</b>	Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8	<b>9</b>	477

**Part II Adjustments to Income**

<b>10</b>	Educator expenses	<b>10</b>	
<b>11</b>	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	<b>11</b>	
<b>12</b>	Health savings account deduction. Attach Form 8889	<b>12</b>	
<b>13</b>	Moving expenses for members of the Armed Forces. Attach Form 3903	<b>13</b>	
<b>14</b>	Deductible part of self-employment tax. Attach Schedule SE	<b>14</b>	34
<b>15</b>	Self-employed SEP, SIMPLE, and qualified plans	<b>15</b>	
<b>16</b>	Self-employed health insurance deduction	<b>16</b>	
<b>17</b>	Penalty on early withdrawal of savings	<b>17</b>	
<b>18a</b>	Alimony paid	<b>18a</b>	
<b>b</b>	Recipient's SSN. ▶		
<b>c</b>	Date of original divorce or separation agreement (see instructions) ▶		
<b>19</b>	IRA deduction	<b>19</b>	
<b>20</b>	Student loan interest deduction	<b>20</b>	
<b>21</b>	Tuition and fees deduction. Attach Form 8917	<b>21</b>	
<b>22</b>	Add lines 10 through 21. These are your <b>adjustments to income</b> . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10a	<b>22</b>	34

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

Schedule 1 (Form 1040) 2020

**SCHEDULE 2**  
**(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Additional Taxes**

▶ Attach to Form 1040, 1040-SR, or 1040-NR.  
▶ Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.

OMB No. 1545-0074

**2020**

Attachment  
Sequence No. **02**

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

MYRNA C AND WILLIAM L LANEY

Your social security number

483-82-3456

**Part I Tax**

1	Alternative minimum tax. Attach Form 6251 .....	1	
2	Excess advance premium tax credit repayment. Attach Form 8962 .....	2	
3	Add lines 1 and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17 .....	3	

**Part II Other Taxes**

4	Self-employment tax. Attach Schedule SE .....	4	68
5	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919 .....	5	
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 <b>total other taxes</b> . Enter here and on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b .....	10	68

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

Schedule 2 (Form 1040) 2020



#1

**SCHEDULE C**  
(Form 1040)Department of the Treasury  
Internal Revenue Service (99)**Profit or Loss From Business**  
(Sole Proprietorship)▶ Go to [www.irs.gov/ScheduleC](http://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.

OMB No. 1545-0074

**2020**Attachment  
Sequence No. **09**

Name of proprietor <b>MYRNA C LANEY</b>		Social security number (SSN) <b>483-82-3456</b>
A Principal business or profession, including product or service (see instructions) <b>BEAUTY SALES AND SERVICE</b>		B Enter code from instructions ▶ <b>999999</b>
C Business name. If no separate business name, leave blank. <b>DIAMOND ROSE SHEARS LLC</b>		D Employer ID no. (EIN) (see instr.) <b>20-0252647</b>
E Business address (including suite or room no.) ▶ <b>1255 W DESERT VALLEY DR</b> City, town or post office, state, and ZIP code <b>SAN TAN VALLEY AZ 85143</b>		
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 2020? 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 2020, check here		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
I Did you make any payments in 2020 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 Form(s) 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	48,289
2 Returns and allowances	2	250
3 Subtract line 2 from line 1	3	48,039
4 Cost of goods sold (from line 42)	4	1,480
5 <b>Gross profit.</b> Subtract line 4 from line 3	5	46,559
6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	
7 <b>Gross income.</b> Add lines 5 and 6	7	46,559

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

8 Advertising	8		18 Office expense (see instructions)	18	2,399
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	1,395
12 Depletion	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	272
14 Employee benefit programs (other than on line 19)	14		22 Supplies (not included in Part III)	22	
15 Insurance (other than health)	15	9,198	23 Taxes and licenses	23	
16 Interest (see instructions):			24 Travel and meals:		
a Mortgage (paid to banks, etc.)	16a		a Travel	24a	356
b Other	16b		b Deductible meals (see instructions)	24b	56
17 Legal and professional services	17	2,063	25 Utilities	25	3,402
			26 Wages (less employment credits)	26	
			27a Other expenses (from line 48)	27a	61,106
			b Reserved for future use	27b	
28 <b>Total expenses</b> before expenses for business use of home. Add lines 8 through 27a	28	80,247			
29 Tentative profit or (loss). Subtract line 28 from line 7	29	-33,688			
30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions. <b>Simplified method filers only:</b> 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 <b>Net profit or (loss).</b> Subtract line 30 from line 29. • If a profit, enter on both <b>Schedule 1 (Form 1040), line 3</b> , and on <b>Schedule SE, line 2</b> . (If you checked the box on line 1, see instructions). Estates and trusts, enter on <b>Form 1041, line 3</b> . • If a loss, you <b>must</b> go to line 32.	31	-33,688			
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 <b>Schedule 1 (Form 1040), line 3</b> , and on <b>Schedule SE, line 2</b> . (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on <b>Form 1041, line 3</b> . • If you checked 32b, you <b>must</b> attach <b>Form 6198</b> . 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) 2020

**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	
37 Cost of labor. Do not include any amounts paid to yourself	37	
38 Materials and supplies	38	
39 Other costs	39	1,480
40 Add lines 35 through 39	40	1,480
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	1,480

**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 2020, 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.

SEE ATTACHMENT	61,106
48 Total other expenses. Enter here and on line 27a	48 61,106



**SCHEDULE C**  
**(Form 1040)**Department of the Treasury  
Internal Revenue Service (99)**Profit or Loss From Business**  
**(Sole Proprietorship)**

OMB No. 1545-0074

**2020**Attachment  
Sequence No. **09**▶ Go to [www.irs.gov/ScheduleC](http://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 <b>MYRNA C LANEY</b>		Social security number (SSN) <b>483-82-3456</b>
A Principal business or profession, including product or service (see instructions) <b>BEAUTY SALES AND SERVICES</b>		B Enter code from instructions ▶ <b>999999</b>
C Business name. If no separate business name, leave blank. <b>MUSASHI SHEARS LLC &amp; SAYURI LOSSES</b>		D Employer ID no. (EIN) (see instr.) <b>27-3607794</b>
E Business address (including suite or room no.) ▶ <b>1255 W DESERT VALLEY DR</b> City, town or post office, state, and ZIP code <b>SAN TAN VALLEY AZ 85143</b>		
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 2020? 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 2020, check here		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
I Did you make any payments in 2020 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 Form(s) 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	<input type="checkbox"/>	1	85,766
2 Returns and allowances		2	0
3 Subtract line 2 from line 1		3	85,766
4 Cost of goods sold (from line 42)		4	40,825
5 Gross profit. Subtract line 4 from line 3		5	44,941
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	44,941

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

8 Advertising	8	18 Office expense (see instructions)	18	1,663
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 Depletion	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	b Deductible meals (see instructions)	24b	
17 Legal and professional services	17	25 Utilities	25	745
		26 Wages (less employment credits)	26	
		27a Other expenses (from line 48)	27a	3,654
		b Reserved for future use	27b	
28 Total expenses before expenses for business use of home. Add lines 8 through 27a		28	6,062	
29 Tentative profit or (loss). Subtract line 28 from line 7		29	38,879	
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: <u>3200</u> and (b) the part of your home used for business: <u>267</u> . Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30		30	1,335	
31 Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both <b>Schedule 1 (Form 1040), line 3</b> , and on <b>Schedule SE, line 2</b> . (If you checked the box on line 1, see instructions). Estates and trusts, enter on <b>Form 1041, line 3</b> . • If a loss, you <b>must</b> go to line 32.		31	37,544	
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 <b>Schedule 1 (Form 1040), line 3</b> , and on <b>Schedule SE, line 2</b> . (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on <b>Form 1041, line 3</b> . • If you checked 32b, you <b>must</b> attach <b>Form 6198</b> . 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) 2020

**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	
37 Cost of labor. Do not include any amounts paid to yourself	37	36,970
38 Materials and supplies	38	1,046
39 Other costs	39	2,809
40 Add lines 35 through 39	40	40,825
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	40,825

**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 2020, 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	1,909
BANK CHARGES	88
DUES AND SUB	627
SAYURI SHEARS LOSSES	68
MOVING EXPENSE	864
SAYURI SHEARS LOSS BUY OUT	98
48 Total other expenses. Enter here and on line 27a	3,654



#3

**SCHEDULE C**  
**(Form 1040)**Department of the Treasury  
Internal Revenue Service (99)**Profit or Loss From Business**  
**(Sole Proprietorship)**

OMB No. 1545-0074

**2020**Attachment  
Sequence No. **09**▶ Go to [www.irs.gov/ScheduleC](http://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 <b>MYRNA C LANEY</b>		Social security number (SSN) <b>483-82-3456</b>
A Principal business or profession, including product or service (see instructions) <b>MARKETING SERVICES</b>		B Enter code from instructions ▶ <b>541800</b>
C Business name. If no separate business name, leave blank. <b>AMERICAN HOPE RADIO LLC</b>		D Employer ID no. (EIN) (see instr.) <b>46-3170815</b>
E Business address (including suite or room no.) ▶ <b>1255 W DESERT VALLEY DR</b> City, town or post office, state, and ZIP code <b>SAN TAN VALLEY AZ 85143</b>		
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 2020? 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 2020, check here		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
I Did you make any payments in 2020 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 Form(s) 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 <b>Gross profit.</b> 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 <b>Gross income.</b> 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	227
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	61
12 Depletion	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	290
b Other	16b	b Deductible meals (see instructions)	24b	
17 Legal and professional services	17	25 Utilities	25	
		26 Wages (less employment credits)	26	
		27a Other expenses (from line 48)	27a	2,801
		b Reserved for future use	27b	
28 <b>Total expenses</b> before expenses for business use of home. Add lines 8 through 27a		28		3,379
29 Tentative profit or (loss). Subtract line 28 from line 7		29		-3,379
30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions. <b>Simplified method filers only:</b> 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 <b>Net profit or (loss).</b> Subtract line 30 from line 29. • If a profit, enter on both <b>Schedule 1 (Form 1040), line 3</b> , and on <b>Schedule SE, line 2</b> . (If you checked the box on line 1, see instructions). Estates and trusts, enter on <b>Form 1041, line 3</b> . • If a loss, you <b>must</b> go to line 32.		31		-3,379
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 <b>Schedule 1 (Form 1040), line 3</b> , and on <b>Schedule SE, line 2</b> . (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on <b>Form 1041, line 3</b> . • If you checked 32b, you <b>must</b> attach <b>Form 6198</b> . 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) 2020

**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

<b>35</b> Inventory at beginning of year. If different from last year's closing inventory, attach explanation .....	<b>35</b>	
<b>36</b> Purchases less cost of items withdrawn for personal use .....	<b>36</b>	
<b>37</b> Cost of labor. Do not include any amounts paid to yourself .....	<b>37</b>	
<b>38</b> Materials and supplies .....	<b>38</b>	
<b>39</b> Other costs .....	<b>39</b>	
<b>40</b> Add lines 35 through 39 .....	<b>40</b>	
<b>41</b> Inventory at end of year .....	<b>41</b>	
<b>42</b> <b>Cost of goods sold.</b> Subtract line 41 from line 40. Enter the result here and on line 4 .....	<b>42</b>	

**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 2020, 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.

BANK SERVICE CHARGE	36
COMPUTER AND INTERNET	635
DUES	62
LIVE STREAMING	147
MARKETING	1,303
WEBSITE	363
RESEARCH AND SOFTWARE	158
RECRUITING	97
<b>48</b> <b>Total other expenses.</b> Enter here and on line 27a .....	<b>48</b> 2,801



**SCHEDULE SE**  
**(Form 1040)**

**Self-Employment Tax**

OMB No. 1545-0074

**2020**

Department of the Treasury  
Internal Revenue Service (99)

► Go to [www.irs.gov/ScheduleSE](http://www.irs.gov/ScheduleSE) for instructions and the latest information.

► Attach to Form 1040, 1040-SR, or 1040-NR.

Attachment  
Sequence No. **17**

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

MYRNA C LANEY

Social security number of person  
with self-employment income

483-82-3456

**Part I Self-Employment Tax**

**Note:** If your only income subject to self-employment tax is **church employee income**, see instructions for how to report your income and the definition of church employee income.

**A** If you are a minister, member of a religious order, or Christian Science practitioner **and** you filed Form 4361, but you had \$400 or more of **other** net earnings from self-employment, check here and continue with Part I ..... ☐

Skip lines 1a and 1b if you use the farm optional method in Part II. See instructions.

**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** ( )

Skip line 2 if you use the nonfarm optional method in Part II. See instructions.

**2** Net profit or (loss) from Schedule C, line 31; and Schedule K-1 (Form 1065), box 14, code A (other than farming). See instructions for other income to report or if you are a minister or member of a religious order ..... **2** 477

**3** Combine lines 1a, 1b, and 2 ..... **3** 477

**4a** If line 3 is more than zero, multiply line 3 by 92.35% (0.9235). Otherwise, enter amount from line 3 ..... **4a** 441

**Note:** If line 4a is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions.

**b** If you elect one or both of the optional methods, enter the total of lines 15 and 17 here ..... **4b**

**c** Combine lines 4a and 4b. If less than \$400, **stop**; you don't owe self-employment tax. **Exception:** If less than \$400 and you had **church employee income**, enter -0- and continue ..... **4c** 441

**5a** Enter your **church employee income** from Form W-2. See instructions for definition of church employee income ..... **5a**

**b** Multiply line 5a by 92.35% (0.9235). If less than \$100, enter -0- ..... **5b** 0

**6** Add lines 4c and 5b ..... **6** 441

**7** Maximum amount of combined wages and self-employment earnings subject to social security tax or the 6.2% portion of the 7.65% railroad retirement (tier 1) tax for 2020 ..... **7** 137,700

**8a** Total social security wages and tips (total of boxes 3 and 7 on Form(s) W-2) and railroad retirement (tier 1) compensation. If \$137,700 or more, skip lines 8b through 10, and go to line 11 ..... **8a**

**b** Unreported tips subject to social security tax from Form 4137, line 10 ..... **8b**

**c** Wages subject to social security tax from Form 8919, line 10 ..... **8c**

**d** Add lines 8a, 8b, and 8c ..... **8d** 0

**9** Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11 ..... **9** 137,700

**10** Multiply the **smaller** of line 6 or line 9 by 12.4% (0.124) ..... **10** 55

**11** Multiply line 6 by 2.9% (0.029) ..... **11** 13

**12** **Self-employment tax.** Add lines 10 and 11. Enter here and on **Schedule 2 (Form 1040), line 4** ..... **12** 68

**13** **Deduction for one-half of self-employment tax.**

Multiply line 12 by 50% (0.50). Enter here and on **Schedule 1 (Form 1040), line 14** ..... **13** 34

**Part II Optional Methods To Figure Net Earnings** (see instructions)

**Farm Optional Method.** You may use this method **only** if (a) your gross farm income<sup>1</sup> wasn't more than \$8,460, or (b) your net farm profits<sup>2</sup> were less than \$6,107.

**14** Maximum income for optional methods ..... **14** 5,640

**15** Enter the **smaller** of: two-thirds (2/3) of gross farm income<sup>1</sup> (not less than zero) or \$5,640. Also include this amount on line 4b above ..... **15**

**Nonfarm Optional Method.** You may use this method **only** if (a) your net nonfarm profits<sup>3</sup> were less than \$6,107 and also less than 72.189% of your gross nonfarm income,<sup>4</sup> and (b) you had net earnings from self-employment of at least \$400 in 2 of the prior 3 years. **Caution:** You may use this method no more than five times.

**16** Subtract line 15 from line 14 ..... **16**

**17** Enter the **smaller** of: two-thirds (2/3) of gross nonfarm income<sup>4</sup> (not less than zero) or the amount on line 16. Also, include this amount on line 4b above ..... **17**

<sup>1</sup> From Sch. F, line 9; and Sch. K-1 (Form 1065), box 14, code B.

<sup>3</sup> From Sch. C, line 31; Sch. K-1 (Form 1065), box 14, code A.

<sup>2</sup> From Sch. F, line 34, and Sch. K-1 (Form 1065), box 14, code A -- minus the amount you would have entered on line 1b had you not used the optional method.

<sup>4</sup> From Sch. C, line 7; and Sch. K-1 (Form 1065), box 14, code C.

# Qualified Business Income Deduction Simplified Computation

OMB No. 1545-2294

2020

Department of the Treasury  
Internal Revenue Service

▶ Attach to your tax return.

▶ Go to [www.irs.gov/Form8995](http://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

**Note.** You can claim the qualified business income deduction **only** if you have qualified business income from a qualified trade or business, real estate investment trust dividends, publicly traded partnership income, or a domestic production activities deduction passed through from an agricultural or horticultural cooperative. See instructions.

Use this form if your taxable income, before your qualified business income deduction, is at or below \$163,300 (\$326,600 if married filing jointly), and you aren't a patron of an agricultural or horticultural cooperative.

1	(a) Trade, business, or aggregation name	(b) Taxpayer identification number	(c) Qualified business income or (loss)
i	DIAMOND ROSE SHEARS LLC	20-0252647	-33,688
ii	MUSASHI SHEARS LLC & SAYURI LOSSES	27-3607794	37,510
iii	AMERICAN HOPE RADIO LLC	46-3170815	-3,379
iv			
v			

2	Total qualified business income or (loss). Combine lines 1i through 1v, column (c) . . .	2	443	
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	443	
5	Qualified business income component. Multiply line 4 by 20% (0.20) . . . . .			5 89
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 89
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 (2020)



**Limitation on Business Interest Expense  
Under Section 163(j)**

▶ Attach to your tax return.

OMB No. 1545-0123

▶ Go to [www.irs.gov/Form8990](http://www.irs.gov/Form8990) for instructions and the latest information.

Taxpayer name(s) shown on return

MYRNA C AND WILLIAM L LANEY

Identification number

483-82-3456

If Form 8990 relates to an information return for a foreign entity (for example, Form 5471), enter:

Name of foreign entity ▶

Employer identification number, if any ▶

Reference ID number ▶

**Part 1 Computation of Allowable Business Interest Expense**

Part I is completed by all taxpayers subject to section 163(j). Schedule A and Schedule B need to be completed before Part I when the taxpayer is a partner or shareholder of a pass-through entity subject to 163(j).

**Section I-Business Interest Expense**

1	Current year business interest expense (not including floor plan financing interest expense), before the section 163(j) limitation . . . . .	1	9,820	
2	Disallowed business interest expense carryforwards from prior years. (Does not apply to a partnership) . . . . .	2		
3	Partner's excess business interest expense treated as paid or accrued in current year (Schedule A, line 44, column (h)) . . . . .	3		
4	Floor plan financing interest expense. See instructions . . . . .	4		
5	<b>Total business interest expense.</b> Add lines 1 through 4 . . . . . ▶	5		9,820

**Section II-Adjusted Taxable Income****Taxable Income**

6	<b>Taxable income.</b> See instructions . . . . .	6	-37,043
---	---	---	---------

Additions (adjustments to be made if amounts are taken into account on line 6)

7	Any item of loss or deduction which is not properly allocable to a trade or business of the taxpayer. See instructions . . . . .	7		
8	Any business interest expense not from a pass-through entity. See instructions . . . . .	8	9,820	
9	Amount of any net operating loss deduction under section 172 . . . . .	9		
10	Amount of any qualified business income deduction allowed under section 199A . . . . .	10		
11	Deduction allowable for depreciation, amortization, or depletion attributable to a trade or business. See instructions . . . . .	11		
12	Amount of any loss or deduction items from a pass-through entity. See instructions . . . . .	12		
13	Other additions. See instructions . . . . .	13		
14	Total current year partner's excess taxable income (Schedule A, line 44, column (f)). . . . .	14		
15	Total current year S corporation shareholder's excess taxable income (Schedule B, line 46, column (c)) . . . . .	15		
16	<b>Total.</b> Add lines 7 through 15 . . . . . ▶	16		9,820

Reductions (adjustments to be made if amounts are taken into account on line 6)

17	Any item of income or gain which is not properly allocable to a trade or business of the taxpayer. See instructions . . . . .	17	( )	
18	Any business interest income not from a pass-through entity. See instructions . . . . .	18	( )	
19	Amount of any income or gain items from a pass-through entity. See instructions . . . . .	19	( )	
20	Other reductions. See instructions . . . . .	20	( )	
21	<b>Total.</b> Combine lines 17 through 20 . . . . . ▶	21	( )	
22	<b>Adjusted taxable income.</b> Combine lines 6, 16, and 21. (If zero or less, enter -0-.) . . . . . ▶	22		

For Paperwork Reduction Act Notice, see the instructions.

Form 8990 (Rev.5-2020)

**Section III--Business Interest Income**

23	Current year business interest income. See instructions .....	23		
24	Excess business interest income from pass-through entities (total of Schedule A, line 44, column (g), and Schedule B, line 46, column (d)) .....	24		
25	<b>Total.</b> Add lines 23 and 24 .....			25

**Section IV--163(j) Limitation Calculations****Limitation on Business Interest Expense**

26	Multiply adjusted taxable income (line 22) by the applicable percentage. See instructions .....	26		
27	Business interest income (line 25) .....	27		
28	Floor plan financing interest expense (line 4) .....	28		
29	<b>Total.</b> Add lines 26, 27, and 28 .....			29

**Allowable Business Interest Expense**

30	<b>Total current year business interest expense deduction.</b> See instructions .....	30	
----	---	----	--

**Carryforward**

31	<b>Disallowed business interest expense.</b> Subtract line 29 from line 5. (If zero or less, enter -0-.) .....	31	9,820
----	--	----	-------

**Part II Partnership Pass-Through Items**

Part II is only completed by a partnership that is subject to section 163(j). The partnership items below are allocated to the partners and are not carried forward by the partnership. See the instructions for more information.

**Excess Business Interest Expense**

32	<b>Excess business interest expense.</b> Enter amount from line 31 .....	32	
----	--	----	--

**Excess Taxable Income** (If you entered an amount on line 32, skip lines 33 through 37.)

33	Subtract the sum of lines 4 and 25 from line 5. (If zero or less, enter -0-.) .....	33	
34	Subtract line 33 from line 26. (If zero or less, enter -0-.) .....	34	
35	Divide line 34 by line 26. Enter the result as a decimal. (If line 26 is zero, enter -0-.) .....	35	
36	<b>Excess taxable income.</b> Multiply line 35 by line 22 .....	36	

**Excess Business Interest Income**

37	<b>Excess business interest income.</b> Subtract the sum of lines 1, 2, and 3 from line 25. (If zero or less, enter -0-.) .....	37	
----	---	----	--

**Part III S Corporation Pass-Through Items**

Part III is only completed by S corporations that are subject to section 163(j). The S corporation items below are allocated to the shareholders. See the instructions for more information.

**Excess Taxable Income**

38	Subtract the sum of lines 4 and 25 from line 5. (If zero or less, enter -0-.) .....	38	
39	Subtract line 38 from line 26. (If zero or less, enter -0-.) .....	39	
40	Divide line 39 by line 26. Enter the result as a decimal. (If line 26 is zero, enter -0-.) .....	40	
41	<b>Excess taxable income.</b> Multiply line 40 by line 22 .....	41	

**Excess Business Interest Income**

42	<b>Excess business interest income.</b> Subtract the sum of lines 1, 2, and 3 from line 25. (If zero or less, enter -0-.) .....	42	
----	---	----	--



**SCHEDULE A Summary of Partner's Section 163(f) Excess Items**

Any taxpayer that owns an interest in a partnership subject to section 163(f) should complete Schedule A before completing Part I.

(a) Name of partnership	(b) EIN	Excess Business Interest Expense			(f) Current year excess taxable income	(g) Current year excess business interest income	(h) Excess business interest expense treated as paid or accrued (see instructions)	(i) Current year excess business interest expense carryforward ((e) minus (h))
		(c) Current year	(d) Prior year carryforward	(e) Total ((c) plus (d))				
43								
44	Total							

**SCHEDULE B Summary of S Corporation Shareholder's Excess Taxable Income and Excess Business Interest Income**

Any taxpayer that is required to complete Part I and is a shareholder in an S corporation that has excess taxable income or excess business interest income should complete Schedule B before completing Part I.

(a) Name of S corporation	(b) EIN	(c) Current year excess taxable income	(d) Current year excess business interest income
45			
46	Total		

**Form 8990, Line 30 – Statement of Business Interest Expense Allocation  
and Excess Business Interest Income (Continued)**

MYRNA C AND WILLIAM L LANEY  
483-82-3456

[illegible]

**Total:**

9,820



Form **8879**

(Rev. January 2021)

Department of the Treasury  
Internal Revenue Service**IRS e-file Signature Authorization**

CLIENT COPY

OMB No. 1545-0074

- ERO must obtain and retain completed Form 8879.  
► Go to [www.irs.gov/Form8879](http://www.irs.gov/Form8879) for the latest information.

Submission Identification Number (SID) 

Taxpayer's name <b>MYRNA C LANEY</b>	Social security number <b>483-82-3456</b>
Spouse's name <b>WILLIAM L LANEY</b>	Spouse's social security number <b>536-44-0172</b>

**Part I Tax Return Information -- Tax Year Ending December 31, 2020** (Enter year you are authorizing.)

Enter whole dollars only on lines 1 through 5.

**Note:** Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.

1 Adjusted gross income .....	1	143
2 Total tax .....	2	68
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 .....	3	
4 Amount you want refunded to you .....	4	
5 Amount you owe .....	5	68

**Part II Taxpayer Declaration and Signature Authorization** (Be sure you get and keep a copy of your return)

Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at **1-888-353-4537**. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

**Taxpayer's PIN: check one box only**

- ☒ I authorize HRB TAX GROUP INC to enter or generate my PIN 13456 as my  
ERO firm name  
signature on the income tax return (original or amended) I am now authorizing.  
**Enter five digits, but don't enter all zeros**
- ☐ I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only**  
if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ► SIGNATURE AND DATE ON FILE

Date ► \_\_\_\_\_

**Spouse's PIN: check one box only**

- ☒ I authorize HRB TAX GROUP INC to enter or generate my PIN 10172 as my  
ERO firm name  
signature on the income tax return (original or amended) I am now authorizing.  
**Enter five digits, but don't enter all zeros**
- ☐ I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only**  
if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ► SIGNATURE AND DATE ON FILE

Date ► \_\_\_\_\_

**Practitioner PIN Method Returns Only -- continue below****Part III Certification and Authentication -- Practitioner PIN Method Only**

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

86420402122**Don't enter all zeros**

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and **Pub. 1345**, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ► \_\_\_\_\_

Date ► 05-10-2021**ERO Must Retain This Form -- See Instructions****Don't Submit This Form to the IRS Unless Requested To Do So****For Paperwork Reduction Act Notice, see your tax return instructions.**Form **8879** (Rev. 01-2021)

## 2020 OTHER BUSINESS EXPENSES ATTACHMENT

MYRNA C AND WILLIAM L LANEY  
483-82-3456

---

BUSINESS TELEPHONE	1,099
BANK CAHRGES	148
COMPUTER	2,380
DUES	2,379
PAYROLL	20,640
PAYROLL TAXES	1,621
TECH SUPPORT	1,200
WEBSITE	3,516
MARKETING	5,274
CHARITY	9,600
MOVING EXPENSE	3,395
CC FEES	9,854
TOTAL TO SCHEDULE C LINE 48	61,106
DIAMOND ROSE SHEARS LLC	

CLIENT COPY



## 2020 SCHEDULE C SIMPLIFIED METHOD WORKSHEET

MYRNA C AND WILLIAM L LANEY  
483-82-3456

Keep for Your Records

**Note:** Please refer to the instructions for the Simplified Method Worksheet located in the Schedule C instructions.

- |   |     |                   |
|---|-----|-------------------|
| 1. Enter the amount of the gross income limitation .....  | 1.  | <u>38,879</u>     |
| 2. Allowable square footage for the qualified business use. Do not enter more than 300 square feet .....  | 2.  | <u>267</u>        |
| 3. Simplified method amount:  |     |                   |
| a. Maximum allowable amount .....   | 3a. | <u>5</u>          |
| b. For daycare facilities not used exclusively for business, enter the decimal amount from the Daycare Facility Worksheet; otherwise, enter 1.0 .....                                 | b.  | <u>1.0</u>        |
| c. Multiply line 3a by line 3b and enter result to 2 decimal places .....   | c.  | <u>5.00</u>       |
| 4. Multiple line 2 by line 3c .....   | 4.  | <u>1,335</u>      |
| 5. <b>Allowable expenses using the simplified method.</b> Enter the smaller of line 1 or line 4 here and include that amount on Schedule C, line 30. If zero or less, enter -0- ..... | 5.  | <u>1,335</u>      |
| 6. <b>Carryover of unallowed expenses from a prior year that are not allowed in &lt;CY&gt;.</b>   |     |                   |
| a. Operating expenses. Enter the amount from your last Form 8829, line 43 (line 42 if before 2018). ....  | 6a. | <u>          </u> |
| b. Excess casualty losses and depreciation. Enter the amount from your last Form 8829, line 44 (line 43 if before 2018). ....   | b.  | <u>          </u> |

### Instructions for the Simplified Method Worksheet

Use this worksheet to figure the amount of expenses you may deduct for a qualified business use of a home if you are electing to use the simplified method for that home. If you are not electing to use the simplified method, use Form 8829.

**Line 1.** If all gross income from your trade or business is from this qualified business use of your home, figure your gross income limitation as follows.

- |  |    |                   |
|--|----|-------------------|
| A. Enter the amount from Schedule C, line 29 .....   | A. | <u>38,879</u>     |
| B. Enter any gain derived from the business use of your home and shown on Form 8949 (and included on Schedule D) or Form 4797 .....  | B. | <u>          </u> |
| C. Add lines A and B .....   | C. | <u>38,879</u>     |
| D. Enter the loss (as a positive number) shown on Form 8949 (and included on Schedule D) or Form 4797 that are allocable to the business, but not allocable to the use of the home ..... | D. | <u>          </u> |
| E. Gross income limitation. Subtract line D from line C. Enter the result here and on line 1 .....   | E. | <u>38,879</u>     |

### Daycare Facility Worksheet (for simplified method)

- |   |    |                   |
|---|----|-------------------|
| 1. Multiply days used for daycare during the year by hours used per day .....   | 1. | <u>          </u> |
| 2. Total hours available for use during the year (see instructions) .....   | 2. | <u>          </u> |
| 3. Divide line 1 by line 2. Enter the result as a decimal amount here and on line 3b of the Simplified Method Worksheet ..... | 3. | <u>          </u> |

# 2020 SOCIAL SECURITY TAXABLE BENEFITS WORKSHEET

MYRNA C AND WILLIAM L LANEY  
483-82-3456

Keep for Your Records  
Publication 915

- Before you begin:**
- ✓ If you are excluding unemployment compensation from your income, complete the Unemployment Compensation Exclusion Worksheet – Schedule 1, line 8, before completing this worksheet.
  - ✓ If you are married filing separately and you lived apart from your spouse for all of 2020, enter "D" to the right of the word "benefits" on Form 1040 or 1040-SR, line 6a.
  - ✓ Don't use this worksheet if you repaid benefits in 2020 and your total repayments (box 4 of Forms SSA-1099 and RRB-1099) were more than your gross benefits for 2020 (box 3 of Forms SSA-1099 and RRB-1099). None of your benefits are taxable for 2020. 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 or 1040-SR), 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 6a	1.	35,708	
2. Multiply line 1 by 50% (0.50)	2.		17,854
3. ● If you are not excluding unemployment compensation from income, combine the amounts from Form 1040 or 1040-SR, lines 1, 2b, 3b, 4b, 5b, 7, and 8.			
● If you are excluding unemployment compensation from income, combine the amounts from Form 1040 or 1040-SR, lines 1, 2b, 3b, 4b, 5b, 7, Schedule 1, lines 1 through 7, and line 3 of the Unemployment Compensation Exclusion Worksheet	3.		477
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.		18,331
7. <b>Form 1040 filers:</b> Enter the amounts from Form 1040 or 1040-SR, line 10b, Schedule 1 lines 10 through 19, and any write-in adjustments you entered on the dotted line next to line 22	7.		334
8. Is the amount on line 7 less than the amount on line 6?			
<b>No.</b> <span style="border: 1px solid black; padding: 2px;">STOP</span> None of your social security benefits are taxable. Enter -0- on Form 1040 or 1040-SR, line 6b			
<b>Yes.</b> Subtract line 7 from line 6	8.		17,997
9. If you are:			
● Married filing jointly, enter \$32,000			
● Single, head of household, qualifying widow(er), or married filing separately and you <b>lived apart</b> from your spouse for all of 2020, enter \$25,000	9.		32,000
<b>Note:</b> If you are married filing separately and you lived with your spouse at any time in 2020, 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?			
<b>No.</b> <span style="border: 1px solid black; padding: 2px;">STOP</span> None of your benefits are taxable. Enter -0- on Form 1040 or 1040-SR, line 6b. If you are married filing separately and you <b>lived apart</b> from your spouse for all of 2020, be sure you entered "D" to the right of the word "benefits" on Form 1040 or 1040-SR, line 6a.			
<b>Yes.</b> Subtract line 9 from line 8	10.		
11. Enter: \$12,000 if married filing jointly; \$9,000 if single, head of household, qualifying widow(er), or married filing separately and you <b>lived apart</b> from your spouse for all of 2020	11.		
12. Subtract line 11 from line 10. If zero or less, enter -0-	12.		
13. Enter the <b>smaller</b> of line 10 or line 11	13.		
14. Multiply line 13 by 50% (0.50)	14.		
15. Enter the <b>smaller</b> of line 2 or line 14	15.		
16. Multiply line 12 by 85% (0.85). If line 12 is zero, enter -0-	16.		0
17. Add lines 15 and 16	17.		
18. Multiply line 1 by 85% (0.85)	18.		
19. <b>Taxable benefits.</b> Enter the <b>smaller</b> of line 17 or line 18. Also enter this amount on Form 1040 or 1040-SR line 6b.	19.		0

**TIP:** If you received a lump-sum payment in 2020 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.



**A voucher is printed at the bottom of this page.**

**NOTE:** This is a new scannable voucher approved by the IRS for filing of the 1040-V for the year 2020.  
This is different than the voucher that is on the IRS website.

- ▶ Use this voucher when making a payment with Form 1040.
- ▶ Do not staple this voucher or your payment to Form 1040.
- ▶ Make your check or money order payable to the "United States Treasury".
- ▶ Write your Social Security Number (SSN) on your check or money order.

Mail payment to:

INTERNAL REVENUE SERVICE  
PO BOX 802501  
CINCINNATI OH 45280-2501

Form Software Copyright 1996 - 2021 HRB Tax Group, Inc.  
20 1040VS1 BWF 1040

Form **1040-V** (2020)

▼ Detach Here and Mail with Your Payment and Return ▼

Department of the Treasury  
Internal Revenue Service

**2020**

OMB No. 1545-0074

**Form 1040-V Payment Voucher**

- ▶ Use Form 1040-V when paying the balance due on Form 1040, Form 1040A, 1040EZ, or 1040NR.
- ▶ Enter your SSN on your check or money order.
- ▶ If your name, address, or SSN is incorrect, see instructions.

Amount you are paying by check or  
money order. Make your check or  
money order payable to "United States Treasury"

Dollars

68

2029

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



MYRNA C AND WILLIAM L LANEY  
1255 W DESERT VALLEY DR  
SAN TAN VALLEY AZ 85143

INTERNAL REVENUE SERVICE  
PO BOX 802501  
CINCINNATI OH 45280-2501

483823456 CJ LANE 30 0 202012 610

# 2020 QUALIFIED BUSINESS INCOME DEDUCTION WORKSHEET DETAIL BY BUSINESS

MYRNA C AND WILLIAM L LANEX

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	-33688	37544	-3379
Less applicable adjustments from 1040 Schedule 1 (Includes SE Tax, SEHIN, & Qual Retirement plans)		-34	
3. QBIID Qualified Losses and ST Gains from Asset Disposition			
4. Net Qualified Business Income (QBI) (sum L1 - L3)	-33688	37510	-3379
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)	-33688	37510	-3379



# 2021 CARRYFORWARD INFORMATION

MYRNA C AND WILLIAM L LANEY  
483-82-3456

Keep for Your Records

Itemized Returns Only - 2020 state and local tax refund (this amount may not be taxable in 2021)	_____
Charitable contributions carryover to 2021	18,761
Estimated short-term capital loss carryover	_____
Estimated long-term capital loss carryover	_____
2020 tax liability (for 2021 Form 2210 purposes)	68
Form 8839: 2020 carryover of unqualified expenses	_____
Refund amount applied to 2021	_____
Disallowed investment interest in 2020	_____
Additional state taxes paid	_____
Form 8396: Mortgage interest credit from 2018	_____
Mortgage interest credit from 2019	_____
Mortgage interest credit from 2020	_____
Form 8801: Minimum tax credit carryforward	_____
Potential 2021 IRA contribution from 2020 tax refund	_____

## NOL carryforward:

Regular Tax		AMT Tax	
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
from 2009	from 2019	from 2009	from 2019
Gross NOL generated in 2020	_____	Gross AMT NOL generated in 2020	_____
To be absorbed in carryback period	_____	To be absorbed in carryback period	_____
Net carryforward from 2020	_____	Net carryforward from 2020	_____
Total carryforward to 2021	_____	Total carryforward to 2021	_____

- 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 2021
- General Business Credit carryforward to 2021
- First-Time Homebuyer Credit Repayment carryforward to 2021
- If there are Form(s) 6252 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 2021.

FAGI 2020 USED FOR 2021 CO UNDERPMT PENALTY FORM..

143



Arizona Form  
140PY

## Part-Year Resident Personal Income Tax Return

FOR CALENDAR YEAR

2020

82F

Check box 82F  
if filing under extension

OR FISCAL YEAR BEGINNING

2020

AND ENDING

20

66F

Your First Name and Middle Initial <b>1</b> MYRNA C		Last Name LANEY		Enter your SSN(s).	Your Social Security Number 483-82-3456	
Spouse's First Name and Middle Initial (if box 4 or 6 checked) <b>1</b> WILLIAM L		Last Name LANEY			Spouse's Social Security No. 536-44-0172	
Current Home Address - number and street, rural route <b>2</b> 1255 W DESERT VALLEY DR					Apt. No.	
City, Town or Post Office <b>3</b> SAN TAN VALLEY				State AZ		ZIP Code 85143
Daytime Phone (with area code) <b>94</b> 303-877-4139				Last Names Used in Last Four Prior Year(s) (if different) <b>97</b>		
FILING STATUS <b>4</b> <input checked="" type="checkbox"/> Married filing joint return <b>4a</b> <input type="checkbox"/> Injured Spouse Protection of Joint Overpayment <b>5</b> <input type="checkbox"/> Head of household: Enter name of qualifying child or dependent on next line: <b>6</b> <input type="checkbox"/> Married filing separate return: Enter spouse's name and Social Security Number above. <b>7</b> <input type="checkbox"/> Single						

REVENUE USE ONLY. DO NOT MARK IN THIS AREA.

88R

81P PM

80R RCVD

Enter the number claimed. Do not put a check mark.

<b>8</b>	<input checked="" type="checkbox"/> Age 65 or over (you and/or spouse)	If completing lines 8, 9, and 11a, also complete lines 46, 47, and 49. For lines 10a and 10b, also complete line 59.
<b>9</b>	<input type="checkbox"/> Blind (you and/or spouse)	
<b>10a</b>	<input type="checkbox"/> Dependents: Under age of 17.	
<b>11a</b>	<input type="checkbox"/> Qualifying parents and grandparents	<b>10b</b> <input type="checkbox"/> Dependents: Age 17 and over.

12-13 Residency Status (check one): **12** ☒ Part-Year Resident Other than Active Military **13** ☐ Part-Year Resident Active Military

(Box 10a and 10b): Dependent Information: See instructions. For more space, check the box and complete page 4, Part 1.

	(a) FIRST AND LAST NAME (Do not list yourself or spouse.)	(b) SOCIAL SECURITY NO.	(c) RELATIONSHIP	(d) NO. OF MONTHS LIVED IN YOUR HOME IN 2020	(e) ✓ Dependent Age included in: 1 (Box 10a) 2 (Box 10b)	(f) ✓ if you did not claim this person on your federal return due to educational credits
10c						
10d						

(Box 11a): Qualifying parents and grandparents. See instructions. For more space, check the box and complete page 4, Part 2.

	(a) FIRST AND LAST NAME (Do not list yourself or spouse.)	(b) SOCIAL SECURITY NO.	(c) RELATIONSHIP	(d) NO. OF MONTHS LIVED IN YOUR HOME IN 2020	(e) ✓ IF AGE 65 OR OVER	(f) ✓ IF DIED IN 2020
11b						
11c						

14 Dates of Arizona residency: From 06-01-2020 to 12-31-2020  
List other state(s) of residency: CO

## 2020 FEDERAL

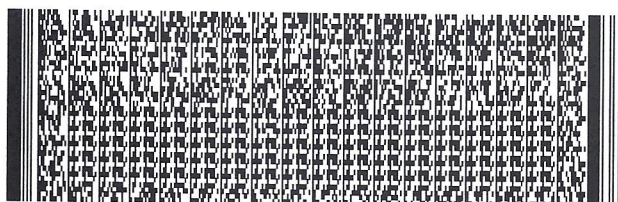
Amount from Federal Return

## 2020 ARIZONA

Amount Only

15	Wages, salaries, tips, etc.	15		00		00
16	Interest	16		00		00
17	Dividends	17		00		00
18	Arizona income tax refunds	18		00		00
19	Business income (or loss) from federal Schedule C	19	477	00		-3,379 00
20	Gains (or losses) from federal Schedule D. See instructions for ARIZONA column	20		00		00
21	Rents, royalties, partnerships, estates, trusts, small business corporations from federal Schedule E	21		00		00
22	Other income reported on your federal return: Include your own schedule	22		00		00
23	Total income: Add lines 15 through 22	23	477	00		-3,379 00
24	Other federal adjustments: Include your own schedule	24	334	00		0 00
25	Federal adjusted gross income: Subtract line 24 from line 23 in the FEDERAL column.	25	143	00		
26	Arizona gross income: Subtract line 24 from line 23 in the ARIZONA column	26				-3,379 00
27	Arizona income ratio: Divide line 26 by line 25, and enter the result (not over 1.000)	27				

This box may be blank or may contain a printed barcode of data from your return.



28	Total depreciation included in Arizona gross income	28		8,750 00
29	Net capital loss from exchange of legal tender	29		00
30	Other Additions to Income	30		00
31	Subtotal: Add lines 26, 28, 29 and 30	31		5,371 00
32	AZ gain/loss line 20	32		0 00
33	AZ Short-term gain/loss	33		0 00
34	Long-term gain/loss	34		0 00
35	Net long-term gain	35		0 00
36	Multiply line 35 by 25% (.25)	36		00
37	Net capital gain from qualified small business	37		00
38	Net capital gain from exchange of legal tender	38		00
39	Subtract line 31 - (lines 36, 37, and 38)	39		5,371 00



Your Name (as shown on page 1) <b>MYRNA C AND WILLIAM L LANEY</b>		Your Social Security Number <b>483-82-3456</b>	
--	--	---	--

<b>Subtractions cont. from page 1</b>	40	Recalculated Arizona depreciation .....	40	8,750	00
	41	Contributions to 529 College Savings Plans .....	41		00
	42	Interest on U.S. obligations such as U.S. savings bonds and treasury bills .....	42		00
	43	U.S. Social Security or Railroad Retirement Act benefits included in your Arizona income .....	43		00
	44	Other Subtractions from Income. See instructions for completing the schedule on page 5 .....	44		00
<b>Exemptions</b>	45	Subtract lines 40 through 44 from line 39 .....	45	-3,379	00
	46	Age 65 or over: Multiply the number in box 8 by \$2,100 .....	46	4,200	00
	47	Blind: Multiply the number in box 9 by \$1,500 .....	47		00
	48	Other Exemptions. See instructions . . 48E <input type="checkbox"/> Multiply the number in box 48E by \$2,300 . . .	48		00
	49	Qualifying parents and grandparents: Multiply the number in box 11a by \$10,000 .....	49		00
<b>Balance of Tax</b>	50	Add lines 46 through 49 .....	50	4,200	00
	51	Multiply line 50 by the Arizona income ratio on line 27 .....	51		00
	52	<b>Arizona adjusted gross income:</b> Subtract line 51 from line 45. If less than zero, enter "0" .....	52	0	00
	53	<b>Deductions: Check box and enter amount.</b> See instructions . . . 53I <input type="checkbox"/> ITEMIZED 53S <input checked="" type="checkbox"/> STANDARD	53	24,800	00
	54	If you checked box 53S and claim charitable deductions check 54C <input checked="" type="checkbox"/> Complete page 3. See instructions. ....	54	3,895	00
<b>Total Payments and Refundable Credits</b>	55	Arizona taxable income: Subtract lines 53 and 54 from line 52. If less than zero, enter "0" .....	55	0	00
	56	Compute the tax using amount from line 55 and Tax Table X or Y .....	56	0	00
	57	Tax from recapture of credits from Arizona Form 301, Part 2, line 31 .....	57		00
	58	Subtotal of tax: Add lines 56 and 57 and enter the total .....	58	0	00
	59	Dependent Tax Credit. See instructions .....	59		00
<b>Tax Due or Overpayment</b>	60	Family income tax credit (from the worksheet - see instructions) .....	60	80	00
	61	Nonrefundable credits from Arizona Form 301, Part 2, line 61 .....	61		00
	62	<b>Balance of tax:</b> Subtract lines 59, 60, and 61 from line 58. If the sum of lines 59, 60, and 61 is more than line 58, enter "0" .....	62	0	00
	63	2020 AZ income tax withheld .....	63		00
	64	2020 AZ estimated tax payments. 64a <input type="text" value="00"/> Claim of Right 64b <input type="text" value="00"/> Add 64a and 64b. 64c	64c		00
<b>Voluntary Gifts</b>	65	2020 AZ extension payment (Form 204) .....	65		00
	66	Increased Excise Tax Credit (from the worksheet - see instructions) .....	66	50	00
	67	Other refundable credits: Check the box(es) and enter the total amount . . . 67I <input type="checkbox"/> 308-I 672 <input type="checkbox"/> 349	67		00
	68	<b>Total payments and refundable credits:</b> Add lines 63 through 67 and enter the total .....	68	50	00
	69	<b>TAX DUE:</b> If line 62 is larger than line 68, subtract line 68 from line 62, and enter amount of tax due. Skip lines 70, 71 and 72 .....	69		00
<b>Penalty</b>	70	<b>OVERPAYMENT:</b> If line 68 is larger than line 62, subtract line 62 from line 68, and enter amount of overpayment .....	70	50	00
	71	Amount of line 70 to be applied to 2021 estimated tax .....	71		00
	72	Balance of overpayment: Subtract line 71 from line 70 .....	72	50	00
	73 - 83	<b>Voluntary Gifts to:</b>			
	73	Solutions Teams Assigned to Schools .....	73		00
<b>Refund or Amount Owed</b>	74	Arizona Wildlife .....	74		00
	75	Child Abuse Prevention .....	75		00
	76	Domestic Violence Services .....	76		00
	77	Political Gift .....	77		00
	78	Neighbors Helping Neighbors .....	78		00
<b>PLEASE SIGN HERE</b>	79	Special Olympics .....	79		00
	80	Veterans' Donations Fund .....	80		00
	81	I Didn't Pay Enough Fund .....	81		00
	82	Sustainable State Parks and Road Fund .....	82		00
	83	Spay/Neuter of Animals .....	83		00
<b>Refund or Amount Owed</b>	84	Political Party (if amount is entered on line 77 - check only one): 841 <input type="checkbox"/> Democratic 842 <input type="checkbox"/> Libertarian 843 <input type="checkbox"/> Republican	84		00
	85	Estimated payment penalty .....	85		00
	86	861 <input type="checkbox"/> Annualized/Other 862 <input type="checkbox"/> Farmer or Fisherman 863 <input type="checkbox"/> Form 221 included	86		00
	87	Add lines 73 through 83 and 85; enter the total .....	87		00
	88	<b>REFUND:</b> Subtract line 87 from line 72. If less than zero, enter amount owed on line 89 .....	88	50	00
<b>Refund or Amount Owed</b>	89	<b>Direct Deposit of Refund: Check box 88A</b> if your deposit will be ultimately placed in a foreign account; see instructions. 88A <input type="checkbox"/>	89		00
		C <input checked="" type="checkbox"/> Checking or ROUTING NUMBER ACCOUNT NUMBER			
		S <input type="checkbox"/> Savings 102000021 103675700431			
	89	<b>AMOUNT OWED:</b> Add lines 69 and 87. Make check payable to Arizona Department of Revenue; write your SSN on payment .....	89		00

Under penalties of perjury, I declare that I have read this return and any documents with it, 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		DATE	BUSINESS OWNER OCCUPATION
SPOUSE'S SIGNATURE		DATE	BUSINESS OWNER SPOUSE'S OCCUPATION
PAID PREPARER'S SIGNATURE	05-10-2021	DATE	HRB TAX GROUP INC
1753 W HUNT HWY			FIRM'S NAME (PREPARER'S IF SELF-EMPLOYED)
PAID PREPARER'S STREET ADDRESS			P01540764
SAN TAN VALLEY	AZ	85143	PAID PREPARER'S TIN
PAID PREPARER'S CITY	STATE	ZIP CODE	4806555881
			PAID PREPARER'S PHONE NUMBER



Your Name (as shown on page 1) MYRNA C AND WILLIAM L LANEY	Your Social Security Number 483-82-3456
---	--

## 2020 Form 140PY – Standard Deduction Increase for Charitable Contributions

**You must complete this worksheet if you are taking an increased standard deduction for charitable contributions. Include the completed worksheet with your tax return, when filed. If you do not include the completed worksheet, your standard deduction will not be increased.**

Taxpayers electing to take the Standard Deduction may increase the standard deduction amount by 25% (.25) of the total amount of the taxpayer's charitable deductions that would have been allowed if the taxpayer elected to claim itemized deductions on the Arizona tax return.

Charitable contributions (lines 1C, 2C, and 3C) are those gifts allowed on federal Form 1040 Schedule A (Gifts to Charity) that you would have claimed had you elected to take itemized deductions on your federal return.

**NOTE 1:** As a part-year resident filing Arizona Form 140PY, you may only include those charitable contributions that are incurred and paid while an Arizona resident plus the amount of such gifts from Arizona sources incurred and paid during the part of the year while an Arizona nonresident.

**NOTE 2:** If you did not itemize deductions on your federal return and reported the allowable deduction (not to exceed \$300) for qualifying charitable contributions on your federal return, you **must** reduce the total 2020 contributions by the amount for which you took the allowable deduction on your federal return. Enter the amount of your federal deduction on line 5C.

**NOTE 3:** You **must** reduce your contribution amount by the total 2020 contributions for which you are claiming an Arizona tax credit on Form 321 (line 20) and/or Form 352 (line 20) for the current tax year (2020) or claimed on your return for the prior tax year (2019). The prior tax year amounts can be found on line 10 of your 2019 Forms 321 and 352. Enter this amount on line 6C.

**NOTE 4:** If you itemized deductions on your federal return (1040 Schedule A) and were required to adjust the amount of your allowable contributions on your federal 1040 Schedule A for the amount claimed as a tax credit on your Arizona income tax return, include the amount of the federal contribution adjustment to line 1C and enter the amount of the Arizona tax credit on line 6C.

Complete the worksheet to determine your allowable increased standard deduction for charitable contributions.

<b>1C</b>	2020 Gifts by cash or check . . . . .	<b>1C</b>	15,880	00
<b>2C</b>	2020 Other than by cash or check . . . . .	<b>2C</b>		00
<b>3C</b>	Carryover from prior year . . . . .	<b>3C</b>		00
<b>4C</b>	Add lines 1C through 3C and enter the total . . . . .	<b>4C</b>	15,880	00
<b>5C</b>	If you did not itemize deductions on your federal return (1040 Schedule A) and took a deduction for charitable contributions on your federal return, enter the amount of charitable contribution deduction reported on your federal return. (See <b>Note 2</b> ) . . . . .	<b>5C</b>	300	00
<b>6C</b>	Total charitable contributions made in 2020 for which you are claiming a credit under Arizona law for the current (2020) or prior (2019) tax year . . . . .	<b>6C</b>		00
<b>7C</b>	Subtract lines 5C and 6C from line 4C and enter the difference. If less than zero, enter "0". . . . .	<b>7C</b>	15,580	00
<b>8C</b>	Multiply line 7C by 25% (.25) and enter the result . . . . .	<b>8C</b>	3,895	00

- Enter the amount shown on line 8C on page 2, line 54.
- Be sure to check box **53S** for Standard Deduction on line 53.
- Check box **54C** for charitable deductions on line 54. If you do not check this box, you may be denied the increased standard deduction.



Include with your return.

For the calendar year 2020 or fiscal year beginning 2020 and ending .

Your Name as shown on Form 140, 140PY, 140NR or 140X

MYRNA C LANEY

Your Social Security Number

483-82-3456

Spouse's Name as shown on Form 140, 140PY, 140NR or 140X (if a joint return)

WILLIAM LANEY

Spouse's Social Security Number

536-44-0172

## Part 1

## Nonrefundable Individual Tax Credits Available: Enter total available tax credits.

	(a) Current Year Credit	(b) Available Carryover	(c) Total Available Credit (a) + (b)
1 Military Reuse Zone Credit . . . . . Form 306 ▶	1		00
2 Credit for Increased Research Activities - Individuals . . . . . Form 308-I ▶	2		00
3 Credit for Taxes Paid to Another State or Country . . . . . Form 309 ▶	3		00
4 Credit for Solar Energy Devices . . . . . Form 310 ▶	4		00
5 Agricultural Water Conservation System Credit . . . . . Form 312 ▶	5		00
6 Pollution Control Credit . . . . . Form 315 ▶	6		00
7 Credit for Solar Hot Water Heater Plumbing Stub Outs and Electric Vehicle Recharge Outlets . . . . . Form 319 ▶	7		00
8 Credit for Employment of TANF Recipients . . . . . Form 320 ▶	8		00
9 Credit for Contributions to Qualifying Charitable Organizations . . . . . Form 321 ▶	9		00
10 Credit for Contributions Made or Fees Paid to Public Schools . . . . . Form 322 ▶	10		00
11 Credit for Contributions to Private School Tuition Organizations . . . . . Form 323 ▶	11		00
12 Agricultural Pollution Control Equipment Credit . . . . . Form 325 ▶	12		00
13 Credit for Donation of School Site . . . . . Form 331 ▶	13		00
14 Credit for Employment by Healthy Forest Enterprises . . . . . Form 332 ▶	14		00
15 Credit for Employing National Guard Members . . . . . Form 333 ▶	15		00
16 Credit for Business Contributions by an S Corporation to School Tuition Organization - Individual . . . . . Form 335-I ▶	16		00
17 Credit for Solar Energy Devices - Commercial and Industrial Applications . . . . . Form 336 ▶	17		00
18 Credit for Investment in Qualified Small Businesses . . . . . Form 338 ▶	18		00
19 Credit for Donations to the Military Family Relief Fund . . . . . Form 340 ▶	19		00
20 Credit for Business Contributions by an S Corporation to School Tuition Organizations for Displaced Students or Students with Disabilities - Individual . . . . . Form 341-I ▶	20		00
21 Renewable Energy Production Tax Credit . . . . . Form 343 ▶	21		00
22 Credit for New Employment . . . . . Form 345 ▶	22		00
23 Additional Credit for Increased Research Activities for Basic Research Payments . . . . . Form 346 ▶	23		00
24 Credit for Contributions to Certified School Tuition Organization (for contributions that exceed the allowable credit on Arizona Form 323). . . . . Form 348 ▶	24		00
25 Credit for Contributions to Qualifying Foster Care Charitable Organizations . . . . . Form 352 ▶	25		00
26 Reserved for future use . . . . .	26		
27 Total available nonrefundable tax credits: Add lines 1 through 25 . . . . .	27		00

Continued on page 2 →



You must include Form 301 and the corresponding credit form(s) for which you computed your credit(s) with your individual income tax return.

Your Name (as shown on page 1) <b>MYRNA C LANEY</b>	Your Social Security Number <b>483-82-3456</b>
--	---

<b>Part 2 Application of Tax Credits and Recapture:</b> Enter tax, recapture tax, and tax credits used this taxable year.			
<b>28</b>	Tax from Form 140, line 46; or Form 140PY, line 56; or Form 140NR, line 56; or Form 140X, line 35	<b>28</b>	00
<b>29</b>	Tax from recapture of Credits for Healthy Forest Enterprises from Form 332, Part 9, line 39, and Part 10, line 45	00	
<b>30</b>	Tax from recapture of Credit for Qualified Facilities from Form 349, Part 7, line 19	00	
<b>31</b> Recapture Total: Add lines 29 and 30. Enter here and on Form 140, line 47; or Form 140PY, line 57; or Form 140NR, line 57; or Form 140X, line 36		<b>31</b>	00
<b>32</b> Subtotal: Add lines 28 and 31		<b>32</b>	00
<b>33</b> Family Income Tax Credit from Form 140, line 50; or Form 140PY, line 60; or Form 140X, line 38a; <b>plus</b> Dependent Tax Credit from Form 140, line 49; or Form 140PY, line 59; or Form 140NR, line 59; or Form 140X, box 38b		<b>33</b>	80 00
<b>34</b> Subtract line 33 from line 32. Enter the difference. If less than zero, enter "0"		<b>34</b>	0 00

**Nonrefundable Tax Credits Used This Taxable Year:** Enter amounts actually used from Part 1.

<b>35</b>	Military Reuse Zone Credit	Form 306 ▶	<b>35</b>	00
<b>36</b>	Credit for Increased Research Activities – Individuals	Form 308-I ▶	<b>36</b>	00
<b>37</b>	Credit for Taxes Paid to Another State or Country	Form 309 ▶	<b>37</b>	00
<b>38</b>	Credit for Solar Energy Devices	Form 310 ▶	<b>38</b>	00
<b>39</b>	Agricultural Water Conservation System Credit	Form 312 ▶	<b>39</b>	00
<b>40</b>	Pollution Control Credit	Form 315 ▶	<b>40</b>	00
<b>41</b>	Credit for Solar Hot Water Heater Plumbing Stub Outs and Electric Vehicle Recharge Outlets	Form 319 ▶	<b>41</b>	00
<b>42</b>	Credit for Employment of TANF Recipients	Form 320 ▶	<b>42</b>	00
<b>43</b>	Credit for Contributions to Qualifying Charitable Organizations	Form 321 ▶	<b>43</b>	00
<b>44</b>	Credit for Contributions Made or Fees Paid to Public Schools	Form 322 ▶	<b>44</b>	00
<b>45</b>	Credit for Contributions to Private School Tuition Organizations	Form 323 ▶	<b>45</b>	00
<b>46</b>	Agricultural Pollution Control Equipment Credit	Form 325 ▶	<b>46</b>	00
<b>47</b>	Credit for Donation of School Site	Form 331 ▶	<b>47</b>	00
<b>48</b>	Credit for Employment by Healthy Forest Enterprises	Form 332 ▶	<b>48</b>	00
<b>49</b>	Credit for Employing National Guard Members	Form 333 ▶	<b>49</b>	00
<b>50</b>	Credit for Business Contribution by an S Corporation to School Tuition Organization – Individual	Form 335-1 ▶	<b>50</b>	00
<b>51</b>	Credit for Solar Energy Devices – Commercial and Industrial Applications	Form 336 ▶	<b>51</b>	00
<b>52</b>	Credit for Investment in Qualified Small Businesses	Form 338 ▶	<b>52</b>	00
<b>53</b>	Credit for Donations to the Military Family Relief Fund: Enter the smaller of Form 301, Part 1, line 19 or Part 2, line 32	Form 340 ▶	<b>53</b>	00
<b>54</b>	Credit for Business Contributions by an S Corporation to School Tuition Organizations for Displaced Students or Students with Disabilities – Individual	Form 341-1 ▶	<b>54</b>	00
<b>55</b>	Renewable Energy Production Tax Credit	Form 343 ▶	<b>55</b>	00
<b>56</b>	Credit for New Employment	Form 345 ▶	<b>56</b>	00
<b>57</b>	Additional Credit for Increased Research Activities for Basic Research Payments	Form 346 ▶	<b>57</b>	00
<b>58</b>	Credit for Contributions to Certified School Tuition Organization (for contributions that exceed the maximum allowable credit on Arizona Form 323).	Form 348 ▶	<b>58</b>	00
<b>59</b>	Credit for Contributions to Qualifying Foster Care Charitable Organizations	Form 352 ▶	<b>59</b>	00
<b>60</b>	Reserved for future use		<b>60</b>	
<b>61 Total Tax Credits Used:</b> Add lines 35 through 59. <b>Total cannot be more than line 34.</b> Enter this amount on Form 140, line 51; or Form 140PY, line 61; or Form 140NR, line 60; or Form 140X, line 39			<b>61</b>	0 00



**Do not mail this form to the Arizona Department of Revenue. The ERO must retain this document a minimum of four years.**

Your First Name and Initial MYRNA C	Last Name LANEY	<b>Enter your SSN(s).</b>	Your Social Security Number* 483-82-3456
Your Spouse's First Name and Initial (if filed joint) WILLIAM L	Last Name LANEY		Spouse's Social Security No.* 536-44-0172

**\*Do Not Truncate**

**PART 1 - PURPOSE**

- To certify the truthfulness, correctness, and completeness of the taxpayer's electronic income tax return.
- To authorize the Electronic Return Originator (ERO) to affirm that the taxpayer wishes to use the taxpayer's electronic signature to the taxpayer's federal individual income tax return as the taxpayer's signature to the taxpayer's electronic Arizona individual income tax return.

**PART 2 - TAX RETURN INFORMATION**

1 Arizona Adjusted Gross Income . . .		00
2 Balance Of Tax . . . . .		00
3 Arizona Income Tax Withheld . . . .		00

**Check box 4 or box 5:**

- 4 ☒ **REFUND:** Enter the amount of refund . . . . . 50 00
- 5 ☐ **AMOUNT YOU OWE:** Enter the amount owed . . . . . 00

**PART 3 - FINANCIAL INSTITUTION INFORMATION**

Must be present when requesting direct debit or deposit.

☐ Foreign Account Deposit/Debit: See instructions below.

TYPE OF ACCOUNT ROUTING NUMBER

☒ Checking ☐ Savings 102000021

ACCOUNT NUMBER 103675700431

DIRECT DEBIT REQUEST DATE \$ .00

**Box 4 Checkbox - Refund:** You are due a refund based on the information provided on your tax return. Your refund amount will be deposited in the account listed in the Financial Institution Information Section (Part 3).

**Box 5 Checkbox - Amount You Owe:** You owe taxes based on the information provided on your tax return. You have elected to direct debit for payment. The payment will be withdrawn from the account and on the date listed in the Financial Institution Information Section (Part 3).

**Foreign Account Deposit/Debit Checkbox:** Check the "Foreign Account Deposit/Debit" box if your deposit will be ultimately placed in or come from a foreign account. If you check this box, do not enter your account numbers. If this box is checked, we will not direct deposit or debit your account. If you are due a refund, we will send you a check instead. If you owe tax, **you must mail a check to the Arizona Department of Revenue, PO Box 29085, Phoenix, AZ 85038-9085.**

**PART 4 - DECLARATION AND SIGNATURE AUTHORIZATION (Sign only after completing Part 2)**

Under penalties of perjury, I declare that I have examined a copy of my electronic Arizona individual income tax return and accompanying schedules and statements for the year ending December 31, 2020, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts of Arizona adjusted gross income, total tax, Arizona income tax withheld, and refund (or amount owed) listed above are the amounts shown on the copy of my electronic Arizona income tax return.

I consent to my Electronic Return Originator (ERO) or On-Line Service Provider (OLSP) sending my electronic Arizona individual income tax return and accompanying schedules and statements to ADOR, and I consent to my ERO or OLSP sending such information to ADOR through a transmitter. I consent to ADOR sending my ERO, OLSP and/or transmitter an acknowledgement of receipt of transmission and an indication of whether or not the transmission of my return is accepted and, if the return is rejected, the reason(s) for the rejection. If the processing of my return or refund is delayed, I authorize ADOR to disclose to my ERO, OLSP and/or transmitter the reason(s) for the delay, or when the refund was sent. If ADOR contacts my ERO for a copy of my return, any documents or schedules to my return, and/or this authorization form, I authorize my ERO to release copies of the requested documents to ADOR.

I authorize HRB TAX GROUP INC to make the (ELECTRONIC RETURN ORIGINATOR) to make the election that I want my electronic signature to my electronic federal individual income tax return to serve as my signature to my electronic Arizona individual income tax return for the year ending December 31, 2020. I understand that when my ERO makes the election that my electronic signature to my federal individual income tax return will serve as my signature to my Arizona individual income tax return, I will have signed my Arizona individual income tax return and declared under penalties of perjury that to the best of my knowledge and belief the return is true, correct and complete.

- 6a ☒ I consent that my refund be directly deposited as designated in the electronic portion of my 2020 Arizona individual income tax return. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund.
- 6b ☐ I do not want direct deposit of my refund or I am not receiving a refund.
- 6c ☐ I authorize the Arizona Department of Revenue (ADOR) and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my Arizona taxes owed on this return. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

If I have filed a balance due return, I understand that if the ADOR does not receive full and timely payment of my tax liability by April 15, 2021, I will remain liable for the tax liability and all applicable interest and penalties. When electronically filing my federal and state tax returns, I understand that if there is an error on my federal return, state return will also be rejected.

<b>PLEASE SIGN HERE</b>	→ YOUR PEN AND INK SIGNATURE	DATE
	→ SPOUSE'S PEN AND INK SIGNATURE	DATE

2020 ARIZONA DEPRECIATION SCHEDULE

MYRNA C AND WILLIAM L. LANEY  
483-82-3456

DESCRIPTION	DATE	METHOD - LIFE	COST	PRIOR 179	CURRENT 179	PR SPEC ALLOW	CURR SPEC ALLOW	BASIS	PRIOR DEPR	CURRENT DEPR	ACCUM DEPR	ADJ BASIS
FORM 8829 #001												
HOME OFFICE	01-01-14	S/L-27.5	700000	0	0	0	0	240660	52137	8750	60887	179773
1 ASSETS	TOTALS:		700000	0	0	0	0	240660	52137	8750	60887	179773
1 ASSETS	GRAND TOTALS:		700000	0	0	0	0	240660	52137	8750	60887	179773





200104 12029

DR 0104 (10/19/20)

## COLORADO DEPARTMENT OF REVENUE

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(0013)



## 2020 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		Your First Name		Middle Initial
LANEY		MYRNA		C
Date of Birth (MM/DD/YYYY)	SSN or ITIN	Deceased		
03/17/1953	483-82-3456	<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		Spouse's First Name		Middle Initial
LANEY		WILLIAM		L
Spouse's Date of Birth (MM/DD/YYYY)	Spouse's SSN or ITIN	Deceased		
08/29/1944	536-44-0172	<input type="checkbox"/> If checked and claiming a refund, you must include the DR0102 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
Mailing Address			Phone Number	
1255 W DESERT VALLEY DR			(303) 877-4139	
City	State	Zip Code	Foreign Country (if applicable)	
SAN TAN VALLEY	AZ	85143		
Round To The Nearest Dollar				
1. Enter Federal Taxable Income from your federal income tax form: 1040 line 15 or 1040 SR line 15			● 1	-27,257 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)			● 2	0 00
20 CO1 BWF 1040 Form Software Copyright 1996 - 2021 HRB Tax Group, Inc.				
3. Business Interest Expense Deduction Addback (see instructions)			● 3	0 00



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## COLORADO DEPARTMENT OF REVENUE

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Name		SSN or ITIN	
MYRNA C LANEY		483-82-3456	
4. Excess Business Loss Addback (see instructions)	• 4	0	00
5. Net Operating Loss Addback (see instructions)	• 5	0	00
20 CO2 BWF 1040 Form Software Copyright 1996 – 2021 HRB Tax Group, Inc.			
6. Other Additions, explain (see instructions)	• 6	0	00
Explain:			
7. Subtotal, sum of lines 1 through 6	7	-27,257	00
Colorado Subtractions			
8. Subtractions from the DR 0104AD Schedule, line 20, you must submit the DR 0104AD schedule with your return.	• 8	15,880	00
9. Colorado Taxable Income, subtract line 8 from line 7	• 9	-43,137	00
Tax, Prepayments and Credits: see 104 Book for full-year tax table and part-year DR 0104PN Schedule			
10. Colorado Tax from tax table or the DR 0104PN line 36, you must submit the DR 0104PN with your return if applicable.	• 10	0	00
11. Alternative Minimum Tax from the DR 0104AMT line 8, you must submit the DR 0104AMT with your return.	• 11	0	00
12. Recapture of prior year credits	• 12	0	00
13. Subtotal, sum of lines 10 through 12	13	0	00
14. Nonrefundable Credits from the DR 0104CR line 43, the sum of lines 14, 15, and 16 cannot exceed line 13, you must submit the DR 0104CR with your return.	• 14	0	00
15. Total Nonrefundable Enterprise Zone credits used – as calculated, or from the DR 1366 line 87, the sum of lines 14, 15, and 16 cannot exceed line 13, you must submit the DR 1366 with your return.	• 15	0	00
16. Strategic Capital Tax Credit from DR 1330, the sum of lines 14, 15, and 16 cannot exceed line 13, you must submit the DR 1330 with your return.	• 16	0	00
17. Net Income Tax, sum of lines 14, 15, and 16. Subtract that sum from line 13.	17	0	00
18. Use Tax reported on the DR 0104US schedule line 7, you must submit the DR 0104US with your return.	• 18	0	00
19. Net Colorado Tax, sum of lines 17 and 18	19	0	00
20. CO Income Tax Withheld from W-2s and 1099s, you must submit the W-2s and/or 1099s claiming Colorado withholding with your return.	• 20	0	00
21. Prior-year Estimated Tax Carryforward	• 21	0	00
22. Estimated Tax Payments, enter the sum of the quarterly payments remitted for this tax year	• 22	0	00
23. Extension Payment remitted with the DR 0158-I	• 23	0	00
24. Other Prepayments: <input type="checkbox"/> • DR 0104BEP <input type="checkbox"/> • DR 0108 <input type="checkbox"/> • DR 1079	• 24	0	00





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DR 0104 (10/19/20)

## COLORADO DEPARTMENT OF REVENUE

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Name	SSN or ITIN
MYRNA C LANEY	483-82-3456
<b>25.</b> Gross Conservation Easement Credit from the DR 1305G line 33, you must submit the DR 1305G with your return.	0 00
<b>26.</b> Innovative Motor Vehicle Credit from the DR 0617, you must submit each DR 0617 with your return.	0 00
<b>27.</b> Refundable Credits from the DR 0104CR line 9, you must submit the DR 0104CR with your return.	0 00
<b>28.</b> Subtotal, sum of lines 20 through 27	0 00
<b>29.</b> Federal Adjusted Gross Income from your federal income tax form: 1040 line 11, or 1040 SR line 11	143 00
<b>30.</b> Overpayment, if line 28 is greater than line 19 then subtract line 19 from line 28	0 00
<b>31.</b> Estimated Tax Credit Carryforward to 2021 first quarter, if any.	0 00
If you have an overpayment on line 32 below and would like to donate all or a portion of your overpayment to a qualified Colorado charity, include Form DR 0104CH to contribute.	
<b>32.</b> Refund, subtract line 31 from line 30 (see instructions)	0 00
<b>Direct Deposit</b> Routing Number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> CollegeInvest 529 Account Number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> For questions regarding CollegeInvest direct deposit or to open an account, visit CollegeInvest.org or call 800-448-2424.	
<b>33.</b> Net Tax Due, subtract line 28 from line 19	0 00
<b>34.</b> Delinquent Payment Penalty (see instructions)	0 00
<b>35.</b> Delinquent Payment Interest (see instructions)	0 00
<b>36.</b> Estimated Tax Penalty, you must submit the DR 0204 with your return. (see instructions)	0 00
<b>37.</b> Amount You Owe, sum of lines 33 through 36	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.	



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DR 0104 (10/19/20)

## COLORADO DEPARTMENT OF REVENUE

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Name		SSN or ITIN	
MYRNA C LANEY		483-82-3456	
<b>Third Party Designee</b>			
Do you want to allow another person to discuss this return and any related information with the Colorado Department of Revenue? See the instructions.			
<input type="checkbox"/> No		<input checked="" type="checkbox"/> Yes. Complete the following:	
Designee's Name		Phone Number	
HRB TAX GROUP INC		4806555881	
<b>Sign Below</b> 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	
BETTY MARTIN		480-655-5881	
Paid Preparer's Address		City	State Zip
1753 W HUNT HWY		SAN TAN VALLEY	AZ 85143

File and pay at: [Colorado.gov/RevenueOnline](https://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.





200104PN12029

DR 0104PN (01/11/21)  
COLORADO DEPARTMENT OF REVENUE  
Tax.Colorado.gov  
Page 1 of 3

**Form 104PN****Part-Year Resident/Nonresident  
Tax Calculation Schedule 2020**

Taxpayer's Name		SSN or ITIN	
MYRNA C AND WILLIAM L LANEY		483-82-3456	
Use this form if you and/or your spouse were a resident of another state for all or part of 2020. This form apportions your gross income so that Colorado tax is calculated for only your Colorado income. Complete this form after you have filled out lines 1 through 9 of the DR 0104. If you filed federal form 1040NR, see the instructions.			
1. ● Taxpayer is (mark one):		Beginning (MM/YY)	Ending (MM/YY)
<input type="checkbox"/> Full-Year Nonresident <input checked="" type="checkbox"/> Part-Year Resident from		01/20	06/20
<input type="checkbox"/> Full-Year Resident <input type="checkbox"/> Nonresident 305-day rule Military			
2. ● Spouse is (mark one):		Beginning (MM/YY)	Ending (MM/YY)
<input type="checkbox"/> Full-Year Nonresident <input checked="" type="checkbox"/> Part-Year Resident from		01/20	06/20
<input type="checkbox"/> Full-Year Resident <input type="checkbox"/> Nonresident 305-day rule Military			
3. ● Mark the federal form you filed: <input type="checkbox"/> 1040 <input type="checkbox"/> 1040 NR <input checked="" type="checkbox"/> 1040 SR <input type="checkbox"/> Other			
		<b>Federal Information</b>	
4. Enter all income from form 1040 line 1 or 1040 SR line 1. ● 4		00	<b>Colorado Information</b>
5. Enter income from line 4 that was earned while working in Colorado and/or earned while you were a Colorado resident. Part-year residents should include moving expense reimbursements only if paid for moving into Colorado. ● 5			00
6. Enter the sum of all interest/dividend income from form 1040 lines 2b and 3b or form 1040 SR lines 2b and 3b. ● 6		00	
7. Enter income from line 6 that was earned while you were a resident of Colorado or derived from the ownership of real or tangible personal property located in Colorado. ● 7			00
8. Enter all income from form 1040, Schedule 1, line 7 or 1040 SR, Schedule 1, line 7. ● 8		00	
9. Enter income from line 8 that is from State of Colorado unemployment benefits; and/or is from another state's benefits that were received while you were a Colorado resident. ● 9			00
10. Enter all income from line 7 of form 1040 or 1040 SR and line 4 of Schedule 1 of form 1040 or 1040 SR. ● 10		00	
11. Enter income from line 10 that was earned during that part of the year you were a Colorado resident and/or was earned on property located in Colorado. ● 11			00





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DR 0104PN (01/11/21)

## COLORADO DEPARTMENT OF REVENUE

Tax.Colorado.gov

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Name		MYRNA C LANEY		SSN or ITIN	483-82-3456
		Federal Information		Colorado Information	
12. Enter the sum of all income from form 1040 lines 4b, 5b and 6b or 1040 SR lines 4b, 5b and 6b. ● 12				00	
13. Enter income from line 12 that was received during that part of the year you were a Colorado resident. ● 13					00
14. Enter the sum of all business and farm income from form 1040, Schedule 1, lines 3 and 6 or 1040 SR, Schedule 1, lines 3 and 6. ● 14		477		00	
15. Enter income from line 14 that was earned during that part of the year you were a Colorado resident and/or was earned from Colorado sources. ● 15				3,856	00
16. Enter all Schedule E income from form 1040, Schedule 1, line 5 or 1040 SR, Schedule 1, line 5. ● 16				00	
17. Enter income from line 16 that was earned from Colorado sources; and/or rent and royalty income received or credited to your account during the part of the year you were a Colorado resident; and/or partnership/S corporation/fiduciary income that is taxable to Colorado during the tax year. ● 17					00
18. Enter the sum of all other income from form 1040, Schedule 1, lines 1, 2a and 8 or 1040 SR, Schedule 1, lines 1, 2a and 8. ● 18				00	
List Type					
19. Enter income from line 18 that was earned during that part of the year you were a Colorado resident and/or was derived from Colorado sources. ● 19					00
List Type					
20. Total Income. Enter amount from form 1040, line 9 or 1040 SR, line 9. 20		477		00	
21. Total Colorado Income. Enter the total from the Colorado column, lines 5, 7, 9, 11, 13, 15, 17 and 19. 21				3,856	00
22. Enter all federal adjustments from form 1040, line 10c or 1040 SR, line 10c. ● 22		34		00	
List Type					
SEE ATTACHMENT					
23. Enter adjustments from line 22 as follows ● 23				275	00
List Type					
SEE ATTACHMENT					
<ul style="list-style-type: none"><li>• Educator expenses, IRA deduction, business expenses of reservists, performing artists and fee-basis government officials, health savings account deduction, self-employment tax, self-employed health insurance deduction, SEP and SIMPLE deductions are allowed in the ratio of Colorado wages and/or self-employment income to total wages and/or self-employment income.</li><li>• Student loan interest deduction, alimony, and tuition and fees deduction are allowed in the Colorado to federal total income ratio (line 21 / line 20).</li><li>• Penalty paid on early withdrawals made while a Colorado resident.</li><li>• Moving expenses for members of the Armed Forces.</li></ul> <p><b>For treatment of other adjustments reported on federal form 1040, line 10c or 1040 SR, line 10c, see the Colorado Individual Income Tax Guide and/or the Income Tax Topics: Part-Year Residents &amp; Nonresidents.</b></p>					





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DR 0104PN (01/11/21)

## COLORADO DEPARTMENT OF REVENUE

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Name		MYRNA C LANEY		SSN or ITIN	483-82-3456
		Federal Information		Colorado Information	
24. Adjusted Gross Income. Enter amount from form 1040 line 11 or 1040 SR line 11.	24	143	00		
25. Colorado Adjusted Gross Income. Subtract the amount on line 23 of Form 104PN from the amount on line 21 of Form 104PN.	25			3,581	00
26. Additions to Adjusted Gross Income. Enter the sum of lines 3, 4, 5, and 6 of Colorado Form 104 excluding any charitable contribution adjustments.	26				
27. Additions to Colorado Adjusted Gross Income. Enter any amount from line 26 that is from non-Colorado state or local bond interest earned while a Colorado resident.*	27				
28. Total of lines 24 and 26	28	143	00		
29. Total of lines 25 and 27	29			3,581	00
30. Subtractions from Adjusted Gross Income. Enter the amount from line 8 of Colorado Form 104 excluding any qualifying charitable contributions.	30				
31. Subtractions from Colorado Adjusted Gross Income. Enter any amount from line 30 as follows: • The state income tax refund subtraction to the extent included on line 19 above • The federal interest subtraction to the extent included on line 7 above • The pension/annuity subtraction and the PERA or DPS retirement subtraction to the extent included on line 13 above • The Colorado capital gain subtraction to the extent included on line 20 above <b>For treatment of other subtractions, see the Individual Income Tax Guide and/or the Income Tax Topics: Part-Year Residents &amp; Nonresidents.</b>	31				
32. Modified Adjusted Gross Income. Subtract line 30 from line 28.	32	143	00		
33. Modified Colorado Adjusted Gross Income. Subtract line 31 from line 29.	33			3,581	00
34. Divide line 33 by line 32. Round to four significant digits, e.g. xxx.xxxx	34	2504.1958	%		
35. Tax from the tax table based on income reported on the DR 0104 line 9	35				
36. Apportioned tax. Multiply line 35 by the percentage on line 34. Enter here and on DR 0104 line 10.	36				

\* See the Individual Income Tax Guide and/or the Income Tax Topics: Part-Year Residents & Nonresidents for treatment of other additions.



200104AD12029

DR 0104AD (08/14/20)

COLORADO DEPARTMENT OF REVENUE

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## 2020 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	SSN or ITIN
MYRNA C LANEY	483-82-3456
<b>Subtractions from Federal Taxable Income</b>	
1. State Income Tax Refund from federal income tax form 1040 or 1040 SR, Schedule 1 line 1.	• 1 00
20 CO104AD BWF 1040 Form Software Copyright 1996 – 2021 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 00
4. Spouse Pension, Annuity, IRA, Social Security, or Disability Income (see instructions)	• Deceased SSN or ITIN • 4 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 \$ 16,380 • 9 15,880 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





200104AD22029

Name		MYRNA C LANEY		SSN or ITIN	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	• 17	• CADA Certificate Number			00
18. First Time Home Buyer Savings Account Interest Deduction, you must submit form DR 0350(s) with your return	• 18				00
20 CO104AD2 BWF 1040 Form Software Copyright 1996 - 2021 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 8 on the DR 0104					
				• 20	15,880 00

**2020 COLORADO FORM 104PN - LINE 22  
FEDERAL ADJUSTMENTS ATTACHMENT**

MYRNA C AND WILLIAM L LANEY  
483-82-3456

---

SELF-EMPLOYMENT TAX  
TOTAL

34  
34

CLIENT COPY



2020 COLORADO FORM 104PN - LINE 23  
COLORADO ADJUSTMENTS ATTACHMENT

MYRNA C AND WILLIAM L LANEY  
483-82-3456

---

SELF-EMPLOYMENT TAX  
TOTAL

275  
275


CLIENT COPY

## Authorization to Electronically Sign Documents


I agree to use the below as my electronic signature and provide my permission to HRB Tax Group, Inc. and MetaBank®, National Association, to apply an image of it to any applicable documents throughout my interview. I understand and agree that every time I choose "Apply" on the signature keypad, I show my intent and act to sign the document as if I had signed by my hand in ink.

- I acknowledge and agree that these documents will be presented to me electronically for my review and signature, but that I will be provided copies of all documents at the end of the interview, either in paper form or electronic delivery via my MyBlock<sup>SM</sup> account.
- I acknowledge and agree that I must use the hardware and software made available in the office of the tax preparer and that I may withdraw my authorization to use electronic signature at any time.
- I acknowledge and agree that if I withdraw my authorization for use of electronic signature, all signature documents will be required to be completed in paper form.
- I acknowledge and agree that all information provided in my application(s) is true and correct and that my electronic signature attests to this fact. I further acknowledge and agree that my electronic signature signifies my agreement to the terms and conditions of one or more products, as applicable, and that it is my choice to use my electronic signature to enter into binding contractual agreements regarding one or more products.

By providing my electronic signature, I agree that I have read and accepted the terms of this Electronic Signature Authorization.

  
Taxpayer's Signature

5/10/2021  
Date

  
Spouse's Signature (Required if MFJ status)

5/10/2021  
Date





# CLIENT SERVICE AGREEMENT TAX SEASON 2021 – TAX YEAR 2020

## WELCOME TO H&R BLOCK®

Thank you for choosing H&R BLOCK®. If you are having your taxes prepared, and you are at an office operated by HRB Tax Group, Inc. ("HRB"), your tax return will be prepared by HRB. If you are at a franchised H&R BLOCK® office, your return will be prepared by an independently owned and operated franchisee ("Franchisee"). In either case, this Client Service Agreement ("CSA") explains what to expect from your tax preparer and from other companies that may provide you products and services, and what is needed from you so they can provide great service. This CSA contains an Arbitration Agreement, the terms of which are set forth below.

If you are having your taxes prepared, your tax preparer will (1) interview you to learn details that affect your taxes, and (2) ask you for documents to help accurately record your income, credits or deductions. You agree to provide information related to all products and services you receive, including your W-2(s) and other information that affects your tax situation, and to verify the accuracy of this information (including any W-2 you download for pick-up in the tax office). If you discover that you did not provide complete and accurate information, you agree to file an amended return. Your tax preparer can prepare any amendment for you, but there may be an additional charge. The use and disclosure of information you provide to H&R BLOCK® is governed by the Privacy Notice provided to you. You may request a copy of our most recent Privacy Notice from any office, or you may access a copy at [www.hrblock.com](http://www.hrblock.com). If you obtain a Refund Transfer, your fees are not due until all services are complete, which is typically when your refund is received and your authorized payments are disbursed, but in any event no more than 30 days after your tax return is e-filed.

## ARBITRATION IF A DISPUTE ARISES ("ARBITRATION AGREEMENT")

**1. Scope of Arbitration Agreement.** You and the H&R Block Parties agree that all disputes and claims between you and the H&R Block Parties shall be resolved through binding individual arbitration unless you opt out of this Arbitration Agreement using the process explained below. However, to the fullest extent permitted by applicable law, either you or the H&R Block Parties may elect that an individual claim be decided in small claims court, as long as it is brought and maintained as an individual claim. All issues are for the arbitrator to decide, except that issues relating to the arbitrability of disputes and the validity, enforceability, and scope of this Arbitration Agreement, including the interpretation of paragraph 4 below, shall be decided by a court and not an arbitrator. The term "H&R Block Parties" in this Arbitration Agreement includes HRB, Emerald Financial Services, LLC, and Franchisee; their direct or indirect parents, subsidiaries, and affiliates; and the predecessors, successors, officers, directors, agents, employees, and franchisees of any of them.

**Arbitration Opt Out:** You may opt out of this Arbitration Agreement within 60 days after you sign this CSA by filling out the form at [www.hrblock.com/goto/optout](http://www.hrblock.com/goto/optout), or by sending a signed letter to Arbitration Opt Out, P.O. Box 32818, Kansas City, MO 64171. The letter should include your printed name, address, the first five digits of your Social Security number, and the words "Reject Arbitration." If you opt out of this Arbitration Agreement, any prior arbitration agreement shall remain in force and effect.

**2. Pre-Arbitration Notice of Dispute.** A party who intends to seek arbitration must first mail a written Notice of Dispute ("Notice") to the other party. The Notice to the H&R Block Parties should be addressed to: H&R Block-Legal Department, Attention: Notice of Dispute, One H&R Block Way, Kansas City, MO 64105. The Notice must be on an individual basis and provide at least the following information: (a) your name, telephone number, and e-mail address; (b) the nature or basis of the claim or dispute; and (c) the specific relief you seek. If the dispute is not resolved within 60 days after the Notice is received, then you or the H&R Block Parties may file an arbitration. The existence or substance of any settlement discussions shall not be disclosed.

**3. How Arbitration Works.** Either party may initiate arbitration, which shall be conducted by the American Arbitration Association ("AAA") pursuant to its Consumer Arbitration Rules ("AAA Rules"), as modified by this Arbitration Agreement. AAA Rules are available on AAA's website [www.adr.org](http://www.adr.org), or by calling AAA at (800) 778-7879. If AAA is unavailable or unwilling to hear the dispute, the parties shall agree to, or the court shall select, another arbitration provider. Unless the parties agree otherwise, any arbitration hearing shall take place in the county of your residence.

**4. Waiver of Right to Bring Class Action and Representative Claims.** All arbitrations shall proceed on an individual basis. The arbitrator is empowered to resolve the dispute with the same remedies available in court, including compensatory, statutory, and punitive damages; attorneys' fees; and declaratory, injunctive, and equitable relief. However, any relief must be individualized to you and shall not affect any other client. The arbitrator is also empowered to resolve the dispute with the same defenses available in court, including but not limited to statutes of limitation. **You and the H&R Block Parties also agree that each may bring claims against the other in arbitration only in your or their respective individual capacities and in so doing you and the H&R Block Parties hereby waive the right to a trial by jury, to assert or participate in a class action lawsuit or class action arbitration, to assert or participate in a private attorney general lawsuit or private attorney general arbitration, and to assert or participate in any joint or consolidated lawsuit or joint or consolidated arbitration of any kind.** If a court decides that applicable law precludes enforcement of any of this paragraph's limitations as to a particular claim or any particular request for a remedy for a claim (such as a request for public injunctive relief), then only that particular claim or only that particular request for a remedy (and only that particular claim or particular request for a remedy) must remain in court and be severed from any arbitration. The H&R Block Parties do not consent to, and the arbitrator shall not have authority to conduct, any class action arbitration, private attorney general arbitration, or arbitration involving joint or consolidated claims, under any circumstance.

**5. Arbitration Costs.** Payment of all filing, administrative, arbitrator, and hearing fees will be governed by AAA's rules, but if you inform us that you cannot afford to pay your share of the fees, we will consider advancing those fees on your behalf. In addition, we will reimburse you for your share of the fees at the conclusion of the arbitration unless (i) you have failed to comply with the notice of dispute requirements in paragraph 2 above, (ii) your claim was brought or maintained in violation of paragraph 4 above, or (iii) either the substance of your claim or the relief you seek is frivolous or brought for an improper purpose as measured by the standards set forth in Federal Rule of Civil Procedure 11(b), in which case the payment of fees will be governed by AAA rules and you agree to reimburse the H&R Block Parties for all fees advanced on your behalf.

**6. Other Terms.** This Arbitration Agreement shall be governed by, and interpreted, construed, and enforced in accordance with, the Federal Arbitration Act and other applicable federal law. Except as set forth above, if any portion of this Arbitration Agreement is deemed invalid or unenforceable, it will not invalidate the remaining portions of the Arbitration Agreement. No arbitration award or decision will have any preclusive effect as to any issues or claims in any dispute, arbitration, or court proceeding where any party was not a named party in the arbitration, unless and except as required by applicable law.

## THIS AGREEMENT CONTAINS A BINDING MUTUAL ARBITRATION AGREEMENT

I have the authority to sign on behalf of the taxpayer(s), and I understand and voluntarily agree to the terms of the Arbitration Agreement described above, as well as all other terms, conditions and disclosures presented in this CSA.

Client's Signature

5/10/2021

Date

5/10/2021

Date

Spouse's Signature (Required only if MFJ and Spouse is Present)

20CLISER1

10/21/2020

## Client Sources of Income Verification



To ensure your return is prepared accurately, review the entries below and confirm they represent all your sources of income, regardless of taxability.

**Sources of Income – Total \$ 169,763**

*NOTE: The amount shown may not match your total Adjusted Gross Income as there may be sources of income present on your return that are not independently reported to the IRS.*

<u>Document</u>	<u>Issued by</u>	<u>Amount</u>
SCHEDULE C	DIAMOND ROSE SHEARS	\$48,289
SCHEDULE C	MUSASHI SHEARS LLC &	\$85,766
SSA-1099	SOCIAL SECURITY ADMI	\$35,708

My/our signature(s) below confirms that I/we verify that I/we have no additional sources of income for the 2020 tax year in the categories listed above.

	Name	Signature	Date
Client	<u>MYRNA C LANEY</u>	<u></u>	<u>5/10/2021</u>
Spouse	<u>WILLIAM L LANEY</u>	<u></u>	<u>5/10/2021</u>

(If married and Spouse is present, Spouse must also sign.)

Tax Professional: BETTY MARTIN Date: 5/10/2021



## Confirmation of Electronically Signed Documents

I agree that I have reviewed the documents below and hereby reaffirm my intention to electronically sign each of these acknowledgements and agreements.

AUTHORIZATION TO ELECTRONICALLY SIGN DOCUMENTS  
CLIENT SERVICE AGREEMENT  
CLIENT SOURCES OF INCOME VERIFICATION



Client Signature

5/10/2021

Date



Spouse Signature (required if MFJ status)

5/10/2021

Date