

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.

City, town, or post office. If you have a foreign address, also complete spaces below. State **AZ** ZIP code **85143**

Foreign country name Foreign province/state/county Foreign postal code **Presidential Election Campaign**
 Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. ☐ You ☐ Spouse

At any time during 2021, did you receive, sell, exchange, or otherwise dispose of 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, 1957 ☐ Are blind
☐ Spouse: ☒ Was born before January 2, 1957 ☐ Is blind

Dependents (see instructions):		(1) First name	Last name	(2) Social security no.	(3) Relationship to you	(4) ✓ if qualifies for (see inst.):		
						Child tax credit	Credit for other dependents	
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	
	3a	Qualified dividends.	3a	
	4a	IRA distributions.	4a	
	5a	Pensions and annuities.	5a	
	6a	Social security benefits. 36,192	6a	
	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 10.	8	15,454
	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income .	9	15,454
	10	Adjustments to income from Schedule 1, line 26.	10	2,132
	11	Subtract line 10 from line 9. This is your adjusted gross income .	11	13,322

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

Form **1040-SR** (2021)

Statement of Profit and Loss

For the year ended December 31, 2021

DIAMOND ROSE SHEARS LLC

Income			
	2021 Amounts	2020 Amounts	Difference
Gross receipts or sales	79,513	48,289	31,224
Returns and allowances		250	-250
Net sales	<u>79,513</u>	<u>48,039</u>	<u>31,474</u>
Cost of goods sold	31,128	1,480	29,648
Gross profit	<u>48,385</u>	<u>46,559</u>	<u>1,826</u>
Other income			
Gross income	<u>48,385</u>	<u>46,559</u>	<u>1,826</u>
Expenses			
Advertising	935		935
Car and truck expenses			
Commissions and fees			
Contract labor			
Depletion			
Depreciation and section 179 expense			
Employee benefit programs			
Insurance	181	9,198	-9,017
Interest: Mortgage			
Interest: Other			
Legal and professional services	1,470	2,063	-593
Office expenses	2,214	2,399	-185
Pension and profit-sharing plans			
Rent or lease: Vehicles, machinery and equipment	389	1,395	-1,006
Rent or lease: Other business property			
Repairs and maintenance	341	272	69
Supplies			
Taxes and licenses			
Travel		356	-356
Deductible meals		56	-56
Utilities	2,096	3,402	-1,306
Wages			
Other expenses	21,349	61,106	-39,757
Total expenses	<u>28,975</u>	<u>80,247</u>	<u>-51,272</u>
Net income (loss)	<u>19,410</u>	<u>-33,688</u>	<u>53,098</u>

Note: This report is based solely upon information that you provided to H&R Block. We do not perform any independent verification of your information, and this report should not be relied upon by third parties.

Statement of Profit and Loss

For the year ended December 31, 2021

MUSASHI SHEARS LLC

Income	2021 Amounts	2020 Amounts	Difference
Gross receipts or sales	81,437	85,766	-4,329
Returns and allowances			
Net sales	<u>81,437</u>	<u>85,766</u>	<u>-4,329</u>
Cost of goods sold	<u>39,228</u>	<u>40,825</u>	<u>-1,597</u>
Gross profit	<u>42,209</u>	<u>44,941</u>	<u>-2,732</u>
Other income			
Gross income	<u>42,209</u>	<u>44,941</u>	<u>-2,732</u>
Expenses			
Advertising			
Car and truck expenses	6,171		6,171
Commissions and fees	5,731		5,731
Contract labor			
Depletion			
Depreciation and section 179 expense			
Employee benefit programs			
Insurance			
Interest: Mortgage			
Interest: Other			
Legal and professional services	567		567
Office expenses	2,567	1,663	904
Pension and profit-sharing plans			
Rent or lease: Vehicles, machinery and equipment			
Rent or lease: Other business property			
Repairs and maintenance			
Supplies			
Taxes and licenses	46		46
Travel			
Deductible meals			
Utilities	1,980	745	1,235
Wages			
Other expenses	<u>12,880</u>	<u>3,654</u>	<u>9,226</u>
Total expenses	<u>29,942</u>	<u>6,062</u>	<u>23,880</u>
Net income (loss)	<u>12,267</u>	<u>38,879</u>	<u>-26,612</u>

Note: This report is based solely upon information that you provided to H&R Block. We do not perform any independent verification of your information, and this report should not be relied upon by third parties.

Statement of Profit and Loss

For the year ended December 31, 2021

AMERICAN HOPE REAL HOPE

Income	2021 Amounts	2020 Amounts	Difference
Gross receipts or sales	1,044		1,044
Returns and allowances			
Net sales	<u>1,044</u>		<u>1,044</u>
Cost of goods sold			
Gross profit	<u>1,044</u>		<u>1,044</u>
Other income			
Gross income	<u>1,044</u>		<u>1,044</u>
Expenses			
Advertising	5,670		5,670
Car and truck expenses			
Commissions and fees			
Contract labor			
Depletion			
Depreciation and section 179 expense			
Employee benefit programs			
Insurance			
Interest: Mortgage			
Interest: Other			
Legal and professional services			
Office expenses	165	227	-62
Pension and profit-sharing plans			
Rent or lease: Vehicles, machinery and equipment		61	-61
Rent or lease: Other business property			
Repairs and maintenance			
Supplies			
Taxes and licenses			
Travel		290	-290
Deductible meals			
Utilities			
Wages			
Other expenses	9,932	2,801	7,131
Total expenses	<u>15,767</u>	<u>3,379</u>	<u>12,388</u>
Net income (loss)	<u><u>-14,723</u></u>	<u><u>-3,379</u></u>	<u><u>-11,344</u></u>

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BUSINESS STRUCTURE ANALYSIS

MYRNA C AND WILLIAM L LANEY

Keep for Your Records

Schedule C Business Name: DIAMOND ROSE SHEARS LLC

1 Net profit or (loss) from Schedule C Line 31	1	19,410
If Line 1 is less than 0, stop , there is no self-employment tax due from this Schedule C business activity and forming an S Corporation will not save any self-employment taxes. There may still be other reasons to consider a change in business organization, see below for discussion points.		
2 Self-employment income from other sources (other Schedule Cs, Schedule Fs, or Partnership K-1s)	2	8,458
3 Total self-employment income (line 1 plus line 2)	3	27,868
4 Total income subject to self-employment tax (multiply line 3 by 92.35%)	4	25,736
5 Maximum self-employment income and wages subject to social security (or equivalent) tax	5	142,800
6 Total wages, tips, and other amounts subject to social security tax	6	
7 Remaining social security max (line 5 less sum of line 2 and line 6, enter 0 if 0 or less)	7	134,342
8 Amount from line 1 subject to self-employment tax (multiply line 1 x 92.35%)	8	17,925
9 Social security tax due from this business (smaller of line 7 or line 8 multiplied by 12.4%)	9	2,223
10 Medicare tax due from this business (multiply line 8 by 2.9%)	10	520
11 Total self-employment tax from this business (line 9 plus line 10)	11	2,743
12 Total self-employment tax from Schedule SE line 12	12	4,264
13 Estimated reasonable salary (multiply line 1 by 60%)	13	11,646
14 Reasonable salary as discussed with the taxpayer (IRS guidance is between 40% and 60% of net profits, but facts and circumstances determine what is actually a reasonable salary)	14	11,646
15 Employment taxes on reasonable salary (line 14 (or line 13 if line 14 is 0), multiplied by 15.3%, if reasonable salary is more than \$142,800, reasonable salary multiplied by 2.9% plus \$17,707)	15	1,782
16 Self-employment income from other sources (from line 2 above)	16	8,458
17 Revised income subject to self-employment tax (multiply line 16 by 92.35%)	17	7,811
18 Total previous wages, tips, and other amounts subject to social security tax (from line 6 above)	18	0
19 Reasonable salary (line 14, or line 13 if line 14 is 0)	19	11,646
20 Revised total wages, etc. subject to social security tax (line 18 plus line 19)	20	11,646
21 Estimated social security withholding (multiply line 20 by 6.2%)	21	722
22 If line 21 is greater than \$8,854, subtract 8,854 from line 21, otherwise enter 0. This is your estimated credit for excess social security tax withheld	22	0
23 Revised remaining social security max (line 5 less line 20, enter 0 if 0 or less)	23	131,154
24 Social security tax due on remaining self-employment income (multiply the smaller of line 17 or line 23 by 12.4%)	24	7,811
25 Medicare tax due on remaining self-employment income (multiply line 17 by 2.9%)	25	227
26 Revised self-employment tax (line 24 plus line 25)	26	8,038
27 Estimated total employment and self-employment taxes paid (subtract line 22 from the sum of line 15 and line 26)	27	9,820
28 Estimated savings in employment/self-employment taxes (subtract line 27 from line 12)	28	0

The choice of entity for a small business is an important decision, and these financial calculations are only some of many factors to consider. We recommend that you seek the advice of an attorney about the implications of entity selection.

This worksheet is designed to estimate outcomes, but it does not predict actual results. Many additional factors could change the outcome, such as state taxes and other items mentioned below. The information is based on current year rates and limits and will change based on the tax year in which these changes are made.

In order to provide a better estimate of tax savings, we would need to schedule a full consultation to review your unique tax situation (including income, expenses, deductions, credits, and applicable taxes).

Below are some additional points to consider when evaluating a change from a Schedule C to an S Corporation. Your tax professional may check some of the items that are specifically discussed, but others may apply.

Organizational considerations:

- There are legal fees and organization costs to form the S Corporation. For example:
 - Entity type must be carefully considered. A valid Limited Liability Company or corporation must exist or be formed. A valid S Corporation election must be timely filed.
 - Articles of incorporation must be drafted and submitted to the proper state authorities.
 - State registration fees must be paid and periodically renewed.
- State may require regular corporate board meetings and minutes from the meetings.
- There may be legal costs to transfer ownership of contracts, assets, and/or liabilities to the S Corporation.
- Retirement plans (if any) may need to be restructured/revisited including reviewing non discrimination rules for other employees, if any.
- Health insurance plans may need to be restructured/revisited including impact to current and future employees if more than the owner is covered.

Business administrations considerations:

- Additional administrative costs for maintaining compliance with corporate rules (board meetings and minutes).
- Payroll administration and compliance costs if not currently paying wages to other employees.
- Additional tax preparation expenses for payroll tax filings and 1120S return filings in addition to 1040 return costs.
- Additional bookkeeping and accounting costs to accurately track corporate finances.
- Additional banking costs and rules may apply for S Corporations.

Tax considerations:

- Qualified Business Income Deduction will change based on reasonable salary paid. Most cases will see a reduction in QBI.
- If claiming the business use of home deduction with the Schedule C, expenses will have to be reimbursed by the S Corporation as unreimbursed expenses can no longer be deducted on Schedule A.
- Use of a personal vehicle for the business will have to be reimbursed, if the vehicle title is still held by the owner and not transferred to the S Corporation.
- If a vehicle is owned by the S Corporation actual expenses will have to be tracked instead of using the standard mileage rate and any personal use of the company vehicle will have to be reimbursed or included as taxable income in wages.
- Self-employed health insurance and retirement plans must be handled correctly between the S Corporation and the owner to maintain deductibility.
- There could be impacts for the Net Investment Income Tax (Form 8960) and /or the Additional Tax on Medicare (Form 8959).
- State taxation could change based on the S Corporation and state required taxes. There may be additional differences between federal and state tax laws (such as depreciation) that impacts an S Corporation differently than a Schedule C filer.
- Form 1120S will have to be filed with its earlier due date of 3/15 (9/15 if extended) for most S Corporations in addition to the normal 1040 return. Payroll tax filings will be required if not currently paying other employees.
- Wages will likely be subject to federal and state unemployment taxes.
- If family members under the age of 18 are employed by the S Corporation, their wages will be subject to social security and Medicare taxes. These taxes can be avoided if they are employees of a Schedule C business.
- Calculation of general business credits, if any, may be more complicated.

BUSINESS STRUCTURE ANALYSIS

MYRNA C AND WILLIAM L LANEY

Keep for Your Records

Schedule C Business Name: MUSASHI SHEARS LLC

1 Net profit or (loss) from Schedule C Line 31	1	10,767
If Line 1 is less than 0, stop , there is no self-employment tax due from this Schedule C business activity and forming an S Corporation will not save any self-employment taxes. There may still be other reasons to consider a change in business organization, see below for discussion points.		
2 Self-employment income from other sources (other Schedule Cs, Schedule Fs, or Partnership K-1s)	2	17,101
3 Total self-employment income (line 1 plus line 2)	3	27,868
4 Total income subject to self-employment tax (multiply line 3 by 92.35%)	4	25,736
5 Maximum self-employment income and wages subject to social security (or equivalent) tax	5	142,800
6 Total wages, tips, and other amounts subject to social security tax	6	
7 Remaining social security max (line 5 less sum of line 2 and line 6, enter 0 if 0 or less)	7	125,699
8 Amount from line 1 subject to self-employment tax (multiply line 1 x 92.35%)	8	9,943
9 Social security tax due from this business (smaller of line 7 or line 8 multiplied by 12.4%)	9	1,233
10 Medicare tax due from this business (multiply line 8 by 2.9%)	10	288
11 Total self-employment tax from this business (line 9 plus line 10)	11	1,521
12 Total self-employment tax from Schedule SE line 12	12	4,264
13 Estimated reasonable salary (multiply line 1 by 60%)	13	6,460
14 Reasonable salary as discussed with the taxpayer (IRS guidance is between 40% and 60% of net profits, but facts and circumstances determine what is actually a reasonable salary)	14	6,460
15 Employment taxes on reasonable salary (line 14 (or line 13 if line 14 is 0), multiplied by 15.3%, if reasonable salary is more than \$142,800, reasonable salary multiplied by 2.9% plus \$17,707)	15	988
16 Self-employment income from other sources (from line 2 above)	16	17,101
17 Revised income subject to self-employment tax (multiply line 16 by 92.35%)	17	15,793
18 Total previous wages, tips, and other amounts subject to social security tax (from line 6 above)	18	0
19 Reasonable salary (line 14, or line 13 if line 14 is 0)	19	6,460
20 Revised total wages, etc. subject to social security tax (line 18 plus line 19)	20	6,460
21 Estimated social security withholding (multiply line 20 by 6.2%)	21	401
22 If line 21 is greater than \$8,854, subtract 8,854 from line 21, otherwise enter 0. This is your estimated credit for excess social security tax withheld	22	0
23 Revised remaining social security max (line 5 less line 20, enter 0 if 0 or less)	23	136,340
24 Social security tax due on remaining self-employment income (multiply the smaller of line 17 or line 23 by 12.4%)	24	15,793
25 Medicare tax due on remaining self-employment income (multiply line 17 by 2.9%)	25	458
26 Revised self-employment tax (line 24 plus line 25)	26	16,251
27 Estimated total employment and self-employment taxes paid (subtract line 22 from the sum of line 15 and line 26)	27	17,239
28 Estimated savings in employment/self-employment taxes (subtract line 27 from line 12)	28	0

The choice of entity for a small business is an important decision, and these financial calculations are only some of many factors to consider. We recommend that you seek the advice of an attorney about the implications of entity selection.

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 - State registration fees must be paid and periodically renewed.
- State may require regular corporate board meetings and minutes from the meetings.
- There may be legal costs to transfer ownership of contracts, assets, and/or liabilities to the S Corporation.
- Retirement plans (if any) may need to be restructured/revisited including reviewing non discrimination rules for other employees, if any.
- Health insurance plans may need to be restructured/revisited including impact to current and future employees if more than the owner is covered.

Business administrations considerations:

- Additional administrative costs for maintaining compliance with corporate rules (board meetings and minutes).
- Payroll administration and compliance costs if not currently paying wages to other employees.
- Additional tax preparation expenses for payroll tax filings and 1120S return filings in addition to 1040 return costs.
- Additional bookkeeping and accounting costs to accurately track corporate finances.
- Additional banking costs and rules may apply for S Corporations.

Tax considerations:

- Qualified Business Income Deduction will change based on reasonable salary paid. Most cases will see a reduction in QBID.
- If claiming the business use of home deduction with the Schedule C, expenses will have to be reimbursed by the S Corporation as unreimbursed expenses can no longer be deducted on Schedule A.
- Use of a personal vehicle for the business will have to be reimbursed, if the vehicle title is still held by the owner and not transferred to the S Corporation.
- If a vehicle is owned by the S Corporation actual expenses will have to be tracked instead of using the standard mileage rate and any personal use of the company vehicle will have to be reimbursed or included as taxable income in wages.
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- Payroll tax filings will be required if not currently paying other employees.
- Wages will likely be subject to federal and state unemployment taxes.
- If family members under the age of 18 are employed by the S Corporation, their wages will be subject to social security and Medicare taxes. These taxes can be avoided if they are employees of a Schedule C business.
- Calculation of general business credits, if any, may be more complicated.

BUSINESS STRUCTURE ANALYSIS

MYRNA C AND WILLIAM L LANEY

Keep for Your Records

Schedule C Business Name: AMERICAN HOPE REAL HOPE

1 Net profit or (loss) from Schedule C Line 31	1	-14,723
If Line 1 is less than 0, stop , there is no self-employment tax due from this Schedule C business activity and forming an S Corporation will not save any self-employment taxes. There may still be other reasons to consider a change in business organization, see below for discussion points.		
2 Self-employment income from other sources (other Schedule Cs, Schedule Fs, or Partnership K-1s)	2	
3 Total self-employment income (line 1 plus line 2)	3	
4 Total income subject to self-employment tax (multiply line 3 by 92.35%)	4	
5 Maximum self-employment income and wages subject to social security (or equivalent) tax	5	
6 Total wages, tips, and other amounts subject to social security tax	6	
7 Remaining social security max (line 5 less sum of line 2 and line 6, enter 0 if 0 or less)	7	
8 Amount from line 1 subject to self-employment tax (multiply line 1 x 92.35%)	8	
9 Social security tax due from this business (smaller of line 7 or line 8 multiplied by 12.4%)	9	
10 Medicare tax due from this business (multiply line 8 by 2.9%)	10	
11 Total self-employment tax from this business (line 9 plus line 10)	11	
12 Total self-employment tax from Schedule SE line 12	12	
13 Estimated reasonable salary (multiply line 1 by 60%)	13	
14 Reasonable salary as discussed with the taxpayer (IRS guidance is between 40% and 60% of net profits, but facts and circumstances determine what is actually a reasonable salary)	14	
15 Employment taxes on reasonable salary (line 14 (or line 13 if line 14 is 0), multiplied by 15.3%, if reasonable salary is more than \$142,800, reasonable salary multiplied by 2.9% plus \$17,707)	15	0
16 Self-employment income from other sources (from line 2 above)	16	
17 Revised income subject to self-employment tax (multiply line 16 by 92.35%)	17	0
18 Total previous wages, tips, and other amounts subject to social security tax (from line 6 above)	18	0
19 Reasonable salary (line 14, or line 13 if line 14 is 0)	19	
20 Revised total wages, etc. subject to social security tax (line 18 plus line 19)	20	0
21 Estimated social security withholding (multiply line 20 by 6.2%)	21	0
22 If line 21 is greater than \$8,854, subtract 8,854 from line 21, otherwise enter 0. This is your estimated credit for excess social security tax withheld	22	0
23 Revised remaining social security max (line 5 less line 20, enter 0 if 0 or less)	23	0
24 Social security tax due on remaining self-employment income (multiply the smaller of line 17 or line 23 by 12.4%)	24	0
25 Medicare tax due on remaining self-employment income (multiply line 17 by 2.9%)	25	0
26 Revised self-employment tax (line 24 plus line 25)	26	0
27 Estimated total employment and self-employment taxes paid (subtract line 22 from the sum of line 15 and line 26)	27	0
28 Estimated savings in employment/self-employment taxes (subtract line 27 from line 12)	28	0

The choice of entity for a small business is an important decision, and these financial calculations are only some of many factors to consider. We recommend that you seek the advice of an attorney about the implications of entity selection.

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Below are some additional points to consider when evaluating a change from a Schedule C to an S Corporation. Your tax professional may check some of the items that are specifically discussed, but others may apply.

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 - ☐ Entity type must be carefully considered. A valid Limited Liability Company or corporation must exist or be formed. A valid S Corporation election must be timely filed.
 - ☐ Articles of incorporation must be drafted and submitted to the proper state authorities.
 - ☐ State registration fees must be paid and periodically renewed.
- ☐ State may require regular corporate board meetings and minutes from the meetings.
- ☐ There may be legal costs to transfer ownership of contracts, assets, and/or liabilities to the S Corporation.
- ☐ Retirement plans (if any) may need to be restructured/revisited including reviewing non discrimination rules for other employees, if any.
- ☐ Health insurance plans may need to be restructured/revisited including impact to current and future employees if more than the owner is covered.

Business administrations considerations:

- ☐ Additional administrative costs for maintaining compliance with corporate rules (board meetings and minutes).
- ☐ Payroll administration and compliance costs if not currently paying wages to other employees.
- ☐ Additional tax preparation expenses for payroll tax filings and 1120S return filings in addition to 1040 return costs.
- ☐ Additional bookkeeping and accounting costs to accurately track corporate finances.
- ☐ Additional banking costs and rules may apply for S Corporations.

Tax considerations:

- ☐ Qualified Business Income Deduction will change based on reasonable salary paid. Most cases will see a reduction in QBI.
- ☐ If claiming the business use of home deduction with the Schedule C, expenses will have to be reimbursed by the S Corporation as unreimbursed expenses can no longer be deducted on Schedule A.
- ☐ Use of a personal vehicle for the business will have to be reimbursed, if the vehicle title is still held by the owner and not transferred to the S Corporation.
- ☐ If a vehicle is owned by the S Corporation actual expenses will have to be tracked instead of using the standard mileage rate and any personal use of the company vehicle will have to be reimbursed or included as taxable income in wages.
- ☐ Self-employed health insurance and retirement plans must be handled correctly between the S Corporation and the owner to maintain deductibility.
- ☐ There could be impacts for the Net Investment Income Tax (Form 8960) and /or the Additional Tax on Medicare (Form 8959).
- ☐ State taxation could change based on the S Corporation and state required taxes. There may be additional differences between federal and state tax laws (such as depreciation) that impacts an S Corporation differently than a Schedule C filer.
- ☐ Form 1120S will have to be filed with its earlier due date of 3/15 (9/15 if extended) for most S Corporations in addition to the normal 1040 return.
- ☐ Payroll tax filings will be required if not currently paying other employees.
- ☐ Wages will likely be subject to federal and state unemployment taxes.
- ☐ If family members under the age of 18 are employed by the S Corporation, their wages will be subject to social security and Medicare taxes. These taxes can be avoided if they are employees of a Schedule C business.
- ☐ Calculation of general business credits, if any, may be more complicated.

Standard Deduction

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

12a	Standard deduction or itemized deductions (from Schedule A)...	12a	27,800	
b	Charitable contributions if you take the standard deduction (see instructions)	12b	600	
c	Add lines 12a and 12b	12c		28,400
13	Qualified business income deduction from Form 8995 or Form 8995-A	13		
14	Add lines 12c and 13	14		28,400
15	Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-	15		0
16	Tax (see instructions). Check if any from: 1 <input type="checkbox"/> Form(s) 8814 2 <input type="checkbox"/> Form 4972 3 <input type="checkbox"/>	16		
17	Amount from Schedule 2, line 3	17		
18	Add lines 16 and 17	18		
19	Nonrefundable child tax credit or credit for other dependents from Schedule 8812	19		
20	Amount from Schedule 3, line 8	20		
21	Add lines 19 and 20	21		
22	Subtract line 21 from line 18. If zero or less, enter -0-	22		
23	Other taxes, including self-employment tax, from Schedule 2, line 21	23		4,264
24	Add lines 22 and 23. This is your total tax	24		4,264
25	Federal income tax withheld from:			
a	Form(s) W-2	25a		
b	Form(s) 1099	25b		
c	Other forms (see instructions)	25c		
d	Add lines 25a through 25c	25d		
26	2021 estimated tax payments and amount applied from 2020 return	26		
27a	Earned income credit (EIC)	27a	1,502	
	Check here if you were born after January 1, 1998, and before January 2, 2004, and you satisfy all the other requirements for taxpayers who are at least age 18 to claim the EIC. See instr. ► <input type="checkbox"/>			
b	Nontaxable combat pay election	27b		
c	Prior year (2019) earned income	27c		
28	Refundable child tax credit or additional child tax credit from Schedule 8812	28		
29	American opportunity credit from Form 8863, line 8	29		
30	Recovery rebate credit. See instructions	30		
31	Amount from Schedule 3, line 15	31		
32	Add lines 27a and 28 through 31. These are your total other payments and refundable credits	32		1,502
33	Add lines 25d, 26, and 32. These are your total payments	33		1,502

Go to www.irs.gov/Form1040SR for instructions and the latest information.Form **1040-SR** (2021)

Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	
Direct deposit? See instructions.	b	Routing number	c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
	d	Account number		
	36	Amount of line 34 you want applied to your 2022 estimated tax	36	
Amount You Owe	37	Amount you owe. Subtract line 33 from line 24. For details on how to pay, see instructions.	37	2,765
	38	Estimated tax penalty (see instructions)	38	3

Third Party Designee Do you want to allow another person to discuss this return with the IRS? See instructions ☒ **Yes. Complete below.** ☐ **No**

Designee's name **HRB TAX GROUP INC** Phone no. **480-655-5881** Personal identification number (PIN) **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 **BUSINESS OWNER** If the IRS sent you an Identity Protection PIN, enter it here _____

Spouse's signature. If a joint return, **both** must sign. _____ Date _____ Spouse's occupation **BUSINESS OWNER** If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) _____

Phone no. **303-877-4139** Email address **COLEEN@DIAMONDROSESHEARS.COM**

Paid Preparer Use Only

Preparer's name **BETTY MARTIN** Preparer's signature _____ Date **03-21-2022** PTIN **P01540764** Check if: ☐ Self-employed

Firm's name **HRB TAX GROUP INC** Phone no. **480-655-5881**

Firm's address **1753 W HUNT HWY** Firm's EIN **431871840**

SAN TAN VALLEY AZ 85143

Go to www.irs.gov/Form1040SR for instructions and the latest information.Form **1040-SR** (2021)

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	\$14,250
	2	15,950
Married filing jointly	1	\$26,450
	2	27,800
	3	29,150
	4	30,500
Qualifying widow(er)	1	\$26,450
	2	27,800
Head of household	1	\$20,500
	2	22,200
Married filing separately**	1	\$13,900
	2	15,250
	3	16,600
	4	17,950

*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 for instructions and the latest information.

Form 1040-SR (2021)

SCHEDULE 1
(Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2021

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 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

1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions) ▶		
3	Business income or (loss). Attach Schedule C	3	15,454
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income:		
a	Net operating loss	8a	()
b	Gambling income	8b	
c	Cancellation of debt	8c	
d	Foreign earned income exclusion from Form 2555	8d	()
e	Taxable Health Savings Account distribution	8e	
f	Alaska Permanent Fund dividends	8f	
g	Jury duty pay	8g	
h	Prizes and awards	8h	
i	Activity not engaged in for profit income	8i	
j	Stock options	8j	
k	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property	8k	
l	Olympic and Paralympic medals and USOC prize money (see instructions)	8l	
m	Section 951(a) inclusion (see instructions)	8m	
n	Section 951A(a) inclusion (see instructions)	8n	
o	Section 461(l) excess business loss adjustment	8o	
p	Taxable distributions from an ABLE account (see instructions)	8p	
z	Other income. List type and amount ▶	8z	
9	Total other income. Add lines 8a through 8z	9	
10	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8	10	15,454

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

Schedule 1 (Form 1040) 2021

Part II Adjustments to Income

11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106		12	
13	Health savings account deduction. Attach Form 8889		13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903		14	
15	Deductible part of self-employment tax. Attach Schedule SE		15	2,132
16	Self-employed SEP, SIMPLE, and qualified plans		16	
17	Self-employed health insurance deduction		17	
18	Penalty on early withdrawal of savings		18	
19a	Alimony paid		19a	
b	Recipient's SSN			
c	Date of original divorce or separation agreement (see instructions)			
20	IRA deduction		20	
21	Student loan interest deduction		21	
22	Reserved for future use		22	
23	Archer MSA deduction		23	
24	Other adjustments:			
a	Jury duty pay (see instructions)	24a		
b	Deductible expenses related to income reported on line 8k from the rental of personal property engaged in for profit	24b		
c	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8l	24c		
d	Reforestation amortization and expenses	24d		
e	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e		
f	Contributions to section 501(c)(18)(D) pension plans	24f		
g	Contributions by certain chaplains to section 403(b) plans	24g		
h	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)	24h		
i	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations	24i		
j	Housing deduction from Form 2555	24j		
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)	24k		
z	Other adjustments. List type and amount	24z		
25	Total other adjustments. Add lines 24a through 24z		25	
26	Add lines 11 through 23 and 25. These are your adjustments to income . Enter here and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a		26	2,132

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 for instructions and the latest information.

OMB No. 1545-0074

2021

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	4,264
5	Social security and Medicare tax on unreported tip income. Attach Form 4137	5	
6	Uncollected social security and Medicare tax on wages. Attach Form 8919	6	
7	Total additional social security and Medicare tax. Add lines 5 and 6	7	
8	Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required	8	
9	Household employment taxes. Attach Schedule H	9	
10	Repayment of first-time homebuyer credit. Attach Form 5405 if required	10	
11	Additional Medicare Tax. Attach Form 8959	11	
12	Net investment income tax. Attach Form 8960	12	
13	Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12	13	
14	Interest on tax due on installment income from the sale of certain residential lots and timeshares	14	
15	Interest on the deferred tax on gain from certain installment sales with a sales price over \$150,000	15	
16	Recapture of low-income housing credit. Attach Form 8611	16	

(continued on page 2)

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

Schedule 2 (Form 1040) 2021

Part II Other Taxes (continued)

17	Other additional taxes:		
a	Recapture of other credits. List type, form number, and amount ▶	17a	
b	Recapture of federal mortgage subsidy. If you sold your home in 2021, see instructions	17b	
c	Additional tax on HSA distributions. Attach Form 8889	17c	
d	Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889	17d	
e	Additional tax on Archer MSA distributions. Attach Form 8853	17e	
f	Additional tax on Medicare Advantage MSA distributions. Attach Form 8853	17f	
g	Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property	17g	
h	Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A	17h	
i	Compensation you received from a nonqualified deferred compensation plan described in section 457A	17i	
j	Section 72(m)(5) excess benefits tax	17j	
k	Golden parachute payments	17k	
l	Tax on accumulation distribution of trusts	17l	
m	Excise tax on insider stock compensation from an expatriated corporation	17m	
n	Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866	17n	
o	Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR	17o	
p	Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund	17p	
q	Any interest from Form 8621, line 24	17q	
z	Any other taxes. List type and amount ▶	17z	
18	Total additional taxes. Add lines 17a through 17z		18
19	Additional tax from Schedule 8812		19
20	Section 965 net tax liability installment from Form 965-A	20	
21	Add lines 4, 7 through 16, 18, and 19. These are your total other taxes . Enter here and on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b		21

4,264

Schedule 2 (Form 1040) 2021

SCHEDULE A
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Itemized Deductions

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

► Attach to Form 1040 or 1040-SR.

Caution: If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 16.

OMB No. 1545-0074

2021

Attachment
Sequence No. **07**

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

MYRNA C AND WILLIAM L LANEY

Your social security no.

483-82-3456

Medical and Dental Expenses

Caution: Do not include expenses reimbursed or paid by others.

- | | | | |
|---|---|---|--------|
| 1 | Medical and dental expenses (see instructions) | 1 | 3,564 |
| 2 | Enter amount from Form 1040 or 1040-SR, line 11 | 2 | 13,322 |
| 3 | Multiply line 2 by 7.5% (0.075) | 3 | 999 |
| 4 | Subtract line 3 from line 1. If line 3 is more than line 1, enter -0- | 4 | 2,565 |

Taxes You Paid

- | | | | |
|---|---|----|-------|
| 5 | State and local taxes. | | |
| a | State and local income taxes or general sales taxes. You may include either income taxes or general sales taxes on line 5a, but not both. If you elect to include general sales taxes instead of income taxes, check this box <input checked="" type="checkbox"/> | 5a | 851 |
| b | State and local real estate taxes (see instr.) | 5b | 1,886 |
| c | State and local personal property taxes | 5c | |
| d | Add lines 5a through 5c | 5d | 2,737 |
| e | Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately) | 5e | 2,737 |
| 6 | Other taxes. List type and amount ► | 6 | |
| 7 | Add lines 5e and 6 | 7 | 2,737 |

Interest You Paid

Caution:
Your mortgage interest deduction may be limited (see instructions).

- | | | | |
|----|---|----|--------|
| 8 | Home mortgage interest and points. If you didn't use all of your home mortgage loan(s) to buy, build, or improve your home, see instructions and check this box <input type="checkbox"/> | | |
| a | Home mortgage interest and points reported to you on Form 1098. See instructions if limited. | 8a | 10,266 |
| b | Home mortgage interest not reported to you on Form 1098. See instructions if limited. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address | 8b | 0 |
| c | Points not reported to you on Form 1098. See instructions for special rules | 8c | |
| d | Mortgage insurance premiums (see instructions) | 8d | 1,932 |
| e | Add lines 8a through 8d | 8e | 12,198 |
| 9 | Investment interest. Attach Form 4952 if required. See instructions | 9 | |
| 10 | Add lines 8e and 9 | 10 | 12,198 |

Gifts to Charity

Caution:
If you made a gift and got a benefit for it, see instructions.

- | | | | |
|----|--|----|-------|
| 11 | Gifts by cash or check. If you made any gift of \$250 or more, see instructions | 11 | 2,860 |
| 12 | Other than by cash or check. If you made any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500 | 12 | 133 |
| 13 | Carryover from prior year | 13 | 5,000 |
| 14 | Add lines 11 through 13 | 14 | 7,993 |

Casualty and Theft Losses

- | | | | |
|----|--|----|---|
| 15 | Casualty and theft loss(es) from a federally declared disaster (other than net qualified disaster losses). Attach Form 4684 and enter the amount from line 18 of that form. See instructions | 15 | 0 |
|----|--|----|---|

Other Itemized Deductions

- | | | | |
|----|--|----|--|
| 16 | Other -- from list in instructions. List type and amount ► | 16 | |
|----|--|----|--|

Total

Itemized Deductions

- | | | | |
|----|--|----|--------|
| 17 | Add the amounts in the far right column for lines 4 through 16. Also, enter this amount on Form 1040 or 1040-SR, line 12a | 17 | 25,493 |
| 18 | If you elect to itemize deductions even though they are less than your standard deduction, check this box <input type="checkbox"/> | | |

For Paperwork Reduction Act Notice, see the Instructions for Forms 1040 and 1040-SR.

Schedule A (Form 1040) 2021

#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 for instructions and the latest information.
 ► Attach to Form 1040, 1040-SR, 1040-NR, or 1041; partnerships must generally file Form 1065.

OMB No. 1545-0074

2021Attachment
Sequence No. **09**

Name of proprietor

MYRNA C LANEY

Social security number (SSN)

483-82-3456

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

BEAUTY SALES AND SERVICE

B Enter code from instructions

► 999999

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

DIAMOND ROSE SHEARS LLC

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

20-0252647

E Business address (including suite or room no.) ► 1255 W DESERT VALLEY DR

City, town or post office, state, and ZIP code SAN TAN VALLEY AZ 85143

F Accounting method: (1) ☒ Cash (2) ☐ Accrual (3) ☐ Other (specify) ►**G** Did you "materially participate" in the operation of this business during 2021? If "No," see instructions for limit on losses ☒ Yes ☐ No**H** If you started or acquired this business during 2021, check here ☐ Yes ☐ No**I** Did you make any payments in 2021 that would require you to file Form(s) 1099? See instructions ☐ Yes ☒ No**J** If "Yes," did you or will you file required Form(s) 1099? ☐ Yes ☐ No**Part I Income**

1 Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked <input type="checkbox"/> SEE ATTACHMENT ► <input type="checkbox"/>	1	79,513
2 Returns and allowances	2	0
3 Subtract line 2 from line 1	3	79,513
4 Cost of goods sold (from line 42)	4	31,128
5 Gross profit. Subtract line 4 from line 3	5	48,385
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	48,385

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

8 Advertising	8	935	18 Office expense (see instructions)	18	2,214
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	389
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	341
14 Employee benefit programs (other than on line 19)	14		22 Supplies (not included in Part III)	22	
15 Insurance (other than health)	15	181	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	1,470	25 Utilities	25	2,096
28 Total expenses before expenses for business use of home. Add lines 8 through 27a	28		26 Wages (less employment credits)	26	
29 Tentative profit or (loss). Subtract line 28 from line 7	29		27a Other expenses (from line 48)	27a	21,349
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 Reserved for future use	27b	
Simplified method filers only: Enter the total square footage of (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	30	0			
31 Net profit or (loss). Subtract line 30 from line 29.					
• If a profit, enter on both Schedule 1 (Form 1040), line 3 , and on Schedule SE, line 2 . (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3 .	31	19,410			
• If a loss, you must go to line 32.					
32 If you have a loss, check the box that describes your investment in this activity. See instructions.					
• If you checked 32a, enter the loss on both Schedule 1 (Form 1040), line 3 , and on Schedule SE, line 2 . (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on Form 1041, line 3 .	32a		<input type="checkbox"/> All investment is at risk.		
• If you checked 32b, you must attach Form 6198 . Your loss may be limited.	32b		<input type="checkbox"/> Some investment is not at risk.		

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule C (Form 1040) 2021

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	10,025
37 Cost of labor. Do not include any amounts paid to yourself	37	20,640
38 Materials and supplies	38	
39 Other costs	39	463
40 Add lines 35 through 39	40	31,128
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	31,128

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 2021, 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.

BUSINESS TELEPHONE	1,031
BANK CHARGES	348
DUES	139
PAYROLL TAXES	1,621
TECH SUPPORT	1,190
WEBSITE	2,767
CHARITY	4,600
CC FEES	179
INTEREST EXPENSE	9,474
48 Total other expenses. Enter here and on line 27a	48 21,349

#2

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

OMB No. 1545-0074

2021Attachment
Sequence No. **09**

Name of proprietor

MYRNA C LANEY

Social security number (SSN)

483-82-3456

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

BEAUTY SALES AND SERVICES

B Enter code from instructions

► 999999

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

MUSASHI SHEARS LLC

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

27-3607794

E Business address (including suite or room no.) ► 1255 W DESERT VALLEY DR

City, town or post office, state, and ZIP code SAN TAN VALLEY AZ 85143

F Accounting method: (1) ☒ Cash (2) ☐ Accrual (3) ☐ Other (specify) ►**G** Did you "materially participate" in the operation of this business during 2021? If "No," see instructions for limit on losses ☒ Yes ☐ No**H** If you started or acquired this business during 2021, check here ☐ Yes ☐ No**I** Did you make any payments in 2021 that would require you to file Form(s) 1099? See instructions ☐ Yes ☒ No**J** If "Yes," did you or will you file required Form(s) 1099? ☐ Yes ☐ No**Part I Income**

1 Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked <input type="checkbox"/>	1	81,437
2 Returns and allowances	2	0
3 Subtract line 2 from line 1	3	81,437
4 Cost of goods sold (from line 42)	4	39,228
5 Gross profit. Subtract line 4 from line 3	5	42,209
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	42,209

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

8 Advertising	8		18 Office expense (see instructions)	18	2,567
9 Car and truck expenses (see instructions)	9	6,171	19 Pension & profit-sharing plans	19	
10 Commissions and fees	10	5,731	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	46
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	567	25 Utilities	25	1,980
28 Total expenses before expenses for business use of home. Add lines 8 through 27a	28		26 Wages (less employment credits)	26	
29 Tentative profit or (loss). Subtract line 28 from line 7	29		27a Other expenses (from line 48)	27a	12,880
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 Reserved for future use	27b	
Simplified method filers only: Enter the total square footage of (a) your home: 3200 and (b) the part of your home used for business: 300. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	30				1,500
31 Net profit or (loss). Subtract line 30 from line 29.					
• If a profit, enter on both Schedule 1 (Form 1040), line 3 , and on Schedule SE, line 2 . (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3 .	31				10,767
• If a loss, you must go to line 32.					
32 If you have a loss, check the box that describes your investment in this activity. See instructions.					
• If you checked 32a, enter the loss on both Schedule 1 (Form 1040), line 3 , and on Schedule SE, line 2 . (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on Form 1041, line 3 .	32a	<input type="checkbox"/>	All investment is at risk.		
• If you checked 32b, you must attach Form 6198 . Your loss may be limited.	32b	<input type="checkbox"/>	Some investment is not at risk.		

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule C (Form 1040) 2021

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	33,192
38 Materials and supplies	38	2,100
39 Other costs	39	3,936
40 Add lines 35 through 39	40	39,228
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	39,228

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) ▶ 01-01-2005

44 Of the total number of miles you drove your vehicle during 2021, enter the number of miles you used your vehicle for:

a Business 11,019 b Commuting (see instructions) c Other 272

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.

BUSINESS TELEPHONE	2,196
AUTOMOBILE EXPENSE	4,631
DUES AND SUB	118
WRITE OFF BAD DEBT	2
INTEREST EXPENSE	5,933
48 Total other expenses. Enter here and on line 27a	48 12,880

#3

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

OMB No. 1545-0074

2021Attachment
Sequence No. **09**

Name of proprietor

WILLIAM L LANEY

Social security number (SSN)

536-44-0172

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

MARKETING SERVICES

B Enter code from instructions

► 541800

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

AMERICAN HOPE REAL HOPE

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

46-3170815

E Business address (including suite or room no.) ► 1255 W DESERT VALLEY DR

City, town or post office, state, and ZIP code SAN TAN VALLEY AZ 85143

F Accounting method: (1) ☒ Cash (2) ☐ Accrual (3) ☐ Other (specify) ►G Did you "materially participate" in the operation of this business during 2021? If "No," see instructions for limit on losses ☒ Yes ☐ NoH If you started or acquired this business during 2021, check here ☐ Yes ☐ NoI Did you make any payments in 2021 that would require you to file Form(s) 1099? See instructions ☐ Yes ☒ NoJ If "Yes," did you or will you file required Form(s) 1099? ☐ Yes ☐ No**Part I Income**

1	Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked <input type="checkbox"/> SEE ATTACHMENT ►	1	1,044
2	Returns and allowances	2	0
3	Subtract line 2 from line 1	3	1,044
4	Cost of goods sold (from line 42)	4	
5	Gross profit. Subtract line 4 from line 3	5	1,044
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	1,044

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

8	Advertising	8	5,670	18	Office expense (see instructions)	18	165
9	Car and truck expenses (see instructions)	9		19	Pension & profit-sharing plans	19	
10	Commissions and fees	10		20	Rent or lease (see instructions):	20a	
11	Contract labor (see instructions)	11		a	Vehicles, machinery, and equipment	20b	
12	Depletion	12		b	Other business property	21	
13	Depreciation and section 179 expense deduction (not included in Part III) (see instr.)	13		21	Repairs and maintenance	22	
14	Employee benefit programs (other than on line 19)	14		22	Supplies (not included in Part III)	23	
15	Insurance (other than health)	15		23	Taxes and licenses	24	
16	Interest (see instructions):	16a		24	Travel and meals:	24a	
a	Mortgage (paid to banks, etc.)	16b		a	Travel	24b	
b	Other	17		b	Deductible meals (see instructions)	25	
17	Legal and professional services	17		25	Utilities	26	
28	Total expenses before expenses for business use of home. Add lines 8 through 27a	28	15,767	26	Wages (less employment credits)	27a	9,932
29	Tentative profit or (loss). Subtract line 28 from line 7	29	-14,723	27a	Other expenses (from line 48)	27b	
30	Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions.	30	0	b	Reserved for future use	31	-14,723
31	Net profit or (loss). Subtract line 30 from line 29.	31					

Simplified method filers only: Enter the total square footage of (a) your home:

and (b) the part of your home used for business: . Use the Simplified

Method Worksheet in the instructions to figure the amount to enter on line 30

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

• If a profit, enter on both **Schedule 1 (Form 1040), line 3**, and on **Schedule SE, line 2**.

(If you checked the box on line 1, see instructions). Estates and trusts, enter on

Form 1041, line 3.• If a loss, you **must** go to line 32.

32 If you have a loss, check the box that describes your investment in this activity. See instructions.

• If you checked 32a, enter the loss on both **Schedule 1 (Form 1040), line 3**, and on **Schedule SE, line 2**. (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on **Form 1041, line 3**.• If you checked 32b, you **must** attach **Form 6198**. Your loss may be limited.32a ☒ All investment is at risk.32b ☐ Some investment is not at risk.

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule C (Form 1040) 2021

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	
40 Add lines 35 through 39	40	
41 Inventory at end of year	41	
42 Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	42	

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

43 When did you place your vehicle in service for business purposes? (month/day/year) ▶

44 Of the total number of miles you drove your vehicle during 2021, 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.

AMERICAN HOPE EXPENSES	5,267
COMPUTER AND INTERNET	611
WEBSITE	4,054
48 Total other expenses. Enter here and on line 27a	48 9,932

**SCHEDULE SE
(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)

Self-Employment Tax

OMB No. 1545-0074

2021

Attachment
Sequence No. **17**

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

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

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** 30,177

3 Combine lines 1a, 1b, and 2 **3** 30,177

4a If line 3 is more than zero, multiply line 3 by 92.35% (0.9235). Otherwise, enter amount from line 3 **4a** 27,868

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** 27,868

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** 27,868

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 2021 **7** 142,800

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 \$142,800 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** 142,800

10 Multiply the **smaller** of line 6 or line 9 by 12.4% (0.124) **10** 3,456

11 Multiply line 6 by 2.9% (0.029) **11** 808

12 **Self-employment tax.** Add lines 10 and 11. Enter here and on **Schedule 2 (Form 1040), line 4** **12** 4,264

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 15** **13** 2,132

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

Farm Optional Method. You may use this method **only** if (a) your gross farm income¹ wasn't more than \$8,820, **or** (b) your net farm profits² were less than \$6,367.

14 Maximum income for optional methods **14** 5,880

15 Enter the **smaller** of: two-thirds (2/3) of gross farm income¹ (not less than zero) **or** \$5,880. Also include this amount on line 4b above **15**

Nonfarm Optional Method. You may use this method **only** if (a) your net nonfarm profits³ were less than \$6,367 and also less than 72.189% of your gross nonfarm income,⁴ **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 income⁴ (not less than zero) **or** the amount on line 16. Also, include this amount on line 4b above **17**

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

² 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.

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

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

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

Schedule SE (Form 1040) 2021

Qualified Business Income Deduction Simplified Computation

OMB No. 1545-2294

Department of the Treasury
Internal Revenue Service

▶ Attach to your tax return.

▶ Go to www.irs.gov/Form8995 for instructions and the latest information.
2021
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 \$164,900 (\$164,925 if married filing separately; \$329,800 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	18,039
ii	MUSASHI SHEARS LLC	27-3607794	10,006
iii	AMERICAN HOPE REAL HOPE	46-3170815	-14,723
iv			
v			

2	Total qualified business income or (loss). Combine lines 1i through 1v, column (c) ...	2	13,322	
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	13,322	
5	Qualified business income component. Multiply line 4 by 20% (0.20) ...	5		2,664
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		2,664
11	Taxable income before qualified business income deduction (see instructions) ...	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 smaller of line 10 or line 14. Also enter this amount on the applicable line of your return (see instructions) ...	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 (2021)

Paid Preparer's Due Diligence Checklist

Earned Income Credit (EIC), American Opportunity Tax Credit (AOTC),
Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACTC)) and
Credit for Other Dependents (ODC), and Head of Household (HOH) Filing Status

OMB No. 1545-0074

(Rev. December 2021)

Department of the Treasury
Internal Revenue Service

► To be completed by preparer and filed with Form 1040, 1040-SR, 1040-NR, 1040-PR, or
1040-SS.

► Go to www.irs.gov/Form8867 for instructions and the latest information.

Attachment
Sequence No. 70

Taxpayer name(s) shown on return

MYRNA C AND WILLIAM L LANEY

Taxpayer identification number

483-82-3456

Enter preparer's name and PTIN

BETTY MARTIN P01540764

Part I Due Diligence Requirements

Please check the appropriate box for the credit(s) and/or HOH filing status claimed on the return and complete the related Parts I-V
for the benefit(s) claimed (check all that apply).



EIC



CTC/ACTC/ODC



AOTC



HOH

	Yes	No	N/A
1 Did you complete the return based on information for the applicable tax year provided by the taxpayer or reasonably obtained by you? (See instructions if relying on prior year earned income.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2 If credits are claimed on the return, did you complete the applicable EIC and/or CTC/ACTC/ODC worksheets found in the Form 1040, 1040-SR, 1040-NR, 1040-PR, 1040-SS, or Schedule 8812 (Form 1040) instructions, and/or the AOTC worksheet found in the Form 8863 instructions, or your own worksheet(s) that provides the same information, and all related forms and schedules for each credit claimed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of the following.			
• Interview the taxpayer, ask questions, and contemporaneously document the taxpayer's responses to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
• Review information to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of any credit(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4 Did any information provided by the taxpayer or a third party for use in preparing the return, or information reasonably known to you, appear to be incorrect, incomplete, or inconsistent? (If "Yes," answer questions 4a and 4b. If "No," go to question 5.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
a Did you make reasonable inquiries to determine the correct, complete, and consistent information?	<input type="checkbox"/>	<input type="checkbox"/>	
b Did you contemporaneously document your inquiries? (Documentation should include the questions you asked, whom you asked, when you asked, the information that was provided, and the impact the information had on your preparation of the return.)	<input type="checkbox"/>	<input type="checkbox"/>	
5 Did you satisfy the record retention requirement? To meet the record retention requirement, you must keep a copy of your documentation referenced in question 4b, a copy of this Form 8867, a copy of any applicable worksheet(s), a record of how, when, and from whom the information used to prepare Form 8867 and any applicable worksheet(s) was obtained, and a copy of any document(s) provided by the taxpayer that you relied on to determine eligibility for the credit(s) and/or HOH filing status or to figure the amount(s) of the credit(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
List those documents provided by the taxpayer, if any, that you relied on:			
DID NOT RELY ON DOCS, NOTED IN FILE			
FORM 1099-K			
SUMMARY OF INCOME			
SUMMARY OF EXPENSES			
6 Did you ask the taxpayer whether he/she could provide documentation to substantiate eligibility for the credit(s) and/or HOH filing status and the amount(s) of any credit(s) claimed on the return if his/her return is selected for audit?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
7 Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous year? (If credits were disallowed or reduced, go to question 7a; if not, go to question 8.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a Did you complete the required recertification Form 8862?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 If the taxpayer is reporting self-employment income, did you ask questions to prepare a complete and correct Schedule C (Form 1040)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

For Paperwork Reduction Act Notice, see separate instructions.

Form 8867 (Rev. 12-2021)

Part II Due Diligence Questions for Returns Claiming EIC (If the return does not claim EIC, go to Part III.)

	Yes	No	N/A
9a Have you determined that the taxpayer is eligible to claim the EIC for the number of qualifying children claimed, or is eligible to claim the EIC without a qualifying child? (If the taxpayer is claiming the EIC and does not have a qualifying child, go to question 10.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b Did you ask the taxpayer if the child lived with the taxpayer for over half of the year, even if the taxpayer has supported the child the entire year?	<input type="checkbox"/>	<input type="checkbox"/>	
c Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of more than one person (tiebreaker rules)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part III Due Diligence Questions for Returns Claiming CTC/ACTC/ODC (If the return does not claim CTC, ACTC, or ODC, go to Part IV.)

	Yes	No	N/A
10 Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is a citizen, national, or resident of the United States?	<input type="checkbox"/>	<input type="checkbox"/>	
11 Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if the child has not lived with the taxpayer for over half of the year, even if the taxpayer has supported the child, unless the child's custodial parent has released a claim to exemption for the child?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 Did you explain to the taxpayer the rules about claiming the CTC/ACTC/ODC for a child of divorced or separated parents (or parents who live apart), including any requirement to attach a Form 8332 or similar statement to the return?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part IV Due Diligence Questions for Returns Claiming AOTC (If the return does not claim AOTC, go to Part V.)

	Yes	No
13 Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the qualified tuition and related expenses for the claimed AOTC?	<input type="checkbox"/>	<input type="checkbox"/>

Part V Due Diligence Questions for Claiming HOH (If the return does not claim HOH filing status, go to Part VI.)

	Yes	No
14 Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax year and provided more than half of the cost of keeping up a home for the year for a qualifying person?	<input type="checkbox"/>	<input type="checkbox"/>

Part VI Eligibility Certification

► **You will have complied with all due diligence requirements for claiming the applicable credit(s) and/or HOH filing status on the return of the taxpayer identified above if you:**

- Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's responses on the return or in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s);
- Complete this Form 8867 truthfully and accurately and complete the actions described in this checklist for any applicable credit(s) claimed and HOH filing status, if claimed;
- Submit Form 8867 in the manner required; **and**
- Keep all five of the following records for 3 years from the latest of the dates specified in the Form 8867 instructions under Document Retention.
 - A copy of this Form 8867.
 - The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.
 - Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).
 - A record of how, when, and from whom the information used to prepare this form and the applicable worksheet(s) was obtained.
 - A record of any additional information you relied upon, including questions you asked and the taxpayer's responses, to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).

► **If you have not complied with all due diligence requirements, you may have to pay a penalty for each failure to comply related to a claim of an applicable credit or HOH filing status (see instructions for more information).**

	Yes	No
15 Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct, and complete?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Form **8867** (Rev. 12-2021)

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 for the latest information.

Submission Identification Number (SID) ▶

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

Part I Tax Return Information — Tax Year Ending December 31, 2021 (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	13,322
2	Total tax	2	4,264
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	2,765

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 ▶ 03-21-2022

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. 01-2022)

2021 SCHEDULE A - ITEMIZED DEDUCTIONS ATTACHMENT

MYRNA C AND WILLIAM L LANEY
483-82-3456

MEDICAL AND DENTAL EXPENSES

MEDICAL INSURANCE	3,564
TOTAL TO SCHEDULE A LINE 1	3,564

GIFTS BY CASH OR CHECK

SALVATION ARMY	30
THE ROCK WORSHIP	1,000
ROCK POINT	9,700
TOTAL TO SCHEDULE A LINE 11	2,860

GIFTS OTHER THAN CASH OR CHECK

HELP & HOPE	500
TOTAL TO SCHEDULE A LINE 12	133

CLIENT COPY

2021 STATE AND LOCAL GENERAL SALES TAX DEDUCTION WORKSHEET

(See Schedule A instructions for line 5a Worksheet)

MYRNA C AND WILLIAM L LANEY
483-82-3456

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1a. Available income shown on Form 1040 or 1040-SR, line 8b	1a.	<u>13,322</u>
b. Tax-exempt interest income	1b.	
c. Nontaxable combat pay	1c.	
d. Nontaxable part of social security and railroad retirement benefits	1d.	<u>36,192</u>
e. Nontaxable part of IRA, pension, or annuity distributions not including rollovers	1e.	
f. Nontaxable unemployment compensation	1f.	
g. Other adjustments to total available income	1g.	
h. Total available income. Add lines 1a through 1g	1h.	<u>49,514</u>
2. Family size	2.	<u>2</u>
3. Enter your state general sales taxes from the applicable table in the instructions (see instructions) <u>AZ.</u>	3.	<u>540</u>
<p>Next. If, for all of 2021, you lived only in Connecticut, the District of Columbia, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan, New Jersey, Rhode Island, skip lines 4 through 7, enter -0- on line 8 and go to line 9. Otherwise, go to line 4.</p>		
4. Did you live in Alaska, Arizona, Arkansas, Colorado, Georgia, Illinois, Louisiana, Mississippi, Missouri, New York State, North Carolina, South Carolina, Tennessee, Utah, or Virginia in 2021?		
<ul style="list-style-type: none"> • No. Enter -0-. • Yes. Enter your local general sales taxes from the applicable table in the instructions. (see instructions) 	4.	<u>115</u>
5. Did your locality impose a local general sales tax in 2021 Residents of California and Nevada see instructions.		
<ul style="list-style-type: none"> • No. Skip lines 5 through 7, enter -0- on line 8, and go to line 9. • Yes. Enter your local general sales tax rate, but omit percentage sign. For example, if your local general sales tax rate was 2.5%, enter 2.5. If your local general sales tax rate changed or you lived in more than one locality in the same state during 2021, see instructions. (If you do not know your local general sales tax rate, contact your local government 	5.	<u>2.700</u>
6. Did you enter -0- on line 4 above?		
<ul style="list-style-type: none"> • No. Skip lines 6 and 7 and go to line 8. • Yes. Enter your state general sales tax rate (shown in the table heading for your state), but omit the percentage sign. For example, if your state general sales tax rate is 6%, enter 6.0 	6.	<u>0.000</u>
7. Divide line 5 by line 6. Enter the result as a decimal (rounded to at least three places)	7.	
8. Did you enter -0- on line 4 above?		
<ul style="list-style-type: none"> • No. Multiply line 4 by line 5. • Yes. Multiply line 3 by line 7. If you lived in more than one locality in the same state during 2021, see instructions above. 	8.	<u>311</u>
9. Enter your state and local general sales taxes paid on specified items, if any (see instructions)	9.	
10. Deduction for general sales taxes. Add lines 3, 8, and 9. Enter the result here and the total from all your state and local general sales tax deduction worksheets, if you completed more than one, on Schedule A, line 5. Be sure to check box b on that line	10.	<u>851</u>

STATE AND LOCAL TAX SUMMARY

1. Total state and local income taxes	1.	<u>0</u>
2. General sales taxes (as entered or from all worksheets)	2.	<u>851</u>
3. Deduction taken (larger of lines 1 or 2) on Schedule A (Form 1040 or 1040-SR), line 5	3.	<u>851</u>

2021 SCHEDULE C SIMPLIFIED METHOD WORKSHEET

MYRNA C AND WILLIAM L LANEY
483-82-3456

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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. 12,267
2. Allowable square footage for the qualified business use. Do not enter more than 300 square feet 2. 300
3. Simplified method amount:
 - a. Maximum allowable amount 3a. 5
 - b. For daycare facilities not used exclusively for business, enter the decimal amount from the Daycare Facility Worksheet; otherwise, enter 1.0 b. 1.0
 - c. Multiply line 3a by line 3b and enter result to 2 decimal places c. 5.00
4. Multiple line 2 by line 3c 4. 1,500
5. **Allowable expenses using the simplified method.** 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. 1,500
6. **Carryover of unallowed expenses from a prior year that are not allowed in <CY>.**
 - a. Operating expenses. Enter the amount from your last Form 8829, line 43 (line 42 if before 2019). 6a. _____
 - b. Excess casualty losses and depreciation. Enter the amount from your last Form 8829, line 44 (line 43 if before 2019). b. _____

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. 12,267
- 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. _____
- C. Add lines A and B C. 12,267
- 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. _____
- E. Gross income limitation. Subtract line D from line C. Enter the result here and on line 1 E. 12,267

Daycare Facility Worksheet (for simplified method)

1. Multiply days used for daycare during the year by hours used per day 1. _____
2. Total hours available for use during the year (see instructions) 2. _____
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. _____

2021 SOCIAL SECURITY TAXABLE BENEFITS WORKSHEET

MYRNA C AND WILLIAM L LANEY
483-82-3456

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Publication 915

- Before you begin:**
- ✓ If you are married filing separately and you lived apart from your spouse for all of 2021, 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 2021 and your total repayments (box 4 of Forms SSA-1099 and RRB-1099) were more than your gross benefits for 2021 (box 3 of Forms SSA-1099 and RRB-1099). None of your benefits are taxable for 2021. 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.	<u>36,192</u>
2. Multiply line 1 by 50% (0.50)	2.	<u>18,096</u>
3. Combine the amounts from: Form 1040 or 1040-SR, lines 1, 2b, 3b, 4b, 5b, 7, and 8.	3.	<u>15,454</u>
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.	<u>33,550</u>
7. Form 1040 filers: Enter the amounts from Schedule 1, lines 11 through 20, and 23 and 25	7.	<u>2,132</u>
8. Is the amount on line 7 less than the amount on line 6? No. STOP None of your social security benefits are taxable. Enter -0- on Form 1040 or 1040-SR, line 6b		
Yes. Subtract line 7 from line 6	8.	<u>31,418</u>
9. If you are: • Married filing jointly, enter \$32,000 • Single, head of household, qualifying widow(er), or married filing separately and you lived apart from your spouse for all of 2021, enter \$25,000	9.	<u>32,000</u>
Note: If you are married filing separately and you lived with your spouse at any time in 2021, 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?		
10. No. STOP None of your benefits are taxable. Enter -0- on Form 1040 or 1040-SR, line 6b. If you are married filing separately and you lived apart from your spouse for all of 2021, be sure you entered "D" to the right of the word "benefits" on Form 1040 or 1040-SR, line 6a.		
Yes. 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 lived apart from your spouse for all of 2021	11.	
12. Subtract line 11 from line 10. If zero or less, enter -0-	12.	
13. Enter the smaller of line 10 or line 11	13.	
14. Multiply line 13 by 50% (0.50)	14.	
15. Enter the smaller of line 2 or line 14	15.	
16. Multiply line 12 by 85% (0.85). If line 12 is zero, enter -0-	16.	<u>0</u>
17. Add lines 15 and 16	17.	
18. Multiply line 1 by 85% (0.85)	18.	
19. Taxable benefits. Enter the smaller of line 17 or line 18. Also enter this amount on Form 1040 or 1040-SR line 6b.	19.	<u>0</u>

TIP: If you received a lump-sum payment in 2021 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.

2021 SCHEDULE A CONTRIBUTION LIMITATION WORKSHEET

MYRNA C AND WILLIAM L LANEY
483-82-3456

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SUMMARY

IRS Publication 526

Contribution Type	Contribution Amounts			(d) 2021 Deduction*	(e) Carryover to 2022*
	(a) 2021	(b) Carryover to 2021	(c) Total (a) + (b)		
1. 60% Limitation	10,730	17,911	28,641	7,993	20,648
2. 50% Limitation	500	850	1,350		1,350
3. 30% Capital Gain					
4. 30% Limitation					
5. 20% Limitation					
6. 100% QCC & Disaster Contributions					
7. TOTALS	11,230	18,761	29,991	7,993	21,998

LIMITATION CALCULATIONS

8. 2021 Adjusted Gross Income (AGI) 8. 13,322

60% Contributions

9. Total 60% Contributions (line 1, column c) 9.
10. 60% of AGI limitation (line 8 x .60) 10.
11. 2021 deduction (lesser of line 9 or line 10) (carries to line 1, column d) 11.
12. Expired carryover from 2016 12.
13. Carryover to 2022, if any (line 9 less line 10 and 11) (carries to line 1, column e) 13.

Limitation	2021 Deduction & Carryover to 2022
28,641	
7,993	
	7,993
	20,648

50% Contributions

14. Total 50% Contributions (line 2, column c) 14.
15. 50% of AGI limitation (line 8 x .50) 15.
16. 60% AGI limitation less 60% deduction (line 10 less line 11) 16.
17. 2021 deduction (lesser of line 14 or line 15 or line 16) (carries to line 2, column d) 17.
18. Expired carryover from 2016 18.
19. Carryover to 2022, if any (line 14 less line 17 and 18) (carries to line 2, column e) 19.

1,350	
6,661	
	0
	1,350

30% Capital Gain Special Limit

20. Total 30% Capital Gain Special Limit Contributions (line 3, column c) 20.
21. 30% AGI limitation (line 8 x .30) 21.
22. 60% AGI limitation less 60% and 50% deduction (line 10 less line 11 and line 17) 22.
23. 2021 deduction (lesser of lines 20, 21, or 22) (carries to line 3, column d) 23.
24. Expired carryover from 2016 24.
25. Carryover to 2022, if any (line 20 less line 23 and 24) (carries to line 3, column e) 25.

3,997	
	0
	0

30% Contributions

26. Total 30% Contribution (line 4, column c) 26.
27. 30% of AGI (line 8 x .30) 27.
28. 60% of AGI limitation less 60% deduction and 50% ded and 30% Capital Gain Special
Limitation deduction (line 10 less lines 11 and 17 and 23) 28.
29. 2020 deduction (lesser of lines 26, 27, or 28) (carries to line 4, column d) 29.
30. Expired carryover from 2016 30.
31. Carryover to 2022, if any (line 26 less line 29 and 30) (carries to line 4, column e) 31.

3,997	
	0
	0

20% Contributions

32. Total 20% Contribution (line 5, column c) 32.
33. 20% of AGI (line 8 x .20) 33.
34. 30% of AGI limitation less 30% deduction (line 28 less line 29) 34.
35. 30% AGI limitation less 30% Capital Gain Limitation deduction (line 21 less line 23) 35.
36. 60% of AGI limitation less 60% & 50% & 30% deduction (line 10 less lines 11&17&23&29) 36.
37. 2021 deduction (lesser of lines 32, 33, 34, 35, or 36) (carries to line 5, column d) 37.
38. Expired carryover from 2016 38.
39. Carryover to 2022, if any (line 32 less line 37 and 38) (carries to line 5, column e) 39.

2,664	
3,997	
3,997	
	0
	0

* Current year contributions are deducted before carryover amounts from prior years. Carryover amounts are deducted from oldest to most recent and expire after 5 years.

2021 SCHEDULE A CONTRIBUTION CARRYOVER WORKSHEET

MYRNA C AND WILLIAM L LANEY
483-82-3456

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Publication 526

The contributions are listed by year in order that they are used. Due to the five-year rule, unused 2015 carryover contributions do not carry to 2021.

60% contributions

	Contributions Available in 2021	Deducted in 2021	Carryover to 2022
2021 Deduction amount from limitation wksht	7,993		
2021 Contributions	10,730	7,993	2,737
2016 carryover contributions			Expired
2017 carryover contributions			
2018 carryover contributions			
2019 carryover contributions	2,297		2,297
2020 carryover contributions	15,614		15,614
Totals	28,641	7,993	20,648

50% contributions

	Contributions Available in 2021	Deducted in 2021	Carryover to 2022
2021 Deduction amount from limitation wksht			
2021 Contributions	500		500
2016 carryover contributions			Expired
2017 carryover contributions			
2018 carryover contributions			
2019 carryover contributions	350		350
2020 carryover contributions	500		500
Totals	1,350		1,350

30% Capital Gain Special Limit

	Contributions Available in 2021	Deducted in 2021	Carryover to 2022
2021 Deduction amount from limitation wksht			
2021 Contributions			
2016 carryover contributions			Expired
2017 carryover contributions			
2018 carryover contributions			
2019 carryover contributions			
2020 carryover contributions			
Totals			

30% Contributions

	Contributions Available in 2021	Deducted in 2021	Carryover to 2022
2021 Deduction amount from limitation wksht			
2021 Contributions			
2016 carryover contributions			Expired
2017 carryover contributions			
2018 carryover contributions			
2019 carryover contributions			
2020 carryover contributions			
Totals			

20% Contributions

	Contributions Available in 2021	Deducted in 2021	Carryover to 2022
2021 Deduction amount from limitation wksht			
2021 Contributions			
2016 carryover contributions			Expired
2017 carryover contributions			
2018 carryover contributions			
2019 carryover contributions			
2020 carryover contributions			
Totals			

2021 AUTO EXPENSE WORKSHEET

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483-82-3456

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VEHICLE INFORMATION

- | | |
|---|-------------------------|
| 1. Vehicle description | 1. <u>2003 TOYOTA</u> |
| 2. Carried to form or schedule | 2. <u>SCHEDULE C #2</u> |
| 3. Date vehicle was placed in service | 3. <u>01-01-2005</u> |
| 4. Odometer beginning mileage | ending mileage |

CALCULATION OF BUSINESS USE PERCENTAGE

- | | |
|--|-------------------|
| 5. Total business mileage driven during the year | 5. <u>11,019</u> |
| 6. Total commuting mileage driven during the year | 6. _____ |
| 7. Total medical mileage driven during year (to Sch A, Ln 1) | 7. _____ |
| 8. Total charitable mileage driven during the year (to Sch A, Ln 15) | 8. _____ |
| 9. Total other personal mileage driven during the year | 9. <u>272</u> |
| 10. Total mileage driven during the year | 10. <u>11,291</u> |
| 11. Business use percentage (Line 5 divided by Line 10) | 11. <u>97.59%</u> |

CALCULATION OF THE STANDARD MILEAGE RATE METHOD

- | | Input | Deduction Allowed |
|--|---------------------|-------------------|
| 12. Business miles driven | <u>11,019</u> x .56 | 12. <u>6,171</u> |
| 13. Parking fees and tolls | _____ | *13. _____ |
| 14. Total automobile expenses (Line 12 through Line 13) (carries to auto expense line of form on Line 2) | _____ | 14. <u>6,171</u> |
| 15. Interest expense (carries to interest expense line of form on Line 2) | _____ x Line 11 | 15. _____ |
| 16. Property tax (carries from taxes line of form on Line 2) | _____ x Line 11 | 16. _____ |
| 17. Property tax to Schedule A, Line 7 (Line 16 input less Line 16 deduction allowed) | _____ | 17. <u>N/A</u> |
| 18. Total expenses using SMR Method (Line 14 through Line 16) | _____ | 18. <u>6,171</u> |
| Standard Mileage Rate Depreciation Allowance | | |
| 19. Total business mileage driven during the year | <u>11,019</u> x .26 | 19. <u>2,865</u> |
| 20. Prior depreciation allowance | _____ | 20. _____ |
| 21. Accumulated depreciation allowance (Line 19 + 20) | _____ | 21. <u>2,865</u> |

CALCULATION OF THE ACTUAL EXPENSE METHOD

- | | Input | Deduction Allowed |
|--|-----------------|-------------------|
| 22. Parking fees and tolls | _____ | *22. _____ |
| 23. Gasoline and oil | _____ x Line 11 | 23. _____ |
| 24. Repairs | _____ x Line 11 | 24. _____ |
| 25. Licensing fees | _____ x Line 11 | 25. _____ |
| 26. Registration fees | _____ x Line 11 | 26. _____ |
| 27. Insurance | _____ x Line 11 | 27. _____ |
| 28. Other expenses | _____ x Line 11 | 28. _____ |
| 29. Total automobile expenses (Line 22 through 28) (carries to auto expense line of form on Line 2) | _____ | 29. _____ |
| 30. Property tax (carries to taxes line of form on Line 2) | _____ x Line 11 | 30. _____ |
| 31. Property tax to Schedule A, Line 7 (Line 30 input less Line 30 deduction allowed) | _____ | 31. <u>N/A</u> |
| 32. Interest expense (carries to interest expense line of form on Line 2) | _____ x Line 11 | 32. _____ |
| 33. Lease payments | _____ x Line 11 | 33. _____ |
| 34. Inclusion amount | _____ x Line 11 | 34. _____ |
| 35. Total lease expense (Line 33 less Line 34) (carries to lease expense line of form on Line 2) | _____ | 35. _____ |
| 36. Section 179 expense deduction | _____ | *36. _____ |
| 37. Special depreciation allowance | _____ | **37. _____ |
| 38. Current depreciation expense | _____ | **38. _____ |
| 39. Total depreciation expense (Line 36 to Line 38) (carries to depreciation expense line of form on Line 2) | _____ | 39. _____ |
| 40. Value of employer-provided vehicle | _____ x Line 11 | 40. _____ |
| 41. Total expenses using Actual Expense Method (total of Lines 29, 30, 32, 35, 39, and 40) | _____ | 41. _____ |

* Not subject to business use percentage.

** Already adjusted for business use percentage.

DEDUCTION TAKEN

Standard Mileage Rate 6,171 Actual Expenses _____

Note: The program automatically optimizes between the Actual and SMR methods for the first year the vehicle was placed in service. Otherwise, the program carries forward the method used the previous year. See the tax code and regulations for information on switching between the Actual and SMR methods in subsequent years.

2021 WORKSHEET B, EARNED INCOME CREDIT (EIC) – LINE 27a

MYRNA C AND WILLIAM L LANEY
483-82-3456

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Use this worksheet if you answered "Yes" to Step 5, question 2.

- ✓ Complete the parts below (Parts 1 through 3) that apply to you. Then, continue to Part 4.
- ✓ If you are married filing a joint return, include your spouse's amounts, if any, with yours to figure the amounts to enter in Parts 1 through 3.

PART 1

Self-Employed, Members of the Clergy, and People With Church Employee Income Filing Schedule SE

1a. Enter the amount from Schedule SE, Part I, line 3	1a	30,177
b. Enter any amount from Schedule SE, Part I, line 4b and line 5a	1b	
c. Combine lines 1a and 1b	1c	30,177
d. Enter the amount from Schedule SE, Part I, line 13	1d	2,132
e. Subtract line 1d from line 1c	1e	28,045

PART 2

Self-Employed NOT Required To File Schedule SE

For example, your net earnings from self-employment were less than \$400.

2. Don't include on these lines any statutory employee income, any net profit from services performed as a notary public, any amount exempt from self-employment tax as the result of the filing and approval of Form 4029 or Form 4361, or any other amounts exempt from self-employment tax.

a. Enter any net farm profit or (loss) from Schedule F, line 34; and from farm partnerships, Schedule K-1 (Form 1065), box 14, code A*	2a	
b. Enter any net profit or (loss) from Schedule C, line 31; and Schedule K-1 (Form 1065), box 14, code A (other than farming)*	2b	-14,723
c. Combine lines 2a and 2b	2c	-14,723

* If you have any Schedule K-1 amounts, complete the appropriate line(s) of Schedule SE, Part I. Reduce the Schedule K-1 amounts as described in the Partner's Instructions for Schedule K-1. Enter your name and social security number on Schedule SE and attach it to your return.

PART 3

Statutory Employees Filing Schedule C

3. Enter the amount from Schedule C, line 1, that you are filing as a statutory employee	3	
--	---	--

PART 4

All Filers Using Worksheet B

4a. Enter your earned income from Step 5	4a	
b. Combine lines 1e, 2c, 3, and 4a. This is your total earned income	4b	13,322

Note: If line 4b includes income on which you should have paid self-employment tax but didn't, we may reduce your credit by the amount of self-employment tax not paid.

If line 4b is zero or less, **STOP** You can't take the credit. Enter "No" on the dotted line next to Form 1040 or 1040-SR, line 27a.

5. If you have:
- 3 or more qualifying children who have valid SSNs, is line 4b less than \$51,464 (\$57,414 if married filing jointly)?
 - 2 qualifying children who have valid SSNs, is line 4b less than \$47,915 (\$53,865 if married filing jointly)?
 - 1 qualifying child who has a valid SSN, is line 4b less than \$42,158 (\$48,108 if married filing jointly)?
 - No qualifying children who have valid SSNs, is line 4b less than \$21,430 (\$27,380 if married filing jointly)?
- ☒ **Yes.** If you want the IRS to figure your credit, see the instructions. If you want to figure the credit yourself, enter the amount from line 4b on line 6 of this worksheet.
- ☐ **No. STOP** You can't take the credit. Enter "No" on the dotted line next to Form 1040 or 1040-SR, line 27a.

2021 WORKSHEET B, PAGE 2, EARNED INCOME CREDIT (EIC) – LINE 27a

MYRNA C AND WILLIAM L LANEY
483-82-3456

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PART 5

All Filers Using Worksheet B

6. Enter your total earned income from Part 4, line 4b.

6	13,322
---	--------

7. Look up the amount on line 6 above in the EIC Table in the instructions to find the credit. Be sure you use the correct column for your filing status and the number of qualifying children you have who have a valid SSN. Enter the credit here

7	1,502
---	-------

If line 7 is zero, **STOP**. You can't take the credit.

Enter "No" on the dotted line next to Form 1040 or 1040-SR, line 27a.

8. Enter the amount from Form 1040 or 1040-SR, line 11

8	13,322
---	--------

9. Are the amounts on lines 8 and 6 the same?
- ☒ **Yes.** Skip line 10; enter the amount from line 7 on line 11.
- ☐ **No.** Go to line 10.

PART 6

Filers Who Answered "No" on Line 9

10. If you have:
- No qualifying children who have a valid SSN, is the amount on line 8 less than \$11,650 (\$17,600 if married filing jointly)?
 - 1 or more qualifying children who have a valid SSN, is the amount on line 8 less than \$19,550 (\$25,500 if married filing jointly)?

☐ **Yes.** Leave line 10 blank; enter the amount from line 7 on line 11.

☐ **No.** Look up the amount on line 8 in the EIC Table in the instructions to find the credit. Be sure you use the correct column for your filing status and the number of children you have. Enter the credit here

10	
----	--

Look at the amounts on lines 10 and 7.
Then, enter the **smaller** amount on line 11.

PART 7

Your Earned Income Credit

11. **This is your earned income credit**

11	1,502
----	-------

Enter this amount on Form 1040 or 1040-SR, line 27a.

Reminder -

If you have a qualifying child, complete and attach Schedule EIC.

Caution: If your EIC for a year after 1996 was reduced or disallowed, see the instructions to find out if you must file Form 8862 to take the credit for 2021.

2021 EIC WORKSHEET B – LINE 4a

MYRNA C AND WILLIAM L LANEY
483-82-3456

Keep for Your Records

Earned income from Step 5 in the 1040/1040-SR instructions

1. Form 1040 or 1040-SR, line 1 amount 1. _____
2. If member of clergy, amount from line 1 also reported on
Schedule SE, line 2 2. _____
3. If church employee, amount from line 1 also reported
on Schedule SE, line 5a 3. _____
4. Taxable scholarship or fellowship grant not reported on
a Form W-2 4. _____
5. Amount received for work performed while an inmate
in a penal institution 5. _____
6. Amount received as a pension or annuity from a nonqualified
deferred compensation plan (Form W-2, box 11) 6. _____
7. Amount of excluded Medicaid waiver payments that were included in wages 7. _____
8. Other adjustment 8. _____
9. Total of line 2, 3, 4, 5, 6, 7, and 8 9. _____
10. Subtract line 9 from line 1 10. _____
11. Nontaxable combat pay if elected to include in
earned income 11. _____
12. **Total earned income.** Add lines 10 and 11 12. _____

* NO EARNED INCOME *

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 2021. 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 - 2022 HRB Tax Group, Inc.
21 1040VS1 BWF 1040

Form **1040-V** (2021)

▼ Detach Here and Mail with Your Payment and Return ▼

Department of the Treasury
Internal Revenue Service

2021

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

2,765

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 202112 610

2021 QUALIFIED BUSINESS INCOME DEDUCTION WORKSHEET DETAIL BY BUSINESS

MYRNA C AND WILLIAM L LANEY

483-82-3456

Schedule/Form	SCH C #1	SCH C #2	SCH C #3
Business Name	DIAMOND	MUSASHI	AMERICAN
EIN/SSN	20-0252647	27-3607794	46-3170815
Business Type	NON-SPEC	NON-SPEC	NON-SPEC
Included in Aggregation #			
PTP Income	NO	NO	NO
Qualified Business Income (QBI)			
1. Specified Business Income/Loss from Sch/Form			
2. Non-Specified Business Income/Loss from Sch/Form	19410	10767	-14723
Less applicable adjustments from 1040 Schedule 1 (includes SE Tax, SEHIN, & Qual Retirement plans)	-1371	-761	
3. QBIID Qualified Losses and ST Gains from Asset Disposition			
4. Net Qualified Business Income (QBI) (sum L1 - L3)	18039	10006	-14723
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)	18039	10006	-14723

2021 FORM 8867 DUE DILIGENCE

MYRNA C AND WILLIAM L LANEY
483-82-3456

Keep for Your Records

HAS SELF EMPLOYMENT. TAXPAYER HAS BUSINESS SHARPENING SHEARS.
SPOUSE, IS STARTING BUSINESS HAD EXPENSES.

DATE INFORMATION WAS OBTAINED: 03-21-2022
INFORMATION WAS OBTAINED FROM: MYRNA C LANEY AND WILLIAM L LANEY

CLIENT COPY

Taxpayer Signature Date
MYRNA C LANEY

Spouse Signature Date
WILLIAM L LANEY

2022 CARRYFORWARD INFORMATION

MYRNA C AND WILLIAM L LANEY
483-82-3456

Keep for Your Records

Itemized Returns Only - 2021 state and local tax refund (this amount may not be taxable in 2022)	_____
Charitable contributions carryover to 2022	21,998
Estimated short-term capital loss carryover	_____
Estimated long-term capital loss carryover	_____
2021 tax liability (for 2022 Form 2210 purposes)	2,762
Form 8839: 2021 carryover of unqualified expenses	_____
Refund amount applied to 2022	_____
Disallowed investment interest in 2021	_____
Additional state taxes paid	_____
Form 8396: Mortgage interest credit from 2019	_____
Mortgage interest credit from 2020	_____
Mortgage interest credit from 2021	_____
Form 8801: Minimum tax credit carryforward	_____
Potential 2022 IRA contribution from 2021 tax refund	_____

NOL carryforward:

Regular Tax

from 2001	_____	from 2011	_____
from 2002	_____	from 2012	_____
from 2003	_____	from 2013	_____
from 2004	_____	from 2014	_____
from 2005	_____	from 2015	_____
from 2006	_____	from 2016	_____
from 2007	_____	from 2017	_____
from 2008	_____	from 2018	_____
from 2009	_____	from 2019	_____
from 2010	_____	from 2020	_____
Gross NOL generated in 2021	_____		
To be absorbed in carryback period	_____		
Net carryforward from 2021	_____		
Total carryforward to 2022	_____		

AMT Tax

from 2001	_____	from 2011	_____
from 2002	_____	from 2012	_____
from 2003	_____	from 2013	_____
from 2004	_____	from 2014	_____
from 2005	_____	from 2015	_____
from 2006	_____	from 2016	_____
from 2007	_____	from 2017	_____
from 2008	_____	from 2018	_____
from 2009	_____	from 2019	_____
from 2010	_____	from 2020	_____
Gross AMT NOL generated in 2021	_____		
To be absorbed in carryback period	_____		
Net carryforward from 2021	_____		
Total carryforward to 2022	_____		

- 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 2022
- General Business Credit carryforward to 2022
- First-Time Homebuyer Credit Repayment carryforward to 2022
- 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 2022.

82F ☐ Check box 82F if filing under extension OR FISCAL YEAR BEGINNING AND ENDING 66F

1 Your First Name and Middle Initial MYRNA C Last Name LANEY Enter your SSN(s) Your Social Security No. 483-82-3456

1 Spouse's First Name and Middle Initial (if box 4 or 6 checked) WILLIAM L Last Name LANEY Spouse's Social Security No. 536-44-0172

2 Current Home Address - number and street, rural route 1255 W DESERT VALLEY DR Apt. No. Daytime Phone (with area code) 94 303-877-4139

3 City, Town or Post Office SAN TAN VALLEY State AZ ZIP Code 85143 Last Names Used in Last Four Prior Year(s) (if different) 97

4 ☒ Married filing joint return 4a ☐ Injured Spouse Protection of Joint Overpayment REVENUE USE ONLY. DO NOT MARK IN THIS AREA. 88

5 ☐ Head of household. Enter name of qualifying child or dependent on next line: 6 ☐ Married filing separate return. Enter spouse's name and Social Security Number above. 7 ☐ Single

8 ☒ Enter the number claimed. Do not put a check mark. Age 65 or over (you and/or spouse) If completing lines 8, 9, and 11a, also complete lines 38, 39, and 41. For lines 10a and 10b, also complete line 49. 81 PM 80 RCVD

9 ☐ Blind (you and/or spouse) 10a ☐ Dependents: Under age of 17. 10b ☐ Dependents: Age 17 and over.

11a ☐ Qualifying parents and grandparents (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 2021	(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					
10e					

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

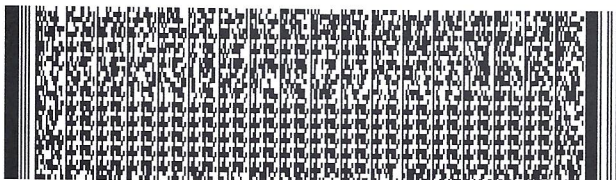
(a) FIRST AND LAST NAME (Do not list yourself or spouse.)	(b) SOCIAL SECURITY NO.	(c) RELATIONSHIP	(d) NO. OF MONTHS LIVED IN YOUR HOME IN 2021	(e) IF AGE 65 OR OVER	(f) IF DIED IN 2021
11b					
11c					

12 Federal adjusted gross income (from your federal return)	12	13,322	00
13 Small Business Income: 13S <input type="checkbox"/> check the box if you are filing Arizona Form 140-SBI and enter the amount from Form 140-SBI, line 10	13		00
14 Modified federal adjusted gross income. Subtract line 13 from line 12	14	13,322	00
15 Non-Arizona municipal interest	15		00
16 Partnership Income adjustment. See instructions	16		00
17 Total federal depreciation	17		00
18 Other Additions to Income: Complete Other Additions to Arizona Gross Income schedule on page 5	18		00
19 Subtotal: Add lines 14 through 18 and enter the total	19	13,322	00

20 Total net capital gain or (loss). See instructions	20	0	00
21 Total net short-term capital gain or (loss). See instructions	21	0	00
22 Total net long-term capital gain or (loss). See instructions	22	0	00
23 Net long-term capital gain from assets acquired after December 31, 2011. See instructions. 23	23	0	00
24 Multiply line 23 by 25% (.25) and enter the result	24	0	00

Subtractions

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



25	Net capital gain - qualified small business	25		00
26	Recalculated Arizona depreciation	26		00
27	Partnership Income adjustment	27		00
28	Interest on U.S. obligations	28		00
29a	Exclusion for fed., AZ state or local govt. pensions.	29a		00
29b	Exclusion for retired/retainer pay uniform services.	29b		00
30	U.S. Social Security or Railroad Retirement Act . .	30		00
31	Certain wages of American Indians	31		00
32	Pay received for being an active service member.	32		00
33	Net operating loss adjustment	33		00
34	Contributions: 34a 529 plans			00
34b	529A (ABLE)			00
			add 34a and 34b.	34c
				00

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

Exemptions	35 Subtract lines 24 through 34c from line 19	35	13,322	00
	36 Other Subtractions from Income. Complete Other Subtraction from Arizona Gross Income schedule on page 6	36		00
	37 Subtract line 36 from line 35. Enter the difference	37	13,322	00
	38 Age 65 or over: Multiply the number in box 8 by \$2,100	38	4,200	00
	39 Blind: Multiply the number in box 9 by \$1,500	39		00
Balance of Tax	40 Other Exemptions. See instructions 40E <input type="checkbox"/> Multiply the number in box 40E by \$2,300	40		00
	41 Qualifying parents and grandparents: Multiply the number in box 11a by \$10,000	41		00
	42 Arizona adjusted gross income: Subtract lines 38 through 41 from line 37. If less than zero, enter "0"	42	9,122	00
	43 Deductions: Check box and enter amount. See instructions 43 I <input checked="" type="checkbox"/> ITEMIZED . . . 43 S <input type="checkbox"/> STANDARD	43	26,492	00
	44 If you checked box 43S and claim charitable contributions, check 44C <input type="checkbox"/> Complete page 3. See instructions	44		00
	45 Arizona taxable income: Subtract lines 43 and 44 from line 42. If less than zero, enter "0"	45	0	00
	46a Compute the tax using amount on line 45 and Tax Tables X and Y or Optional Tax Tables	46a	0	00
	46b If line 45 is \$250,001 or more (single/mfs) or \$500,001 or more (mfj/hoh) compute the tax surcharge. Enter the amount	46b		00
	47 Tax from recapture of credits from Arizona Form 301, Part 2, line 30	47		00
	48 Subtotal of tax: Add lines 46a, 46b and 47. Enter the total	48	0	00
Total Payments and Refundable Credits	49 Dependent Tax Credit. See instructions	49	0	00
	50 Family income tax credit (from the worksheet - see instructions)	50	80	00
	51 Nonrefundable Credits from Arizona Form 301, Part 2, line 61	51		00
	52 Balance of tax: Subtract lines 49, 50 and 51 from line 48. If the sum of lines 49, 50 and 51 is greater than line 48, enter "0".	52	0	00
	53 2021 AZ income tax withheld	53		00
	54 2021 AZ estimated tax payments . 54a <input type="text" value="00"/> Claim of Right 54b <input type="text" value="00"/> Add 54a and 54b	54c		00
	55 2021 AZ extension payment (Form 204)	55		00
	56 Increased Excise Tax Credit (from the worksheet - see instructions)	56	50	00
	57 Property Tax Credit from Arizona Form 140PTC	57		00
	58 Other refundable credits: Check the box(es) and enter the total amount 58 1 <input type="checkbox"/> 308-I 58 2 <input type="checkbox"/> 349	58		00
59 Total payments and refundable credits: Add lines 53 through 58. Enter the total	59	50	00	
Tax Due or Overpayment	60 TAX DUE: If line 52 is larger than line 59, subtract line 59 from line 52. Enter amount of tax due. Skip lines 61, 62 and 63	60		00
	61 OVERPAYMENT: If line 59 is larger than line 52, subtract line 52 from line 59. Enter amount of overpayment	61	50	00
	62 Amount of line 61 to be applied to 2022 estimated tax	62		00
	63 Balance of overpayment: Subtract line 62 from line 61. Enter the difference	63	50	00
Voluntary Gifts	64 - 74 Voluntary Gifts to:			
	Child Abuse Prevention 66 <input type="text" value="00"/>	64	<input type="text" value="00"/>	Arizona Wildlife . . . 65 <input type="text" value="00"/>
	Neighbors Helping Neighbors 69 <input type="text" value="00"/>	67	<input type="text" value="00"/>	Political Gift 68 <input type="text" value="00"/>
	I Didn't Pay Enough Fund 72 <input type="text" value="00"/>	70	<input type="text" value="00"/>	Veterans' Donations Fund 71 <input type="text" value="00"/>
	Solutions Teams Assigned to Schools 64 <input type="text" value="00"/>	67	<input type="text" value="00"/>	Spay/Neuter of Animals 74 <input type="text" value="00"/>
	Domestic Violence Services 67 <input type="text" value="00"/>	70	<input type="text" value="00"/>	
	Special Olympics 70 <input type="text" value="00"/>	73	<input type="text" value="00"/>	
	Sustainable State Parks and Road Fund 73 <input type="text" value="00"/>	73	<input type="text" value="00"/>	
	Political Party (if amount is entered on line 68 - check only one): 75 1 <input type="checkbox"/> Democratic 75 2 <input type="checkbox"/> Libertarian 75 3 <input type="checkbox"/> Republican			
	76 Estimated payment penalty	76		00
77 77 1 <input type="checkbox"/> Annualized/Other 77 2 <input type="checkbox"/> Farmer or Fisherman 77 3 <input type="checkbox"/> Form 221 included				
78 Add lines 64 through 74 and 76; enter the total	78		00	
Refund or Amount Owed	79 REFUND: Subtract line 78 from line 63. If less than zero, enter amount owed on line 80	79	50	00
	Direct Deposit of Refund: Check box 79 A <input type="checkbox"/> if your deposit will be ultimately placed in a foreign account; see inst. 79 A <input type="checkbox"/>			
	C <input checked="" type="checkbox"/> Checking or ROUTING NUMBER ACCOUNT NUMBER			
	98 S <input type="checkbox"/> Savings 102000021 103675700431			
	80 AMOUNT OWED: Add lines 60 and 78. Make check payable to Arizona Department of Revenue; write your SSN on payment; and include with your return	80		00

PLEASE SIGN HERE

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.

<p>YOUR SIGNATURE _____ DATE _____</p> <p>SPOUSE'S SIGNATURE _____ DATE _____</p> <p>PAID PREPARER'S SIGNATURE _____ DATE _____</p> <p>PAID PREPARER'S STREET ADDRESS _____</p> <p>SAN TAN VALLEY AZ 85143</p> <p>PAID PREPARER'S CITY STATE ZIP CODE _____</p>	<p>BUSINESS OWNER _____</p> <p>OCCUPATION _____</p> <p>BUSINESS OWNER _____</p> <p>SPOUSE'S OCCUPATION _____</p> <p>03-21-2022 HRB TAX GROUP INC</p> <p>FIRM'S NAME (PREPARER'S IF SELF-EMPLOYED) _____</p> <p>P01540764</p> <p>PAID PREPARER'S TIN _____</p> <p>4806555881</p> <p>PAID PREPARER'S PHONE NO. _____</p>
---	--

If you are also sending a payment, mail to Arizona Department of Revenue, PO Box 52016, Phoenix, AZ 85072-2016 (PO Box 29204, Phoenix, AZ 85038-9204 if your return has a barcode).
 If you are not sending a payment, mail to Arizona Department of Revenue, PO Box 52138, Phoenix, AZ 85072-2138 (PO Box 29205, Phoenix, AZ 85038-9205 if your return has a barcode).

Include with your return.

Your Name as shown on Form 140 MYRNA C LANEY	Your Social Security Number 483-82-3456
Spouse's Name as shown on Form 140 (if filing joint) WILLIAM L LANEY	Spouse's Social Security Number 536-44-0172

To itemize on your Arizona return, you must first complete a federal Schedule A even if you did not itemize on your federal return. Use Form 140 Schedule A to adjust the amount shown on the federal Schedule A. Complete Form 140 Schedule A **only if you are making changes** to the amount shown on the federal Schedule A. See instructions for details.

Adjustment to Medical and Dental Expenses

1 Medical and dental expenses	1	3,564	00
2 Medical expenses allowed to be taken as a federal itemized deduction	2	2,565	00
3 If line 1 is the same as or more than line 2, subtract line 2 from line 1; otherwise, go to line 4	3	999	00
4 If line 2 is more than line 1, subtract line 1 from line 2	4		00

Adjustment to Interest Deduction

5 If you received a federal credit for interest paid on mortgage credit certificates (from federal Form 8396), enter the amount of mortgage interest you paid for 2021 that is equal to the amount of your 2021 federal credit.	5		00
---	---	--	----

Adjustments to Charitable Contributions

6 Amount of charitable contributions for which you are claiming a credit under Arizona law	6		00
--	---	--	----

Adjustment to State Income Taxes

7 Amount of state income taxes deducted on the federal Schedule A that are for contributions to a charity for which an Arizona credit was received. If your tax deductions were limited on your federal Schedule A complete the worksheet on page 2 to determine the adjustment on this line	7		00
--	---	--	----

Other Adjustments

8 Amount allowed as a federal itemized deduction that relates to income not subject to Arizona tax	8		00
--	---	--	----

Adjusted Itemized Deductions

9 Add the amounts on lines 3 and 5	9	999	00
10 Add the amounts on lines 4, 6, 7, and 8	10		00
11 Total federal itemized deductions allowed to be taken on federal return	11	25,493	00
12 Enter the amount from line 9 above	12	999	00
13 Add lines 11 and 12.	13	26,492	00
14 Enter the amount from line 10 above	14		00
15 Arizona itemized deductions: Subtract line 14 from line 13. Enter the difference here. Also, enter the amount on Form 140, page 2, line 43. If less than zero, enter "0".	15	26,492	00



You must include a copy of federal Form 1040, Schedule A with your return if you itemize your deductions.

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

2021 Form 140 Schedule A Adjustment to State Income Taxes

Arizona Revised Statutes § 43-1042 was amended to require taxpayers to reduce the amount of itemized deductions for amounts used to claim an Arizona credit even if the amount was deducted on the federal return as state income taxes paid rather than as charitable contributions.

If you claimed income taxes on your federal 1040 Schedule A, complete the following worksheet to determine the amount of your adjustment to enter on page 1, line 7.

1A	Total state income taxes on the federal Schedule A before applying the federal limitations	1A		00
2A	Amount included in the line 1A for which you claimed an Arizona credit	2A		00
3A	Subtract line 2A from line 1A. Enter the difference	3A		00
4A	Limit from federal Schedule A. Enter \$10,000 (\$5,000 if married filing separate)	4A		00
5A	Enter the smaller of line 3A or 4A	5A		00
6A	Enter total state income taxes claimed on federal Schedule A (after limitation)	6A		00
7A	Subtract line 5A from line 6A. This is the amount of your Arizona adjustment. Enter the amount on page 1, line 7	7A		00

Include with your return.

For the calendar year 2021 or fiscal year beginning 2021 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 Contributions to Qualifying Charitable Organizations Form 321 ▶	8		00
9 Credit for Contributions Made or Fees Paid to Public Schools Form 322 ▶	9		00
10 Credit for Contributions to Private School Tuition Organizations Form 323 ▶	10		00
11 Agricultural Pollution Control Equipment Credit Form 325 ▶	11		00
12 Credit for Donation of School Site Form 331 ▶	12		00
13 Credit for Employment by Healthy Forest Enterprises Form 332 ▶	13		00
14 Credit for Employing National Guard Members Form 333 ▶	14		00
15 Credit for Business Contributions by an S Corporation to School Tuition Organizations – Individual Form 335-I ▶	15		00
16 Credit for Solar Energy Devices – Commercial and Industrial Applications Form 336 ▶	16		00
17 Credit for Investment in Qualified Small Businesses Form 338 ▶	17		00
18 Credit for Donations to the Military Family Relief Fund Form 340 ▶	18		00
19 Credit for Business Contributions by an S Corporation to School Tuition Organizations for Displaced Students or Students with Disabilities – Individual Form 341-I ▶	19		00
20 Renewable Energy Production Tax Credit Form 343 ▶	20		00
21 Credit for New Employment Form 345 ▶	21		00
22 Additional Credit for Increased Research Activities for Basic Research Payments Form 346 ▶	22		00
23 Credit for Contributions to Certified School Tuition Organizations (for contributions that exceed the allowable credit on Arizona Form 323). Form 348 ▶	23		00
24 Credit for Contributions to Qualifying Foster Care Charitable Organizations Form 352 ▶	24		00
25 Healthy Forest Production Tax Credit Form 353 ▶	25		00
26 Total available nonrefundable tax credits: Add lines 1 through 25	26		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) MYRNA C LANEY	Your Social Security Number 483-82-3456
---	--

Part 2 Application of Tax Credits and Recapture: Enter tax, recapture tax, and tax credits used this taxable year.

27	Tax from Form 140, lines 46a and 46b; or Form 140PY, lines 56a and 56b; or Form 140NR, line 56a and 56b; or Form 140X, lines 37a and 37b	27		00
28	Tax from Recapture of Credits for Healthy Forest Enterprises from Form 332, Part 9, line 39, and Part 10, line 45	28		00
29	Tax from Recapture of Credit for Qualified Facilities from Form 349, Part 7, line 19	29		00
30	Recapture Total: Add lines 28 and 29. Enter here and on Form 140, line 47; or Form 140PY, line 57; or Form 140NR, line 57; or Form 140X, line 38	30		00
31	Subtotal: Add lines 27 and 30	31		00
32	Family Income Tax Credit from Form 140, line 50; or Form 140PY, line 60; or Form 140X, box 40a; plus Dependent Tax Credit from Form 140, line 49; or Form 140PY, line 59; or Form 140NR, line 59; or Form 140X, box 40b	32		80 00
33	Subtract line 32 from line 31. Enter the difference. If less than zero, enter "0"	33		0 00

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

34	Military Reuse Zone Credit	Form 306 ▶	34		00
35	Credit for Increased Research Activities – Individuals	Form 308-I ▶	35		00
36	Credit for Taxes Paid to Another State or Country	Form 309 ▶	36		00
37	Credit for Solar Energy Devices	Form 310 ▶	37		00
38	Agricultural Water Conservation System Credit	Form 312 ▶	38		00
39	Pollution Control Credit	Form 315 ▶	39		00
40	Credit for Solar Hot Water Heater Plumbing Stub Outs and Electric Vehicle Recharge Outlets	Form 319 ▶	40		00
41	Credit for Contributions to Qualifying Charitable Organizations	Form 321 ▶	41		00
42	Credit for Contributions Made or Fees Paid to Public Schools	Form 322 ▶	42		00
43	Credit for Contributions to Private School Tuition Organizations	Form 323 ▶	43		00
44	Agricultural Pollution Control Equipment Credit	Form 325 ▶	44		00
45	Credit for Donation of School Site	Form 331 ▶	45		00
46	Credit for Employment by Healthy Forest Enterprises	Form 332 ▶	46		00
47	Credit for Employing National Guard Members	Form 333 ▶	47		00
48	Credit for Business Contribution by an S Corporation to School Tuition Organizations – Individual	Form 335-1 ▶	48		00
49	Credit for Solar Energy Devices – Commercial and Industrial Applications...	Form 336 ▶	49		00
50	Credit for Investment in Qualified Small Businesses	Form 338 ▶	50		00
51	Credit for Donations to the Military Family Relief Fund: Enter the smaller of Form 301, Part 1, line 18 or Part 2, line 33	Form 340 ▶	51		00
52	Credit for Business Contributions by an S Corporation to School Tuition Organizations for Displaced Students or Students with Disabilities – Individual	Form 341-1 ▶	52		00
53	Renewable Energy Production Tax Credit	Form 343 ▶	53		00
54	Credit for New Employment	Form 345 ▶	54		00
55	Additional Credit for Increased Research Activities for Basic Research Payments	Form 346 ▶	55		00
56	Credit for Contributions to Certified School Tuition Organizations (for contributions that exceed the maximum allowable credit on Arizona Form 323)	Form 348 ▶	56		00
57	Credit for Contributions to Qualifying Foster Care Charitable Organizations..	Form 352 ▶	57		00
58	Healthy Forest Production Tax Credit	Form 353 ▶	58		00
59	Tax credits used from Form 301: Add lines 34 through 58		59		00
60	Tax credits used from Form 301-SBI, line 65		60		00
61	Total Tax Credits Used: add lines 59 and 60. Enter this amount on Form 140, line 51; or Form 140PY, line 61; or Form 140NR, line 60; or Form 140X, line 41. Total credits used cannot be more than line 33.		61		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	Enter your SSN(s).	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

PART 1 - PURPOSE (If you are e-filing a Small Business Income Tax Return, also complete Form AZ-8879 SBI)

***Do Not Truncate**

- 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 . . .	9,122	00
2 Balance of Tax		00
3 Arizona Income Tax Withheld		00

Check box 4 or box 5:

4 <input checked="" type="checkbox"/> REFUND: Enter the amount of refund	50	00
5 <input type="checkbox"/> AMOUNT YOU OWE: Enter the amount owed		00

PART 3 - FINANCIAL INSTITUTION INFORMATION

Must be present when requesting direct debit or deposit.

<input type="checkbox"/> Foreign Account Deposit/Debit: See instructions below.	
TYPE OF ACCOUNT <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings	ROUTING NUMBER 102000021
ACCOUNT NUMBER 103675700431	
DIRECT DEBIT REQUEST DATE	DIRECT DEBIT PAYMENT AMOUNT \$.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, 2021, 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.

- 6a ☒ I consent that my refund be directly deposited as designated in the electronic portion of my 2021 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 18, 2022, 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, my state return will also be rejected.

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

(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, 2021. 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.

PLEASE SIGN HERE	→	YOUR PEN AND INK SIGNATURE	DATE
	→	SPOUSE'S PEN AND INK SIGNATURE	DATE

2021 ARIZONA DEPRECIATION SCHEDULE

MYRNA C AND WILLIAM L LANEY

483-82-3456

DESCRIPTION	DATE	METHOD	COST	PRIOR	CURRENT	PR SPEC	CURR SPEC	BASIS	PRIOR	CURRENT	ACCUM	ADJ
		- LIFE		179	179	ALLOW	ALLOW		DEPR	DEPR	DEPR	BASIS

SCHEDULE C #002

~2003 TOYOTA	01-01-05	200DBHY-5	10000	0	0	0	0	9759	10000	0	10000	-241
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1 ASSETS	SUBTOTAL:	10000	0	0	0	0	0	9759	10000	0	10000	-241
	LESS SMR VEHICLES:	10000	0	0	0	0	0	9759	10000	0	10000	-241
	TOTALS:	0	0	0	0	0	0	0	0	0	0	0

1 ASSETS	GRAND TOTALS:	0	0	0	0	0	0	0	0	0	0	0
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CLIENT COPY