Electronic Filing Instructions for your 2024 Federal Tax Return

Important: Your taxes are not finished until all required steps are completed.

James K Lockett & Yuhui Liu
9850 East Windrose Drive
Scottsdale, AZ 85260

Balance Due/ Refund	Your federal tax return (Form 1040-SR) shows that you have no balance due nor a refund due to you: DO NOT mail a payment or expect to receive a refund from the Internal Revenue Service.
What You Need to Keep	Your Electronic Filing Instructions (this form) A copy of your federal return

2024 Federal Tax Return Summary	Adjusted Gross Income	$	-901,370.00
	Taxable Income	$	0.00
	Total Tax	$	0.00
	No Refund or Amount Due	$	0.00
	Effective Tax Rate		0.00%

Form **1040-SR** Department of the Treasury—Internal Revenue Service **U.S. Income Tax Return for Seniors** **2024** OMB No. 1545-0074 IRS Use Only—Do not write or staple in this space.

For the year Jan. 1–Dec. 31, 2024, or other tax year beginning _____, 2024, ending _____, 20 _____ See separate instructions.

Your first name and middle initial	Last name	Your social security number
James K	Lockett	534 60 2998
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number
Yuhui	Liu	677 28 4731

Home address (number and street). If you have a P.O. box, see instructions.	Apt. no.
9850 East Windrose Drive	

City, town, or post office. If you have a foreign address, also complete spaces below.	State	ZIP code
Scottsdale	AZ	85260

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**

Filing Status

Check only one box.

☐ Single ☒ Married filing jointly (even if only one had income) ☐ Married filing separately (MFS)
☐ Head of household (HOH) ☐ Qualifying surviving spouse (QSS)

If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent: _____

☐ If treating a nonresident alien or dual-status alien spouse as a U.S. resident for the entire tax year, check the box and enter their name (see instructions and attach statement if required): _____

Digital Assets

At any time during 2024, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) . . . . . ☐ **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, 1960 ☐ Are blind
Spouse: ☐ Was born before January 2, 1960 ☐ Is blind

Dependents

(see instructions):

If more than four dependents, see instructions and check here ☐

(1) First name Last name	(2) Social security number	(3) Relationship to you	(4) Check the box if qualifies for (see instructions): Child tax credit	Credit for other dependents
			☐	☐
			☐	☐
			☐	☐
			☐	☐

Income

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

If you did not get a Form W-2, see instructions.

1a	Total amount from Form(s) W-2, box 1 (see instructions)	1a	18,056.
b	Household employee wages not reported on Form(s) W-2	1b	
c	Tip income not reported on line 1a (see instructions)	1c	
d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)	1d	
e	Taxable dependent care benefits from Form 2441, line 26	1e	
f	Employer-provided adoption benefits from Form 8839, line 29	1f	
g	Wages from Form 8919, line 6	1g	
h	Other earned income (see instructions)	1h	0.
i	Nontaxable combat pay election (see instructions) 1i		
z	Add lines 1a through 1h	1z	18,056.

Attach Schedule B if required.

2a	Tax-exempt interest	2a		b Taxable interest	2b	31.
3a	Qualified dividends	3a		b Ordinary dividends	3b	
4a	IRA distributions	4a		b Taxable amount	4b	48,378.
5a	Pensions and annuities	5a		b Taxable amount	5b	
6a	Social security benefits	6a	38,539.	b Taxable amount	6b	0.

c If you elect to use the lump-sum election method, check here (see instructions) . . . . . ☐

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

	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here ☐	7	
	8	Additional income from Schedule 1, line 10	8	-967,460.
	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your **total income**	9	-900,995.
	10	Adjustments to income from Schedule 1, line 26	10	375.
	11	Subtract line 10 from line 9. This is your **adjusted gross income**	11	-901,370.
Standard Deduction See *Standard Deduction Chart* on the last page of this form.	12	**Standard deduction or itemized deductions** (from Schedule A)	12	45,558.
	13	Qualified business income deduction from Form 8995 or Form 8995-A	13	0.
	14	Add lines 12 and 13	14	45,558.
	15	Subtract line 14 from line 11. If zero or less, enter -0-. This is your **taxable income**	15	0.
Tax and Credits	16	**Tax** (see instructions). Check if any from: **1** ☐ Form(s) 8814 **2** ☐ Form(s) 4972 **3** ☐ _____	16	0.
	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	0.
	19	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	0.
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	0.
	24	Add lines 22 and 23. This is your **total tax**	24	0.
Payments	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	2024 estimated tax payments and amount applied from 2023 return	26	
If you have a qualifying child, attach Sch. EIC.	27	Earned income credit (EIC) — No. 27		
	28	Additional child tax credit from Schedule 8812 — 28		
	29	American opportunity credit from Form 8863, line 8 — 29		
	30	Reserved for future use — 30		
	31	Amount from Schedule 3, line 15 — 31		
	32	Add lines 27, 28, 29, and 31. These are your **total other payments and refundable credits**	32	
	33	Add lines 25d, 26, and 32. These are your **total payments**	33	

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 . . . . . ☐ 35a

Direct deposit? See instructions.

b Routing number X X X X X X X X X c Type: ☐ Checking ☐ Savings

d Account number X X X X X X X X X X X X X X X X X

36 Amount of line 34 you want **applied to your 2025 estimated tax** 36

Amount You Owe

37 Subtract line 33 from line 24. This is the **amount you owe**. For details on how to pay, go to *www.irs.gov/Payments* or see instructions 37 0.

38 Estimated tax penalty (see instructions) 38

Third Party Designee

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

Designee's name | Phone no. | Personal identification number (PIN)

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.

Joint return? See instructions. Keep a copy for your records.

Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
		Legal consultant	
Spouse's signature. If a joint return, **both** must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
		Sales Consultant	
Phone no. (619)405-5321	Email address		

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	PTIN	Check if: ☐ Self-employed
Firm's name Self-Prepared			Phone no.	
Firm's address			Firm's EIN	

Standard Deduction Chart*

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

IF your filing status is. . .	AND the number of boxes checked is. . .	THEN your standard deduction is. . .
Single	1	$16,550
	2	18,500
Married filing jointly	1	$30,750
	2	32,300
	3	33,850
	4	35,400
Qualifying surviving spouse	1	$30,750
	2	32,300
Head of household	1	$23,850
	2	25,800
Married filing separately**	1	$16,150
	2	17,700
	3	19,250
	4	20,800

* 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.

SCHEDULE 1 (Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

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

2024

Attachment Sequence No. **01**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR	**Your social security number**
James K Lockett & Yuhui Liu	534-60-2998

For 2024, enter the amount reported to you on Form(s) 1099-K that was included in error or for personal items sold at a loss . . . . . .

Note: The remaining amounts reported to you on Form(s) 1099-K should be reported elsewhere on your return depending on the nature of the transaction. See *www.irs.gov/1099k*.

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes			1	0.
2a	Alimony received			2a	
b	Date of original divorce or separation agreement (see instructions):				
3	Business income or (loss). Attach Schedule C			3	-967,460.
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	8b			
c	Cancellation of debt	8c			
d	Foreign earned income exclusion from Form 2555	8d	( )		
e	Income from Form 8853	8e			
f	Income from Form 8889	8f			
g	Alaska Permanent Fund dividends	8g			
h	Jury duty pay	8h			
i	Prizes and awards	8i			
j	Activity not engaged in for profit income	8j			
k	Stock options	8k			
l	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	8l			
m	Olympic and Paralympic medals and USOC prize money (see instructions)	8m			
n	Section 951(a) inclusion (see instructions)	8n			
o	Section 951A(a) inclusion (see instructions)	8o			
p	Section 461(l) excess business loss adjustment	8p			
q	Taxable distributions from an ABLE account (see instructions)	8q			
r	Scholarship and fellowship grants not reported on Form W-2	8r			
s	Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d	8s	( )		
t	Pension or annuity from a nonqualifed deferred compensation plan or a nongovernmental section 457 plan	8t			
u	Wages earned while incarcerated	8u			
v	Digital assets received as ordinary income not reported elsewhere. See instructions	8v			
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. This is your **additional income**. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8			10	-967,460.

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

Part II Adjustments to Income

11	Educator expenses			11	375.
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	
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 8l 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 8m	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, 1040-SR, or 1040-NR, line 10			26	375.

SCHEDULE A (Form 1040)

Department of the Treasury
Internal Revenue Service

Itemized Deductions

Attach to Form 1040 or 1040-SR.
Go to *www.irs.gov/ScheduleA* for instructions and the latest information.
Caution: If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 16.

OMB No. 1545-0074
2024
Attachment Sequence No. **07**

Name(s) shown on Form 1040 or 1040-SR: James K Lockett & Yuhui Liu

Your social security number: 534-60-2998

Medical and Dental Expenses		**Caution:** Do not include expenses reimbursed or paid by others.			
	1	Medical and dental expenses (see instructions)	1	10,071.	
	2	Enter amount from Form 1040 or 1040-SR, line 11 [2] -901,370.			
	3	Multiply line 2 by 7.5% (0.075)	3	0.	
	4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-			4 10,071.
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 ☐	5a	144.	
	b	State and local real estate taxes (see instructions)	5b	3,413.	
	c	State and local personal property taxes	5c	598.	
	d	Add lines 5a through 5c	5d	4,155.	
	e	Enter the smaller of line 5d or $10,000 ($5,000 if married filing separately)	5e	4,155.	
	6	Other taxes. List type and amount:	6		
	7	Add lines 5e and 6			7 4,155.
Interest You Paid	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 ☐			
Caution: Your mortgage interest deduction may be limited. See instructions.	a	Home mortgage interest and points reported to you on Form 1098. See instructions if limited	8a	31,332.	
	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		
	c	Points not reported to you on Form 1098. See instructions for special rules	8c		
	d	Reserved for future use	8d		
	e	Add lines 8a through 8c	8e	31,332.	
	9	Investment interest. Attach Form 4952 if required. See instructions	9		
	10	Add lines 8e and 9			10 31,332.
Gifts to Charity	11	Gifts by cash or check. If you made any gift of $250 or more, see instructions	11	0.	
Caution: If you made a gift and got a benefit for it, see instructions.	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		
	13	Carryover from prior year	13		
	14	Add lines 11 through 13		Limited	14
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
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 12			17 45,558.
	18	If you elect to itemize deductions even though they are less than your standard deduction, check this box ☐			

SCHEDULE B (Form 1040)

Department of the Treasury
Internal Revenue Service

Interest and Ordinary Dividends

Attach to Form 1040 or 1040-SR.
Go to *www.irs.gov/ScheduleB* for instructions and the latest information.

OMB No. 1545-0074

2024

Attachment Sequence No. **08**

Name(s) shown on return: James K Lockett & Yuhui Liu

Your social security number: 534-60-2998

Part I Interest

(See instructions and the Instructions for Form 1040, line 2b.)

Note: If you received a Form 1099-INT, Form 1099-OID, or substitute statement from a brokerage firm, list the firm's name as the payer and enter the total interest shown on that form.

			Amount
1	List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see the instructions and list this interest first. Also, show that buyer's social security number and address:		
	Ally Bank	1	14.86
	Ally Bank		16.
2	Add the amounts on line 1	2	30.86
3	Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815	3	
4	Subtract line 3 from line 2. Enter the result here and on Form 1040 or 1040-SR, line 2b	4	30.86

Note: If line 4 is over $1,500, you must complete Part III.

Part II Ordinary Dividends

(See instructions and the Instructions for Form 1040, line 3b.)

Note: If you received a Form 1099-DIV or substitute statement from a brokerage firm, list the firm's name as the payer and enter the ordinary dividends shown on that form.

			Amount
5	List name of payer:	5	
6	Add the amounts on line 5. Enter the total here and on Form 1040 or 1040-SR, line 3b	6	

Note: If line 6 is over $1,500, you must complete Part III.

Part III Foreign Accounts and Trusts

You must complete this part if you (**a**) had over $1,500 of taxable interest or ordinary dividends; (**b**) had a foreign account; or (**c**) received a distribution from, or were a grantor of, or a transferor to, a foreign trust.

Caution: If required, failure to file FinCEN Form 114 may result in substantial penalties. Additionally, you may be required to file Form 8938, Statement of Specified Foreign Financial Assets. See instructions.

		Yes	No
7a	At any time during 2024, did you have a financial interest in or signature authority over a financial account (such as a bank account, securities account, or brokerage account) located in a foreign country? See instructions	X	
	If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), to report that financial interest or signature authority? See FinCEN Form 114 and its instructions for filing requirements and exceptions to those requirements		X
b	If you are required to file FinCEN Form 114, list the name(s) of the foreign country(-ies) where the financial account(s) is (are) located:		
8	During 2024, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If "Yes," you may have to file Form 3520. See instructions		X

SCHEDULE C (Form 1040)

Department of the Treasury
Internal Revenue Service

Profit or Loss From Business

(Sole Proprietorship)

Attach to Form 1040, 1040-SR, 1040-SS, 1040-NR, or 1041; partnerships must generally file Form 1065.

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

OMB No. 1545-0074

2024

Attachment Sequence No. **09**

Name of proprietor	Social security number (SSN)
James K Lockett	534-60-2998

A Principal business or profession, including product or service (see instructions): Legal and Strategic Counseling

B Enter code from instructions: 5 4 1 1 0 0

C Business name. If no separate business name, leave blank.: Lockett International LLC

D Employer ID number (EIN) (see instr.): 4 7 1 8 2 9 6 5 7

E Business address (including suite or room no.) 9850 East Windrose Drive

City, town or post office, state, and ZIP code Scottsdale, AZ 85260

F Accounting method: **(1)** ☒ Cash **(2)** ☐ Accrual **(3)** ☐ Other (specify)

G Did you "materially participate" in the operation of this business during 2024? If "No," see instructions for limit on losses . ☒ **Yes** ☐ **No**

H If you started or acquired this business during 2024, check here . . . ☐

I Did you make any payments in 2024 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 ☐	1	2,509.
2	Returns and allowances	2	
3	Subtract line 2 from line 1	3	2,509.
4	Cost of goods sold (from line 42)	4	
5	**Gross profit.** Subtract line 4 from line 3	5	2,509.
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	2,509.

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

8	Advertising	8		18	Office expense (see instructions)	18	370.
9	Car and truck expenses (see instructions)	9	2,667.	19	Pension and profit-sharing plans	19	
				20	Rent or lease (see instructions):		
10	Commissions and fees	10		a	Vehicles, machinery, and equipment	20a	
11	Contract labor (see instructions)	11		b	Other business property	20b	
12	Depletion	12		21	Repairs and maintenance	21	88.
13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		22	Supplies (not included in Part III)	22	73.
				23	Taxes and licenses	23	120.
				24	Travel and meals:		
14	Employee benefit programs (other than on line 19)	14		a	Travel	24a	1,589.
				b	Deductible meals (see instructions)	24b	217.
15	Insurance (other than health)	15		25	Utilities	25	
16	Interest (see instructions):			26	Wages (less employment credits)	26	
a	Mortgage (paid to banks, etc.)	16a		27a	Other expenses (from line 48)	27a	38.
b	Other	16b		b	Energy efficient commercial bldgs deduction (attach Form 7205)	27b	
17	Legal and professional services	17	820.				

28	**Total expenses** before expenses for business use of home. Add lines 8 through 27b	28	5,982.
29	Tentative profit or (loss). Subtract line 28 from line 7	29	-3,473.
30	Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions. **Simplified method filers only:** Enter the total square footage of (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	30	
31	**Net profit or (loss).** Subtract line 30 from line 29. • If a profit, enter on both **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.	31	-3,473.

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.

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) 06/01/2022

44 Of the total number of miles you drove your vehicle during 2024, enter the number of miles you used your vehicle for:

a Business 3,584 b Commuting (see instructions) c Other 11,164

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, line 27b, or line 30.

Printing costs	38.

48 **Total other expenses.** Enter here and on line 27a . . . 48 38.

SCHEDULE C (Form 1040)

Department of the Treasury
Internal Revenue Service

Profit or Loss From Business

(Sole Proprietorship)

Attach to Form 1040, 1040-SR, 1040-SS, 1040-NR, or 1041; partnerships must generally file Form 1065.

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

OMB No. 1545-0074

2024

Attachment Sequence No. **09**

Name of proprietor	Social security number (SSN)
James K Lockett	534-60-2998

A Principal business or profession, including product or service (see instructions): Internet Marketing and Sales

B Enter code from instructions: 4 2 5 1 2 0

C Business name. If no separate business name, leave blank.: Global One2One LLC

D Employer ID number (EIN) (see instr.): 4 7 1 3 1 6 2 1 9

E Business address (including suite or room no.) 9850 East Windrose Drive

City, town or post office, state, and ZIP code Scottsdale, AZ 85260

F Accounting method: **(1)** ☒ Cash **(2)** ☐ Accrual **(3)** ☐ Other (specify)

G Did you "materially participate" in the operation of this business during 2024? If "No," see instructions for limit on losses . ☒ **Yes** ☐ **No**

H If you started or acquired this business during 2024, check here . . . ☐

I Did you make any payments in 2024 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 ☐	1	23,090.
2	Returns and allowances	2	
3	Subtract line 2 from line 1	3	23,090.
4	Cost of goods sold (from line 42)	4	
5	**Gross profit.** Subtract line 4 from line 3	5	23,090.
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	23,090.

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

8	Advertising	8	3,124.	18	Office expense (see instructions)	18	79.
9	Car and truck expenses (see instructions)	9		19	Pension and profit-sharing plans	19	
				20	Rent or lease (see instructions):		
10	Commissions and fees	10		a	Vehicles, machinery, and equipment	20a	
11	Contract labor (see instructions)	11	568.	b	Other business property	20b	
12	Depletion	12		21	Repairs and maintenance	21	79.
13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		22	Supplies (not included in Part III)	22	2,808.
				23	Taxes and licenses	23	120.
				24	Travel and meals:		
14	Employee benefit programs (other than on line 19)	14		a	Travel	24a	128.
				b	Deductible meals (see instructions)	24b	
15	Insurance (other than health)	15		25	Utilities	25	112.
16	Interest (see instructions):			26	Wages (less employment credits)	26	
a	Mortgage (paid to banks, etc.)	16a		27a	Other expenses (from line 48)	27a	979,264.
b	Other	16b		b	Energy efficient commercial bldgs deduction (attach Form 7205)	27b	
17	Legal and professional services	17	795.				

28	**Total expenses** before expenses for business use of home. Add lines 8 through 27b	28	987,077.
29	Tentative profit or (loss). Subtract line 28 from line 7	29	-963,987.
30	Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions. **Simplified method filers only:** Enter the total square footage of (a) your home: 2638 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	
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.	31	-963,987.

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.

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 2024, 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, line 27b, or line 30.

Marketing	420.
Mintbuilder Product Purchaes	1,620.
SECTION 465(d) CARRYOVER	977,224.

48	**Total other expenses.** Enter here and on line 27a	48	979,264.

Form **1116**

Department of the Treasury
Internal Revenue Service

Foreign Tax Credit

(Individual, Estate, or Trust)

Attach to Form 1040, 1040-SR, 1040-NR, 1041, or 990-T. COPY 1

Go to *www.irs.gov/Form1116* for instructions and the latest information.

OMB No. 1545-0121

2024

Attachment Sequence No. **19**

Name	**Identifying number** as shown on page 1 of your tax return
James K Lockett & Yuhui Liu	534-60-2998

Use a separate Form 1116 for each category of income listed below. See *Categories of Income* in the instructions. Check only one box on each Form 1116. Report all amounts in U.S. dollars except where specified in Part II below.

a ☐ Section 951A category income **c** ☐ Passive category income **e** ☐ Section 901(j) income **g** ☐ Lump-sum distributions

b ☐ Foreign branch category income **d** ☒ General category income **f** ☐ Certain income re-sourced by treaty

h Resident of (name of country) USA

Note: If you paid taxes to only one foreign country or U.S. territory, use column A in Part I and line A in Part II. If you paid taxes to **more than one** foreign country or U.S. territory, use a separate column and line for each country or territory.

Part I Taxable Income or Loss From Sources Outside the United States (for category checked above)

		Foreign Country or U.S. Territory			Total (Add cols. A, B, and C.)	
		A	B	C		
i	**Enter the name of the foreign country or U.S. territory**	China				
1a	Gross income from sources within country shown above and of the type checked above (see instructions): China (until 2018)	0.			1a	0.
b	Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is $250,000 or more, and you used an alternative basis to determine its source. See instructions ☐					
Deductions and losses (**Caution:** See instructions.):						
2	Expenses **definitely related** to the income on line 1a (attach statement) SEE STMT	100.				
3	Pro rata share of other deductions **not definitely related**: SEE STMT					
a	Certain itemized deductions or standard deduction (see instructions)	13,968.				
b	Other deductions (attach statement)	375.				
c	Add lines 3a and 3b	14,343.				
d	Gross foreign source income (see instructions)	0.				
e	Gross income from all sources (see instructions)	92,064.				
f	Divide line 3d by line 3e (see instructions)	0.0000				
g	Multiply line 3c by line 3f	0.				
4	Pro rata share of interest expense (see instructions):					
a	Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions)					
b	Other interest expense	0.				
5	Losses from foreign sources	0.				
6	Add lines 2, 3g, 4a, 4b, and 5	100.			6	100.
7	Subtract line 6 from line 1a. Enter the result here and on line 15, page 2				7	-100.

Part II Foreign Taxes Paid or Accrued (see instructions)

Country	Credit is claimed for taxes (you must check one) (j) ☒ Paid (k) ☐ Accrued	Foreign taxes paid or accrued								
		In foreign currency				In U.S. dollars				
		Taxes withheld at source on:			(p) Other foreign taxes paid or accrued	Taxes withheld at source on:			(t) Other foreign taxes paid or accrued	(u) Total foreign taxes paid or accrued (add cols. (q) through (t))
	(l) Date paid or accrued	(m) Dividends	(n) Rents and royalties	(o) Interest		(q) Dividends	(r) Rents and royalties	(s) Interest		
A	12/31/2024						0.		0.	0.
B										
C										
8	**Add lines A through C, column (u). Enter the total here and on line 9, page 2**								8	0.

For Paperwork Reduction Act Notice, see instructions.

Part III Figuring the Credit

9	Enter the amount from line 8. These are your total foreign taxes paid or accrued for the category of income checked above Part I	9	0.		
10	Enter the sum of any carryover of foreign taxes (from Schedule B, line 3, column (xiv)) plus any carrybacks to the current tax year. If you enter an amount on line 10 and you don't need to attach Schedule B, check here (see instructions) ☐	10	427,525.		
	(If your income was section 951A category income (box a above Part I), leave line 10 blank.)				
11	Add lines 9 and 10	11	427,525.		
12	Reduction in foreign taxes (see instructions)	12	(0.)		
13	Taxes reclassified under high tax kickout (see instructions)	13	0.		
14	Combine lines 11, 12, and 13. This is the total amount of foreign taxes available for credit			14	427,525.
15	Enter the amount from line 7. This is your taxable income or (loss) from sources outside the United States (before adjustments) for the category of income checked above Part I. See instructions	15	-100.		
16	Adjustments to line 15 (see instructions)	16			
17	Combine the amounts on lines 15 and 16. This is your net foreign source taxable income. (If the result is zero or less, you have no foreign tax credit for the category of income you checked above Part I. Skip lines 18 through 24. However, if you are filing more than one Form 1116, you must complete line 20.)	17	-100.		
18	**Individuals:** Enter the amount from line 15 of your Form 1040, 1040-SR, or 1040-NR. **Estates and trusts:** Enter your taxable income without the deduction for your exemption	18			
	Caution: If you figured your tax using the lower rates on qualified dividends or capital gains, see instructions.				
19	Divide line 17 by line 18. If line 17 is more than line 18, enter "1"			19	
20	**Individuals:** Enter the total of Form 1040, 1040-SR, or 1040-NR, line 16, and Schedule 2 (Form 1040), line 1z. **Estates and trusts:** See instructions			20	
	Caution: If you are completing line 20 for separate category **g** (lump-sum distributions), or, if you file Form 8978, Partner's Additional Reporting Year Tax, see instructions.				
21	Multiply line 20 by line 19 (maximum amount of credit)			21	
22	Increase in limitation (section 960(c)) (see instructions)			22	
23	Add lines 21 and 22			23	
24	Enter the **smaller** of line 14 or line 23. If this is the only Form 1116 you are filing, skip lines 25 through 32 and enter this amount on line 33. Otherwise, complete the appropriate line in Part IV. See instructions			24	

Part IV Summary of Credits From Separate Parts III (see instructions)

25	Credit for taxes on section 951A category income	25			
26	Credit for taxes on foreign branch category income	26			
27	Credit for taxes on passive category income	27			
28	Credit for taxes on general category income	28			
29	Credit for taxes on section 901(j) income	29			
30	Credit for taxes on certain income re-sourced by treaty	30			
31	Credit for taxes on lump-sum distributions	31			
32	Add lines 25 through 31			32	
33	Enter the **smaller** of line 20 or line 32			33	
34	Reduction of credit for international boycott operations. See instructions for line 12			34	
35	Subtract line 34 from line 33. This is your **foreign tax credit**. Enter here and on Schedule 3 (Form 1040), line 1; Form 1041, Schedule G, line 2a; or Form 990-T, Part III, line 1a			35	0.

SCHEDULE B (Form 1116)

(Rev. December 2022)

Department of the Treasury
Internal Revenue Service

Foreign Tax Carryover Reconciliation Schedule

For calendar year 20 _____, or other tax year beginning _____, 20 _____, and ending _____, 20 _____.

See separate instructions.
Attach to Form 1116.
Go to *www.irs.gov/Form1116* for instructions and the latest information.

COPY 1

OMB No. 1545-0121

Name: James K Lockett & Yuhui Liu

Identifying number as shown on page 1 of your tax return: 534-60-2998

Use a separate Schedule B (Form 1116) for each applicable category of income listed below. See instructions. Check only one box on each schedule.

Check the box for the same separate category code as that shown on the Form 1116 to which this Schedule B is attached.

- **a** ☐ Reserved for future use
- **b** ☐ Foreign branch category income
- **c** ☐ Passive category income
- **d** ☒ General category income
- **e** ☐ Section 901(j) income
- **f** ☐ Certain income re-sourced by treaty
- **g** ☐ Lump-sum distributions
- **h** If box e is checked, enter the country code for the sanctioned country. See instructions . . . . . _____
- **i** If box f is checked, enter the country code for the treaty country. See instructions . . . . . _____

	Foreign Tax Carryover Reconciliation	(i) 10th Preceding Tax Year	(ii) 9th Preceding Tax Year	(iii) 8th Preceding Tax Year	(iv) 7th Preceding Tax Year	(v) 6th Preceding Tax Year	(vi) 5th Preceding Tax Year	(vii) Subtotal (add columns (i) through (vi))
1	Foreign tax carryover from the prior tax year (enter amounts from the appropriate columns of line 8 of the prior year Schedule B (see instructions))	45,611.	78,674.	99,461.	147,653.	56,126.	0.	427,525.
2	Adjustments to line 1 (enter description—see instructions):							
a	Carryback adjustment (see instructions)							
b	Adjustments for section 905(c) redeterminations (see instructions)	0.	0.	0.	0.	0.	0.	0.
c		0.	0.	0.	0.	0.	0.	0.
d		0.	0.	0.	0.	0.	0.	0.
e		0.	0.	0.	0.	0.	0.	0.
f		0.	0.	0.	0.	0.	0.	0.
g		0.	0.	0.	0.	0.	0.	0.
3	Adjusted foreign tax carryover from prior tax year (combine lines 1 and 2)	45,611.	78,674.	99,461.	147,653.	56,126.	0.	427,525.
4	Foreign tax carryover used in current tax year (enter as a negative number)	0.	0.	0.	0.	0.	0.	0.
5	Foreign tax carryover expired unused in current tax year (enter as a negative number)	-45,611.						-45,611.
6	Foreign tax carryover generated in current tax year							
7	Actual or estimated amount of line 6 to be carried back to prior tax year (enter as a negative number)							
8	Foreign tax carryover to the following tax year. Combine lines 3 through 7.	-0-	78,674.	99,461.	147,653.	56,126.	0.	381,914.

For Paperwork Reduction Act Notice, see the separate instructions.

	Foreign Tax Carryover Reconciliation *(continued)*	(viii) Subtotal from page 1 (enter the amounts from column (vii) on page 1)	(ix) 4th Preceding Tax Year	(x) 3rd Preceding Tax Year	(xi) 2nd Preceding Tax Year	(xii) 1st Preceding Tax Year	(xiii) Current Tax Year	(xiv) Totals (add columns (viii) through (xiii))
1	Foreign tax carryover from the prior tax year (enter amounts from the appropriate columns of line 8 of the prior year Schedule B (see instructions))	427,525.	0.	0.	0.	0.		427,525.
2	Adjustments to line 1 (enter description—see instructions):							
a	Carryback adjustment (see instructions)					0.		0.
b	Adjustments for section 905(c) redeterminations (see instructions)	0.	0.	0.	0.	0.		0.
c		0.	0.	0.	0.	0.		0.
d		0.	0.	0.	0.	0.		0.
e		0.	0.	0.	0.	0.		0.
f		0.	0.	0.	0.	0.		0.
g		0.	0.	0.	0.	0.		0.
3	Adjusted foreign tax carryover from prior tax year (combine lines 1 and 2). Include the column (xiv) total on the current year Form 1116, Part III, line 10.	427,525.	0.	0.	0.	0.		427,525.
4	Foreign tax carryover used in current tax year (enter as a negative number)	0.	0.	0.	0.	0.		0.
5	Foreign tax carryover expired unused in current tax year (enter as a negative number)	-45,611.						-45,611.
6	Foreign tax carryover generated in current tax year						0.	0.
7	Actual or estimated amount of line 6 to be carried back to prior tax year (enter as a negative number)						0.	0.
8	Foreign tax carryover to the following tax year. Combine lines 3 through 7.	381,914.	0.	0.	0.	0.	0.	381,914.

Form **8995**

Department of the Treasury
Internal Revenue Service

Qualified Business Income Deduction Simplified Computation

Attach to your tax return.

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

OMB No. 1545-2294

2024

Attachment Sequence No. **55**

Name(s) shown on return: James K Lockett & Yuhui Liu

Your taxpayer identification number: 534-60-2998

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 $191,950 ($383,900 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	Global One2One LLC	47-1316219	13,237.
ii	Lockett International LLC	47-1829657	-3,473.
iii			
iv			
v			

2	Total qualified business income or (loss). Combine lines 1i through 1v, column (c)	2	9,764.		
3	Qualified business net (loss) carryforward from the prior year	3	(977,224.)		
4	Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0-	4	0.		
5	Qualified business income component. Multiply line 4 by 20% (0.20)			5	0.
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	0.
11	Taxable income before qualified business income deduction (see instructions)	11	0.		
12	Enter your net capital gain, if any, increased by any qualified dividends (see instructions)	12	0.		
13	Subtract line 12 from line 11. If zero or less, enter -0-	13	0.		
14	Income limitation. Multiply line 13 by 20% (0.20)			14	0.
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	0.
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, enter -0-			16	(967,460.)
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than zero, enter -0-			17	(0.)

Form **5695**

Department of the Treasury
Internal Revenue Service

Residential Energy Credits

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

Go to *www.irs.gov/Form5695* for instructions and the latest information.

OMB No. 1545-0074

2024

Attachment Sequence No. **75**

Name(s) shown on return: James K Lockett & Yuhui Liu

Your social security number: 534 60 2998

Part I **Residential Clean Energy Credit** (See instructions before completing this part.)

Note: Skip lines 1 through 11 if you only have a **credit carryforward from 2023**.

Enter the complete address of the home where you installed the property and/or technology associated with lines 1 through 4 and 5b. For more than one home, see instructions.

Number and street	Unit no.	City or town	State	ZIP code
9850 East Windrose Drive		Scottsdale	AZ	85260

1	Qualified solar electric property costs	1	3,679.
2	Qualified solar water heating property costs	2	
3	Qualified small wind energy property costs	3	
4	Qualified geothermal heat pump property costs	4	
5a	Qualified battery storage technology. Does the qualified battery storage technology have a capacity of at least 3 kilowatt hours? (See instructions.) If you checked the "No" box, you cannot claim a credit for qualified battery storage technology	5a	☐ Yes ☒ No
b	If you checked the "Yes" box, enter the qualified battery technology costs	5b	
6a	Add lines 1 through 5b	6a	3,679.
b	Multiply line 6a by 30% (0.30)	6b	1,104.
7a	Qualified fuel cell property. Was qualified fuel cell property installed on, or in connection with, your **main home** located in the United States? (See instructions.)	7a	☐ Yes ☒ No

If you checked the "No" box, you cannot claim a credit for qualified fuel cell property. Skip lines 7b through 11.

b Enter the complete address of the main home where you installed the fuel cell property.

Number and street	Unit no.	City or town	State	ZIP code

c If the special rule for joint occupants applies, check here ☐ and attach a statement. (See instructions.)

8	Qualified fuel cell property costs	8	
9	Multiply line 8 by 30% (0.30)	9	
10	Kilowatt capacity of property on line 8 above . x $1,000	10	
11	Enter the smaller of line 9 or line 10	11	
12	Credit carryforward from 2023. Enter the amount, if any, from your 2023 Form 5695, line 16	12	14,640.
13	Add lines 6b, 11, and 12	13	15,744.
14	Limitation based on tax liability. Enter the amount from the Residential Clean Energy Credit Limit Worksheet. (See instructions.)	14	0.
15	**Residential clean energy credit.** Enter the smaller of line 13 or line 14. Also include this amount on Schedule 3 (Form 1040), line 5a	15	0.
16	Credit carryforward to 2025. If line 15 is less than line 13, subtract line 15 from line 13	16	15,744.

Part II Energy Efficient Home Improvement Credit

Section A—Qualified Energy Efficiency Improvements

17a Are the qualified energy efficiency improvements installed in or on your main home located in the United States? (See instructions.) . . . **17a** ☐ Yes ☐ No

b Are you the original user of the qualified energy efficiency improvements? . . . **17b** ☐ Yes ☐ No

c Are the components reasonably expected to remain in use for at least 5 years? . . . **17c** ☐ Yes ☐ No

If you checked the "No" box for line 17a, 17b, or 17c, you cannot claim the energy efficient home improvement credit. Do not complete Part II, Section A.

d Enter the complete address of the main home where you made the qualifying improvements.
Caution: You can only have one main home at a time. (See instructions.)

Number and street	Unit no.	City or town	State	ZIP code

e Were any of these improvements related to the construction of this main home? . . . **17e** ☐ Yes ☐ No

If you checked the "Yes" box, you can only claim the energy efficient home improvement credit for qualifying improvements that were not related to the construction of the home. Do not include expenses related to the construction of your main home, even if the improvements were made after you moved into the home.

18 Insulation or air sealing material or system.

a Enter the cost of insulation material or system (include air sealing material or system) specifically and primarily designed to reduce heat loss or gain of your home that meets the criteria established by the IECC. (See instructions.) . . . **18a**

b Multiply line 18a by 30% (0.30). Enter the results. Do **not** enter more than $1,200 . . . **18b**

19 Exterior doors that meet the applicable Energy Star requirements.

a Enter the cost of the most expensive door you bought . . . **19a**

b Multiply line 19a by 30% (0.30). Do **not** enter more than $250 . . . **19b**

c Enter the cost of all other qualifying exterior doors . . . **19c**

d Multiply line 19c by 30% (0.30) . . . **19d**

e Add lines 19b and 19d. Do **not** enter more than $500 . . . **19e**

20 Windows and skylights that meet the Energy Star certification requirements.

a Enter the cost of exterior windows and skylights that meet the Energy Star certification requirements. (See instructions.) . . . **20a**

b Multiply line 20a by 30% (0.30). Enter the results. Do **not** enter more than $600 . . . **20b**

Section B—Residential Energy Property Expenditures

21a Did you incur costs for qualified energy property installed on or in connection with a home located in the United States? . . . **21a** ☐ Yes ☐ No

b Was the qualified energy property originally placed into service by you? . . . **21b** ☐ Yes ☐ No

If you checked the "No" box for line 21a or 21b, you cannot claim the credit for your residential energy property costs. Skip lines 22 through 25 and line 29. Go to line 26.

c Enter the complete address of each home where you installed qualified energy property.

Number and street	Unit no.	City or town	State	ZIP code

22 Residential energy property costs (include labor costs for onsite preparation, assembly, and original installation). (See instructions.)

a Enter the cost of central air conditioners . . . **22a**

b Multiply line 22a by 30% (0.30). Enter the results. Do **not** enter more than $600 . . . **22b**

23a Enter the cost of natural gas, propane, or oil water heaters . . . **23a**

b Multiply line 23a by 30% (0.30). Enter the results. Do **not** enter more than $600 . . . **23b**

24a Enter the cost of natural gas, propane, or oil furnace or hot water boilers . . . **24a**

b Multiply line 24a by 30% (0.30). Enter the results. Do **not** enter more than $600 . . . **24b**

Section B—Residential Energy Property Expenditures *(continued)*

25a	Enter the cost of improvements or replacement of panelboards, subpanelboards, branch circuits, or feeders	**25a**			
b	Multiply line 25a by 30% (0.30). Enter the results. Do **not** enter more than $600			**25b**	
26	Home energy audits.				
a	Did you incur costs for a home energy audit that included an inspection of your main home located in the United States and a written report prepared by a certified home energy auditor? (See instructions.)			**26a**	☐ **Yes** ☐ **No**
	If you checked the "No" box, you cannot claim the home energy audit credit. Stop. Go to line 27.				
b	Enter the cost of the home energy audits	**26b**			
c	Multiply line 26b by 30% (0.30). Enter the results. Do **not** enter more than $150			**26c**	
27	Add lines 18b, 19e, 20b, 22b, 23b, 24b, 25b, and 26c	**27**			
28	Enter the smaller of line 27 or $1,200			**28**	
29	Heat pumps and heat pump water heaters; biomass stoves and biomass boilers.				
a	Enter the cost of electric or natural gas heat pumps	**29a**			
b	Enter the cost of electric or natural gas heat pump water heaters	**29b**			
c	Enter the cost of biomass stoves and biomass boilers	**29c**			
d	Add lines 29a, 29b, and 29c	**29d**			
e	Multiply line 29d by 30% (0.30). Enter the results. Do **not** enter more than $2,000			**29e**	
30	Add lines 28 and 29e			**30**	
31	Limitation based on tax liability. Enter the amount from the Energy Efficient Home Improvement Credit Limit Worksheet. (See instructions.)			**31**	
32	**Energy efficient home improvement credit.** Enter the smaller of line 30 or line 31. Also include this amount on Schedule 3 (Form 1040), line 5b			**32**	
a	If the special rule for joint occupants applies, check here ☐ and attach a statement. (See instructions.)				

Audit Defense Order Confirmation

Thank you for choosing Audit Defense for your 2024 income tax return. This service is provided by an independent tax firm TaxAudit.com, a service of TaxResources, Inc.

Name:	James K Lockett & Yuhui Liu
Confirmation Number:	6426409673
Amount Paid:	

When TaxAudit.com defends your income tax return during an IRS or state audit, you have professional representation throughout the entire process.

TaxAudit.com:

- Defends your 2024 income tax return in an audit through the highest level of appeals
- Schedules and attends all audit appointments
- Reviews your tax return for additional problem areas
- Reviews your source documentation before the tax agency sees it
- Handles all audit correspondence and makes all audit phone calls
- Prepares requests for appeals conferences and U.S. Tax Court Petition, if necessary
- Minimizes the financial impact of an audit

If you paid for Audit Defense by credit card:

1. You'll receive an email from TaxAudit.com in two to five days notifying you that your membership has been processed
2. View and print your certificate at *http://intuit.taxaudit.com*
3. To ensure you receive your confirmation email, please add *AuditDefenseCertificates@taxaudit.com* to your email address book

If you choose to pay for Audit Defense with your tax refund (e-filed returns only):

1. You'll need notice that the IRS has accepted your e-filed return and your refund has been processed
2. Two to five days after this, you'll receive an email from TaxAudit.com notifying you that your membership has been processed
3. View and print your certificate at *http://intuit.taxaudit.com*
4. To ensure you receive your confirmation email, please add *AuditDefenseCertificates@taxaudit.com* to your email address book

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IMPORTANT: If you're **filing by mail** and **did not pay** for Audit Defense with a credit card, your order will not go through. We recommend going back and either e-filing your return or paying by credit card.

If you receive any audit or tax notice from the IRS or state taxing agency, contact TaxAudit.com immediately at 877-829-9695. TaxAudit.com's customer service office hours are 8 a.m. to 5 p.m. Pacific Time, Monday through Friday. TaxAudit.com must be your only contact with the IRS or state (please read the Audit Defense Membership Agreement).

For more information, or to purchase Audit Defense for other tax returns, visit TaxAudit.com's website at *http://intuit.taxaudit.com.*

Schedule 1
Line 8

Other Income Statement

2024

Statement L8

Name(s) Shown on Return	Social Security Number
James K Lockett & Yuhui Liu	534-60-2998

		(a) Taxpayer	(b) Spouse
a	Net operating loss carryover from a prior year	0.	0.
b 1	Winnings from Form W-2G		
2	Gambling winnings not reported on Form W-2G		
3	Winnings from Schedule K-1		
4	Total gambling winnings		
c	Income from the Cancellation of Debt:		
1	From Form 1099-C:		
	a Amount of debt canceled from box 2		
	b Amount of canceled debt excluded from income		
	c Taxable amount of canceled debt		
2	From Schedule(s) K-1		
d	Foreign earned income and housing exclusion, from Form 2555		
e	Taxable distributions from Form 8853:		
1	Taxable Archer MSA distributions MSA		
2	Taxable Medicare Advantage distributions Med MSA		
3	Taxable long term care distributions LTC		
4	Total Form 8853		
f	Form 8889, Health Savings Accounts		
1	Taxable HSA Distributions from Form 1099-SA		
2	Last month rule and qualified HSA funding distribution amt		
3	Total Form 8889		
g	Alaska Permanent Fund		
h	Jury duty pay		
i 1	Winnings (prizes, etc.) from Form 1099-MISC, box 3		
2	Other non-gambling awards and prizes		
j	Income from "not for profit" activities (hobbies):		
1	Hobby income from Form 1099-K		
2	Other hobby income not reported elsewhere		
3	Total income from "not for profit" activities (hobbies):		
j	Does not apply to Form 1040NR		
k	Employer stock compensation income for non-employee		
l	Income from rental of personal property		
1	Rent from personal property from Form 1099-MISC box 1		
2	Rent from personal property from Form 1099-K box 1		
3	Other rent from personal property		
4	Total Income from the rental of personal property		
m	Olympic/Paralympic medals and USOC prize money**		
n	Section 965 deferred foreign income (Form 965)		
o	Global intangible low-taxed income (Form 8992)		
p	Limitation on business losses (Form 461)		
q	ABLE account distributions		
r	Scholarship and fellowship grants not reported on Form W-2		
s	Nontaxable amount of Medicaid waiver payments		
t	Nonqualified pension/annuity		
u	Wages while incarcerated		
v	Digital assets received as ordinary income not reported elsewhere (see instructions)		

z 1 Child's investment income, from Form 8814		
2 Taxable income from Forms 1099-MISC:		
a Substitute payments in lieu of interest or dividends		
b Other income from 1099-MISC box 3 (Excluding Olympic prize money)		
c Tribal Gaming		
3 Non-Employee Compensation from Form 1099-NEC box 1		
4 Taxable income from Form 1099-Q or 1099-QA:		
a Qualified tuition program distributions		
b Coverdell ESA distributions		
5 Taxable income from Form 1099-G:		
a Grants		
b RTAA payments		
6 Other income, from Schedule(s) K-1		
7 Refunds or reimbursements of deductions claimed in a prior year:		
a Reimbursement for deducted medical expenses		
b Refunds of deducted taxes (not state or local income taxes)		
Type of Tax / State or Local ID		
c Recapture of deducted moving expenses		
d Reimbursement for deducted casualty or theft loss		
e Reimbursement for deducted employee business expenses		
f Other refunds or reimbursements		
8 Recoveries of bad debts deducted in a prior year		
9 Bartering income not reported elsewhere		
10 Other income on Form 1099-K (payment network transactions):		
11 Unemployment income and repayment		
a Union unemployment benefits		
b Private fund unemployment benefits		
c State employee unemployment benefits		
d Repayment of non-government unemployment benefits		
12 Other taxable income:		
13 Income from Community Property:		
a Positive community property adjustment		
b Negative community property adjustment (enter as positive)		

aa Exclusions from Gross Income

The excludable items below from Form 1099 are included on Schedule 1, line 8z, along with a corresponding negative adjustment to remove from gross income.

a CA Middle Class Tax Refund payment		
b Incorrect Form 1099-K		
c Loss from Sale of Personal Items Reported on Form 1099-K		
d East Palestine Train Derailment Relief		
e Qualified Wildfire Relief Payments		

Total. Add lines **a** through **z**. (Do not include **aa**.) Enter here and on Schedule 1, line 9	0.	0.

Charitable Organization Worksheet 2024

► Keep for your records

Name(s) Shown on Return	Social Security Number
James K Lockett & Yuhui Liu	534-60-2998

Charity Name . . . City of Grace
Address . . . . . .
City. . . . . State . . . . ____ ZIP code . .

Combined Amounts Worksheet

Note: Amounts entered in worksheets below will be summarized in this worksheet**.**

Ref. No.	Date	Donation Description	Donation Type	Donation Amount
1	Various		Money	2,080.00
			Total:	2,080.00
			Prior Year Total:	1,500.00

ItsDeductible Item Donations Worksheet

Note: Amounts in this worksheet can only be entered using the interview process.

Ref. No.	Donat. Date	VM*	Item Description	High Value	Qty.	Med. Value	Qty.	Total Value

* VM, Valuation Method. 1 indicates it has been valued by ItsDeductible, 0 indicates you have created a custom valuation item.

James K Lockett & Yuhui Liu 534-60-2998

Other Item Donations Worksheet

Note: Double-click to enter additional information if needed.

Ref. No.	Donated Date / Acquired Date	Donation Description / Donation Type / How Acquired	Donation Cost / How Valued / Donation Value	Donation Allowed

Detail of Money Donations Worksheet

Ref. No.	Donat. Date	Each Don. Amt	Don. Per Yr	Once or Recurring	2024 Amount
1	Various	2,080.00	1	[ ] Once [X] Recur	2,080.00
				[ ] Once [ ] Recur	
				[ ] Once [ ] Recur	
				[ ] Once [ ] Recur	
				[ ] Once [ ] Recur	

Detail of Mileage and Transportation Costs Worksheet

Ref. No. / Miles Per Trip / Other Costs	Donation Date / Trips Per Yr / Description of Other Costs	Description of Trip / Once or Recurring	Miles Driven / Value of Miles	Total Donation Value
		[ ] Once [ ] Recur		
		[ ] Once [ ] Recur		
		[ ] Once [ ] Recur		

James K Lockett & Yuhui Liu 534-60-2998

Detail of Stock Donations Worksheet

Ref. No.	Date of Donation	Stock Symbol, # shares	Value on Donation Date	Date Acquired	Stock Original Cost	Donation Value

Charitable Organization Questions

1 Was the **entire interest** given for all property donated to this charity? . . . . . [X] **Yes** [ ] **No**

2 Were **restrictions** attached to the charity's right to use or dispose of any property donated to this charity? . . . . . ► [ ] **Yes** [ ] **No**

3 Did you give to anyone other than this charity the right to income from any of the donated property or to possession of any of the donated property? . . . . . ► [ ] **Yes** [ ] **No**

4 What Type of charitable organization was it? Check one:
[X] **(a)** 50% charity [ ] **(b)** Other than 50% charity

Charitable Organization Worksheet 2024

► Keep for your records

Name(s) Shown on Return	Social Security Number
James K Lockett & Yuhui Liu	534-60-2998

Charity Name . . . ICCC
Address . . . . . .
City. . . . . State . . . . ____ ZIP code . .

Combined Amounts Worksheet

Note: Amounts entered in worksheets below will be summarized in this worksheet**.**

Ref. No.	Date	Donation Description	Donation Type	Donation Amount
1	Various		Money	2,550.00
2	Various	Travel to national and international leadership conferences in April and November	Mileage	3,681.78
			Total:	6,231.78
			Prior Year Total:	1,000.00

ItsDeductible Item Donations Worksheet

Note: Amounts in this worksheet can only be entered using the interview process.

Ref. No.	Donat. Date	VM*	Item Description	High Value	Qty.	Med. Value	Qty.	Total Value

* VM, Valuation Method. 1 indicates it has been valued by ItsDeductible, 0 indicates you have created a custom valuation item.

James K Lockett & Yuhui Liu 534-60-2998

Other Item Donations Worksheet

Note: Double-click to enter additional information if needed.

Ref. No.	Donated Date / Acquired Date	Donation Description / Donation Type / How Acquired	Donation Cost / How Valued / Donation Value	Donation Allowed

Detail of Money Donations Worksheet

Ref. No.	Donat. Date	Each Don. Amt	Don. Per Yr	Once or Recurring		2024 Amount
1	Various	2,550.00	1	[ ] Once	[X] Recur	2,550.00
				[ ] Once	[ ] Recur	
				[ ] Once	[ ] Recur	
				[ ] Once	[ ] Recur	
				[ ] Once	[ ] Recur	

Detail of Mileage and Transportation Costs Worksheet

Ref. No. / Miles Per Trip / Other Costs	Donation Date / Trips Per Yr / Description of Other Costs	Description of Trip / Once or Recurring	Miles Driven / Value of Miles	Total Donation Value
2	Various	Travel to national and international leadership conferences in April and November		
25.0	2	[ ] Once [X] Recur	50.0	
3,674.78	Air travel to Florida and Germany for national and international conferences.		7.00	3,681.78
		[ ] Once [ ] Recur		
		[ ] Once [ ] Recur		

James K Lockett & Yuhui Liu 534-60-2998

Detail of Stock Donations Worksheet

Ref. No.	Date of Donation	Stock Symbol, # shares	Value on Donation Date	Date Acquired	Stock Original Cost	Donation Value

Charitable Organization Questions

1 Was the **entire interest** given for all property donated to this charity? . . . . . ☐ **Yes** ☐ **No**

2 Were **restrictions** attached to the charity's right to use or dispose of any property donated to this charity? . . . . . ► ☐ **Yes** ☐ **No**

3 Did you give to anyone other than this charity the right to income from any of the donated property or to possession of any of the donated property? . . . . . ► ☐ **Yes** ☐ **No**

4 What Type of charitable organization was it? Check one:
☒ **(a)** 50% charity ☐ **(b)** Other than 50% charity

Charitable Organization Worksheet 2024

► Keep for your records

Name(s) Shown on Return	Social Security Number
James K Lockett & Yuhui Liu	534-60-2998

Charity Name . . . World Outstanding Woman League
Address . . . . . .
City. . . . . State . . . . ____ ZIP code . .

Combined Amounts Worksheet

Note: Amounts entered in worksheets below will be summarized in this worksheet**.**

Ref. No.	Date	Donation Description	Donation Type	Donation Amount
1	Various		Money	388.00
			Total:	388.00
			Prior Year Total:	300.00

ItsDeductible Item Donations Worksheet

Note: Amounts in this worksheet can only be entered using the interview process.

Ref. No.	Donat. Date	VM*	Item Description	High Value	Qty.	Med. Value	Qty.	Total Value

* VM, Valuation Method. 1 indicates it has been valued by ItsDeductible, 0 indicates you have created a custom valuation item.

James K Lockett & Yuhui Liu 534-60-2998

Other Item Donations Worksheet

Note: Double-click to enter additional information if needed.

Ref. No.	Donated Date / Acquired Date	Donation Description / Donation Type / How Acquired	Donation Cost / How Valued / Donation Value	Donation Allowed

Detail of Money Donations Worksheet

Ref. No.	Donat. Date	Each Don. Amt	Don. Per Yr	Once or Recurring	2024 Amount
1	Various	388.00	1	[ ] Once [X] Recur	388.00
				[ ] Once [ ] Recur	
				[ ] Once [ ] Recur	
				[ ] Once [ ] Recur	
				[ ] Once [ ] Recur	

Detail of Mileage and Transportation Costs Worksheet

Ref. No.	Donation Date	Description of Trip				Total Donation Value
Miles Per Trip	Trips Per Yr	Once or Recurring	Miles Driven			
Other Costs	Description of Other Costs		Value of Miles			
				[ ] Once [ ] Recur		
				[ ] Once [ ] Recur		
				[ ] Once [ ] Recur		

James K Lockett & Yuhui Liu 534-60-2998

Detail of Stock Donations Worksheet

Ref. No.	Date of Donation	Stock Symbol, # shares	Value on Donation Date	Date Acquired	Stock Original Cost	Donation Value

Charitable Organization Questions

1 Was the **entire interest** given for all property donated to this charity? . . . . . [X] **Yes** [ ] **No**

2 Were **restrictions** attached to the charity's right to use or dispose of any property donated to this charity? . . . . . ► [ ] **Yes** [ ] **No**

3 Did you give to anyone other than this charity the right to income from any of the donated property or to possession of any of the donated property? . . . . . ► [ ] **Yes** [ ] **No**

4 What Type of charitable organization was it? Check one:
[X] **(a)** 50% charity [ ] **(b)** Other than 50% charity

Charitable Organization Worksheet 2024

► Keep for your records

Name(s) Shown on Return	Social Security Number
James K Lockett & Yuhui Liu	534-60-2998

Charity Name . . . Pinnacle Forum
Address . . . . . .
City. . . . . State . . . . ____ ZIP code . .

Combined Amounts Worksheet

Note: Amounts entered in worksheets below will be summarized in this worksheet**.**

Ref. No.	Date	Donation Description	Donation Type	Donation Amount
1	Various		Money	1,500.00
			Total:	1,500.00
			Prior Year Total:	1,500.00

ItsDeductible Item Donations Worksheet

Note: Amounts in this worksheet can only be entered using the interview process.

Ref. No.	Donat. Date	VM*	Item Description	High Value	Qty.	Med. Value	Qty.	Total Value

* VM, Valuation Method. 1 indicates it has been valued by ItsDeductible, 0 indicates you have created a custom valuation item.

James K Lockett & Yuhui Liu 534-60-2998

Other Item Donations Worksheet

Note: Double-click to enter additional information if needed.

Ref. No.	Donated Date / Acquired Date	Donation Description / Donation Type / How Acquired	Donation Cost / How Valued / Donation Value	Donation Allowed

Detail of Money Donations Worksheet

Ref. No.	Donat. Date	Each Don. Amt	Don. Per Yr	Once or Recurring		2024 Amount
1	Various	125.00	12	[ ] Once	[X] Recur	1,500.00
				[ ] Once	[ ] Recur	
				[ ] Once	[ ] Recur	
				[ ] Once	[ ] Recur	
				[ ] Once	[ ] Recur	

Detail of Mileage and Transportation Costs Worksheet

Ref. No. / Miles Per Trip / Other Costs	Donation Date / Trips Per Yr / Description of Other Costs	Description of Trip / Once or Recurring	Miles Driven / Value of Miles	Total Donation Value
		[ ] Once [ ] Recur		
		[ ] Once [ ] Recur		
		[ ] Once [ ] Recur		

James K Lockett & Yuhui Liu 534-60-2998

Detail of Stock Donations Worksheet

Ref. No.	Date of Donation	Stock Symbol, # shares	Value on Donation Date	Date Acquired	Stock Original Cost	Donation Value

Charitable Organization Questions

1 Was the **entire interest** given for all property donated to this charity? . . . . . [X] **Yes** [ ] **No**

2 Were **restrictions** attached to the charity's right to use or dispose of any property donated to this charity? . . . . . ► [ ] **Yes** [ ] **No**

3 Did you give to anyone other than this charity the right to income from any of the donated property or to possession of any of the donated property? . . . . . ► [ ] **Yes** [ ] **No**

4 What Type of charitable organization was it? Check one:
[X] **(a)** 50% charity [ ] **(b)** Other than 50% charity

Charitable Organization Worksheet 2024

► Keep for your records

Name(s) Shown on Return	Social Security Number
James K Lockett & Yuhui Liu	534-60-2998

Charity Name . . . Pillar Church
Address . . . . . .
City. . . . . State . . . . ____ ZIP code . .

Combined Amounts Worksheet

Note: Amounts entered in worksheets below will be summarized in this worksheet**.**

Ref. No.	Date	Donation Description	Donation Type	Donation Amount
1	Various		Money	240.00
			Total:	240.00

Prior Year Total:	

ItsDeductible Item Donations Worksheet

Note: Amounts in this worksheet can only be entered using the interview process.

Ref. No.	Donat. Date	VM*	Item Description	High Value	Qty.	Med. Value	Qty.	Total Value

* VM, Valuation Method. 1 indicates it has been valued by ItsDeductible, 0 indicates you have created a custom valuation item.

James K Lockett & Yuhui Liu 534-60-2998

Other Item Donations Worksheet

Note: Double-click to enter additional information if needed.

Ref. No.	Donated Date / Acquired Date	Donation Description / Donation Type / How Acquired	Donation Cost / How Valued / Donation Value	Donation Allowed

Detail of Money Donations Worksheet

Ref. No.	Donat. Date	Each Don. Amt	Don. Per Yr	Once or Recurring	2024 Amount
1	Various	240.00	1	[ ] Once [X] Recur	240.00
				[ ] Once [ ] Recur	
				[ ] Once [ ] Recur	
				[ ] Once [ ] Recur	
				[ ] Once [ ] Recur	

Detail of Mileage and Transportation Costs Worksheet

Ref. No. / Miles Per Trip / Other Costs	Donation Date / Trips Per Yr / Description of Other Costs	Description of Trip / Once or Recurring	Miles Driven / Value of Miles	Total Donation Value
		[ ] Once [ ] Recur		
		[ ] Once [ ] Recur		
		[ ] Once [ ] Recur		

James K Lockett & Yuhui Liu 534-60-2998

Detail of Stock Donations Worksheet

Ref. No.	Date of Donation	Stock Symbol, # shares	Value on Donation Date	Date Acquired	Stock Original Cost	Donation Value

Charitable Organization Questions

1 Was the **entire interest** given for all property donated to this charity? . . . . . [X] **Yes** [ ] **No**

2 Were **restrictions** attached to the charity's right to use or dispose of any property donated to this charity? . . . . . ► [ ] **Yes** [ ] **No**

3 Did you give to anyone other than this charity the right to income from any of the donated property or to possession of any of the donated property? . . . . . ► [ ] **Yes** [ ] **No**

4 What Type of charitable organization was it? Check one:
[X] **(a)** 50% charity [ ] **(b)** Other than 50% charity

Federal Information Worksheet 2024

► Keep for your records

Part I — Personal Information

Information in Part I is **completely calculated** from entries on Personal Information Worksheets.

Taxpayer:
First name . . . . . James
Middle initial . . . . . K Suffix . . . . . ____
Last name . . . . . Lockett
Social security no. . . 534-60-2998
Occupation . . . . . Legal consultant
Date of birth . . . . . 11/11/1953 (mm/dd/yyyy)
Age as of 1-1-2025 . . 71
Daytime phone . . . . (619)405-5321 Ext ____
Legally blind . . . . . [ ]
Date of death . . . . . ____

Dependent of Someone Else:
Can taxpayer be claimed as dependent of another person (such as parent)? . . [ ] Yes [X] No
If yes, **was** taxpayer claimed as dependent on that person's return? . . . . . [ ] Yes [ ] No

Credit for the Elderly or Disabled (Schedule R):
Is the taxpayer retired on total and permanent disability? . . [ ] Yes [ ] No

Presidential Election Campaign Fund:
Does the taxpayer want $3 to go to the Presidential Election Campaign Fund? . . [ ] Yes [X] No

Spouse:
First name . . . . . Yuhui
Middle initial . . . . . Suffix . . . . . ____
Last name . . . . . Liu
Social security no. . . . 677-28-4731
Occupation . . . . . Sales Consultant
Date of birth . . . . . 03/25/1968 (mm/dd/yyyy)
Age as of 1-1-2025 . . 56
Daytime phone . . . . . Ext ____
Legally blind . . . . . [ ]
Date of death . . . . . ____

Dependent of Someone Else:
Can spouse be claimed as dependent of another person (such as parent)? . . [ ] Yes [X] No
If yes, **was** spouse claimed as dependent on that person's return? . . . . . [ ] Yes [ ] No

Credit for the Elderly or Disabled (Schedule R):
Is the spouse retired on total and permanent disability? . . [ ] Yes [ ] No

Presidential Election Campaign Fund:
Does the spouse want $3 to go to the Presidential Election Campaign Fund? . . [ ] Yes [X] No

Part II — Address and Federal Filing Status (enter information in this section)

US Address:
Address . . . . . 9850 East Windrose Drive Apt no. . . ____
City. . . . . Scottsdale State . . . . AZ ZIP code . . 85260
Foreign Address: Check this box to use foreign address . . ► [ ]
Address . . . . . ____ Apt no. . . ____
City. . . . . ____
Foreign code . . . ____ Foreign country . . . ____
Foreign province/county ____ Foreign postal code ____

APO/FPO/DPO address, check if appropriate . . . . . APO [ ] FPO [ ] DPO [ ]

Home phone . . .
Check to print phone number on Form 1040 . . . . [ ] Home [X] Taxpayer daytime [ ] Spouse daytime

Print Form 1040-SR instead of Form 1040 . . . . . [X] Yes [ ] No

Federal filing status:

[ ] **1** Single
[X] **2** Married filing jointly
[ ] **3** Married filing separately
Check this box if you **did not** live with your spouse at any time during the year. . . . . ► [ ]
Check this box if you are eligible to claim your spouse's exemption/blind/over age 65 (see Help) . . . . . ► [ ]
[ ] **4** Head of household
If the 'qualifying person' is your child but **not** your dependent:
Child's First name ____ MI ____ Last Name ____ Suff ____
Child's social security number . . ____
[ ] **5** Qualifying surviving spouse
Check the appropriate box for the year your spouse died . . . . . 2022 ► [ ] 2023 ► [ ]
Are you a dependent with a qualifying child . . . . . Yes ► [ ] No ► [ ]
Enter qualifying person's name:
Child's First name ____ MI ____ Last Name ____ Suff ____
Child's social security number . . ____
[ ] Check if treating a nonresident or dual-status alien spouse as a U.S. resident for the entire tax year, enter name here: ____ [ ] Check if this is the first year ____

Part III — Dependent/Earned Income Credit/Child and Dependent Care Credit Information

Information in Part III is completely calculated from entries on Dependent/Nondependent Info Worksheets.

First name Last name	MI Suff	Social security number Relationship	Date of birth (mm/dd/yyyy) Age	Code	**Not** qual for child tax cr	Date of death (mm/dd/yyyy) Qualified child/dep care exps incurred and paid 2024	EIC	Lived with taxpyr in U.S.	**Not** qual credit other dep Educ Tuitn and Fees	* Dep

* "Yes" - qualifies as dependent, "No" - does not qualify as dependent

Part IV — Earned Income Credit Information (you must answer these questions to calculate EIC)

Is the taxpayer or spouse a qualifying child for EIC for another person? ► [ ] Yes [X] No
Was the taxpayer's (and spouse's if married filing jointly) home in the United States for more than half of 2024? ► [X] Yes [ ] No
If the SSN of the taxpayer, or spouse if married filing jointly, was obtained to get a federally funded benefit, such as Medicaid, and the Social Security card contains the legend **Not Valid for Employment**, check this box (see Help) ► [ ]
Check if you are filing head of household **and** your spouse is a nonresident alien **and** you lived with your spouse during the last six months of 2024 ► [ ]
Check if you were notified by the IRS that EIC cannot be claimed in 2024 or if you are ineligible to claim the EIC in 2024 for any other reason ► [ ]

Part V — Direct Deposit or Direct Debit Information (not applicable for Form 9465)

Do you want to elect **direct deposit** of any federal tax refund? ► [ ] Yes [ ] No

Do you want to elect **direct debit** of federal balance due (Electronic filing only)? ► [ ] Yes [ ] No

If you selected either of the options above, fill out the information below:
Name of Financial Institution (optional) ► _____
Check the appropriate box ► Checking [ ] Savings [ ]
Routing number ► _____ Account number ► _____

Enter the following information only if you are requesting direct debit of balance due:
Enter the payment date to withdraw from the account above ► _____
Balance-due amount from this return ► _____

Amended Returns:
Do you want to elect **direct debit** of federal **amended** balance due (e-File only)? ► [ ] Yes [ ] No
Enter the payment date to withdraw from the account above ► _____
Balance-due amount from this **amended** return ► _____

Part VI — Additional Information for Your Federal Return

Standard Deduction/Itemized Deductions:
Check this box if you are itemizing for state tax or other purposes even though your itemized deductions are less than your standard deduction ► [ ]
Check this box if you are married filing separately and your spouse itemized deductions ► [ ]
Check this box to take the standard deduction even if less than itemized deductions ► [ ]

Real Estate Professionals:
Do you or your spouse qualify for the special passive activity rules for taxpayers in real property business? (see Help) ► [ ] Yes [ ] No

Credit for Qualified Retirement Savings Contributions (Form 8880):
Is the taxpayer a full-time student? ► [ ] Yes [X] No
Is the spouse a full-time student? ► [ ] Yes [X] No

American Opportunity and Lifetime Learning Credit (Form 8863)
For 2024, were you (or your spouse if married) a nonresident alien for any part of the year, and did not elect to be treated as a resident alien? ► [ ] Yes [ ] No

Foreign Tax Credit (Form 1116):
Check this box to file Form 1116 even if you're not required to file Form 1116 ► [ ]
Resident country ► USA

Excludable Income from Am. Samoa, Guam, Commonwealth of the N. Mariana Islands, or Puerto Rico:
Excludable income of bona fide residents of American Samoa, Guam, or the Commonwealth of the Northern Mariana Islands _____
Excludable income from Puerto Rico _____

Dual Status Alien Return:
Check this box if you are a dual-status alien ► [ ]
Check this box to print 'DUAL-STATUS STATEMENT' on Form 1040 ► [ ]

Third Party Designee:
Caution: Review transferred information for accuracy.
Do you want to allow another person to discuss this return with the IRS? ► [ ] Yes [ ] No
If Yes, complete the following:
Third party designee name ► _____
Third party designee phone number ► _____
Personal Identification number (enter any 5 numbers) ► _____

Disaster Tax Relief:
Check if you took a disaster distribution in a prior year [ ]

Part VI — Additional Information for Your Federal Return — Continued

Personal Representative for deceased taxpayers:
Name of personal representative required for E-filed returns when Form 1310 is not filed or it is not the surviving spouse . . . . . ►

Part VII — State Filing Information

Identity Protection PIN:
If the IRS sent the taxpayer an Identity Protection PIN, enter it here . . . . . ►
If the IRS sent the spouse an Identity Protection PIN, enter it here . . . . . ►

Taxpayer:

Enter the taxpayer's state of residence as of December 31, 2024 . . . . . ► AZ
Check the appropriate box:
Taxpayer is a resident of the state above for the entire year . . . . . ► [X]
Taxpayer is a resident of the state above for only part of year . . . . . ► [ ]
Date the taxpayer established residence in state above . . . . . ►
In which state (or foreign country) did the taxpayer reside before this change? . . . . . ►

Spouse:

Enter the spouse's state of residence as of December 31, 2024 . . . . . ► AZ
Check the appropriate box:
Spouse is a resident of the state above for the entire year . . . . . ► [X]
Spouse is a resident of the state above for only part of year . . . . . ► [ ]
Date the spouse established residence in state above . . . . . ►
In which state (or foreign country) did the spouse reside before this change? . . . . . ►

Nonresident states:

Nonresident State(s)	Taxpayer/Spouse/Joint

Check this box if you are in a Registered Domestic Partnership or a civil union . . . . . ► [ ]
If you checked the box on the line above, also check the appropriate box below:
Check if this is your individual federal return you are filing with the IRS . . . . . ► [ ]
Check if this is the joint return created to file joint state tax return (see Help) . . . . . ► [ ]

Use the PIN that you signed last year's tax return with.
Taxpayer's Prior year PIN . . _____
Spouse's Prior year PIN . . . _____

These signature PINs are chosen by the taxpayer and spouse and used for e-filing your tax return
Taxpayer's PIN used to sign the return 98177
Spouse's PIN used to sign the return 15151

Taxpayer:
Drivers license or state ID number D10636677
Issued by what state AZ
License or ID license . ► [X] ID . ► [ ] neither . ► [ ] decline . ► [ ]

Spouse
Drivers license or state ID number D10902328
Issued by what state AZ
License or ID license . ► [X] ID . ► [ ] neither . ► [ ] decline . ► [ ]

Personal Information Worksheet For the Taxpayer

2024

► Keep for your records

QuickZoom to another copy of Personal Information Worksheet . . . . . ►
QuickZoom to Federal Information Worksheet . . . . . ►

Part I — Taxpayer's Personal Information

First name . . . James Middle initial . K Last name . . Lockett
Suffix . . . . . ____

Social security no. . . 534-60-2998 Member of U.S. Armed Forces in 2024? . . [ ] Yes [X] No

Date of birth . . . . . 11/11/1953 (mm/dd/yyyy) age as of 1-1-2025 71

Occupation . . . . Legal consultant Daytime phone . . . . (619)405-5321 Ext ____

Marital status . . . Married
If widowed, check the appropriate box for the year your spouse died:
After 2024 ►[ ] 2024 . ►[ ] 2023 . ►[ ] 2022 . ►[ ] Before 2022 . ►[ ]

Are you retired on total and permanent disability? (for Schedule R, see Help). . . . . ►[ ] Yes [ ] No
Check if this person is legally blind . . . . . ►[ ] Yes [X] No
If deceased, enter the date of death . . . . . ► (mm/dd/yyyy) ____
Check if this person is currently incarcerated . . . . . ►[ ] Yes [ ] No
If Yes, enter assigned identification number . . . . . ► ____

Were you under the age of 16 as of 1-1-2025 and this is the first year you are filing a tax return? . . . . . ►[ ] Yes [ ] No

Language in which you want the IRS to communicate with you . . . . . ► ____

Do you want $3 to go to Presidential Election Campaign Fund? . . . . . ►[ ] Yes [X] No

Part II — Questions for Individuals Who Could Be Or Are Dependents of Another Taxpayer

1 **Can** another taxpayer (such as your parent) claim you as a dependent?. . . . . ►[ ] Yes [X] No
2 a If you answered 'Yes' to question 1, are you actually claimed as a dependent on that person's tax return? . . . . . ►[ ] Yes [ ] No
b If you answered 'No' to question 2a, was the person(s) who could claim you required to file a tax return for 2024, or filed a tax return for any reason other than to claim a refund of taxes paid or withheld? If the answer is 'No', change the answer to question 1 to 'No'. *(see help)* . . . . . ►[ ] Yes [ ] No

Questions 3 through 5 are only required for individuals who claim the American Opportunity Credit.

3 Were you a full-time student during any part of five months during 2024? . . . . . ►[ ] Yes [ ] No
4 Did your earned income exceed one-half of your support? . . . . . ►[ ] Yes [ ] No
5 Was at least one of your parents alive on December 31, 2024?. . . . . ►[ ] Yes [ ] No

Part III — Taxpayer's State Residency Information

Enter this person's state of residence as of December 31, 2024 . . . . . AZ
Check the appropriate box:
This person is a resident of the state above for the entire year . . . . . [X]
This person is a resident of the state above for only part of year . . . . . [ ]
Date this person established residence in state above . . . . . ► ____
In which state (or foreign country) did this person reside before this change? . . . . . ► ____

Part IV — Dependent Care Expenses

Qualified dependent care expenses incurred and paid for this person in 2024 . . . . . ____
Unreimbursed medical expenses paid for qualifying person in 2024 . . . . . ____
Employment taxes paid for dependent care providers in 2024 . . . . . ____
Full-time student for 5 calendar months during 2024?. . . . . ►[ ] Yes [ ] No
Disabled person who was not physically or mentally capable of self-care? . . . . . ►[ ] Yes [ ] No
This person is a qualifying person for the child and dependent care credit . . . . . ►[ ] Yes [X] No

Personal Information Worksheet For the Spouse

2024

► Keep for your records

QuickZoom to another copy of Personal Information Worksheet . . . . . ►
QuickZoom to Federal Information Worksheet . . . . . ►

Part I — Spouse's Personal Information

First name . . . Yuhui Middle initial . ___ Last name . . Liu
Suffix . . . . . ___

Social security no. . . 677-28-4731 Member of U.S. Armed Forces in 2024? . . [ ] Yes [X] No

Date of birth . . . . . 03/25/1968 (mm/dd/yyyy) age as of 1-1-2025 56

Occupation . . . . Sales Consultant Daytime phone . . . . ___ Ext ___

Marital status . . . Married
If widowed, check the appropriate box for the year your spouse died:
After 2024 ►[ ] 2024 . ►[ ] 2023 . ►[ ] 2022 . ►[ ] Before 2022 . ►[ ]

Are you retired on total and permanent disability? (for Schedule R, see Help). . . . . ►[ ] Yes [ ] No
Check if this person is legally blind . . . . . ►[ ] Yes [X] No
If deceased, enter the date of death . . . . . ► (mm/dd/yyyy) ___
Check if this person is currently incarcerated . . . . . ►[ ] Yes [ ] No
If Yes, enter assigned identification number . . . . . ► ___

Were you under the age of 16 as of 1-1-2025 and this is the first year you are filing a tax return? . . . . . ►[ ] Yes [ ] No

Language in which you want the IRS to communicate with you . . . . . ► ___

Do you want $3 to go to Presidential Election Campaign Fund? . . . . . ►[ ] Yes [X] No

Part II — Questions for Individuals Who Could Be Or Are Dependents of Another Taxpayer

1 **Can** another taxpayer (such as your parent) claim you as a dependent?. . . . . ►[ ] Yes [X] No
2 a If you answered 'Yes' to question 1, are you actually claimed as a dependent on that person's tax return? . . . . . ►[ ] Yes [ ] No
b If you answered 'No' to question 2a, was the person(s) who could claim you required to file a tax return for 2024, or filed a tax return for any reason other than to claim a refund of taxes paid or withheld? If the answer is 'No', change the answer to question 1 to 'No'. *(see help)* . . . . . ►[ ] Yes [ ] No

Questions 3 through 5 are only required for individuals who claim the American Opportunity Credit.

3 Were you a full-time student during any part of five months during 2024? . . . . . ►[ ] Yes [X] No
4 Did your earned income exceed one-half of your support? . . . . . ►[ ] Yes [ ] No
5 Was at least one of your parents alive on December 31, 2024?. . . . . ►[ ] Yes [ ] No

Part III — Spouse's State Residency Information

Enter this person's state of residence as of December 31, 2024 . . . . . AZ
Check the appropriate box:
This person is a resident of the state above for the entire year . . . . . [X]
This person is a resident of the state above for only part of year . . . . . [ ]
Date this person established residence in state above . . . . . ► ___
In which state (or foreign country) did this person reside before this change? . . . . . ► ___

Part IV — Dependent Care Expenses

Qualified dependent care expenses incurred and paid for this person in 2024 . . . . . ___
Unreimbursed medical expenses paid for qualifying person in 2024 . . . . . ___
Employment taxes paid for dependent care providers in 2024 . . . . . ___
Full-time student for 5 calendar months during 2024?. . . . . ►[ ] Yes [ ] No
Disabled person who was not physically or mentally capable of self-care? . . . . . ►[ ] Yes [ ] No
This person is a qualifying person for the child and dependent care credit . . . . . ►[ ] Yes [X] No

Dependent and Nondependent Information Worksheet 2024

► Keep for your records

QuickZoom to another copy of Dependent and Nondependent Information Worksheet . . . . . ►
QuickZoom to Federal Information Worksheet . . . . . ►

Part I – Personal Information

First name . . . Thomas Middle initial . ___ Last name . . Lockett
Suffix . . . . . ____

Social security no. . . 721-99-3745

Date of birth . . . . . 11/30/2004 (mm/dd/yyyy) age as of 12-31-2024 20
Did this person pass away in 2024 (deceased)? . . [ ] Yes [X] No Date of death . _____

Relationship to taxpayer or spouse . . . . . Son
CAUTION: If claiming a child other than your own, see **Relationship** in the Tax Help.

NOTE: The ability to set your answers to being the same as last year for the dependent is only available in Step-by-Step mode and not in Forms mode.
Are the answers to the questions below for this person, to determine whether they are your dependent, the same as they were last year? . . . . . ► [ ] Yes [X] No

Dependency code *. X – Is not a person in the current tax return

*Dependency code is set based on your selections in the Dependency Exemption/EIC Smart Worksheet

Dependent is disabled . . . . . [ ]

Check this box if: [ ]
- The taxpayer filing this return is filing as Qualifying Surviving Spouse
- This dependency code for this dependent is type X
- This dependent would qualify as a qualifying child for the Qualifying Surviving Spouse filing status except the dependent's gross income was $5,050 or more, or was filing a married filing joint return, or the taxpayer could be claimed as a dependent

Part II – Earned Income Credit and Child Tax Credit

Is this person a U.S. citizen, U.S. national, or a U.S. resident? . . . . . [X] Yes [ ] No
Is this person a resident of Canada or Mexico? . . . . . [ ] Yes [X] No

This person is adopted and you are a U.S. citizen or U.S. national . . . . . [ ]
TurboTax Web Only:
Was the adoption final as of December 31, 2024? . . . . . [ ] Yes [ ] No
Was the person placed with you for adoption after 2024, or was the adoption final in 2024 or later? . . . . . [ ] Yes [ ] No
The adopted child lived with you all year . . . . . [ ] Yes [ ] No
*If the child is adopted, you are a U.S. citizen or U.S. national and they lived with you all year, they are considered to meet the citizen test and the U.S. citizen box will automatically be checked yes.

Child is a potentially qualifying child for earned income credit . . . . . [ ] Yes [X] No
Child is a nondependent, but may qualify for earned income credit . . . . . [ ] Yes [X] No
You, and no one else, is claiming this nondependent for the earned income credit . . . . . [ ] Yes [ ] No

Months lived with taxpayer in the United States 0

Qualifying for the earned income credit * . N – Non-qualifying person

*EIC code is set based on your selections in the Dependency Exemption/EIC Smart Worksheet

Check if Social Security number is **not** valid for employment . . . . . [ ]

Check if this person is **not** a qualifying child for the child tax credit . . . . . [X]
Check if this person is **not** a qualifying person for the credit for other dependents . . . . . [X]

Dependent has ITIN . . ► [ ]

Part III — Dependent Care Expenses

Qualified child or dependent care expenses incurred and paid in 2024 . . . . . .
Unreimbursed medical expenses paid for qualifying person in 2024 . . . . . .
Employment taxes paid for dependent care providers in 2024 . . . . . .
Child or dependent is a qualifying person for the child and dependent care credit . . . . . [ ] Yes [X] No
Child is a nondependent, but may qualify for the child and dependent care credit . . . . . [ ] Yes [X] No

Part V — Dependent's State Residency Information

Enter this person's state of residence as of December 31, 2024 . . . . . .
Check the appropriate box:
This person is a resident of the state above for the entire year . . . . . [ ]
This person is a resident of the state above for only part of year . . . . . [ ]
Date this person established residence in state above . . . . . ►
In which state (or foreign country) did this person reside before this change? . . . . . ►

Part VI — Identity Protection Pin

If the IRS sent an Identity Protection PIN for this dependent, enter it here . . . . . .

Student Information Worksheet 2024

► Keep for your records

Name of Student	Social Security Number
Yuhui Liu	677-28-4731

Part I — Student Status

1 Was this person a student during 2024? . . . . . [X] Yes [ ] No

2 What kind of school did the student attend during 2024? (Check all that apply.)

a [ ] Elementary
b [ ] High school (secondary)
c [X] College (postsecondary)
d [ ] Vocational school
e [ ] Military academy
f [ ] Apprenticeship (Qualified Tuition Program only)
g [ ] Not applicable

3 Did the student receive scholarships or other education assistance? . . . . . [ ] Yes [ ] No

4 Qualified Tuition Program only:

a Did the student make any education loan payments to treat as expenses? . . . . . [ ] Yes [X] No

If Yes, or line 2f is checked, complete the Apprenticeship and Education Loan Smart Worksheet in Part VIII, Qualified Tuition Program (Section 529 Plan) below.

Part II — College Student Information

1	Did the student complete the first 4 years of postsecondary education as of 1/1/2024?	[X] Yes	[ ] No	[ ] NA
2	Was this student enrolled at an eligible education institution during 2024?	[X] Yes	[ ] No	[ ] NA
3	Was this student enrolled in a program that leads to a degree, certificate, or credential?	[X] Yes	[ ] No	[ ] NA
4	Was this student taking courses as part of a postsecondary degree program or to acquire or improve job skills?	[X] Yes	[ ] No	[ ] NA
5	Did this student take at least one-half the normal full-time workload for one academic period?	[X] Yes	[ ] No	[ ] NA
6	Has this student been convicted of a felony for possessing or distributing a controlled substance?	[ ] Yes	[X] No	[ ] NA
7	Is this student an eligible dependent of the taxpayer?	[ ] Yes	[ ] No	[X] NA

8 In how many prior years has an American Opportunity Credit been claimed for this student? . . ►

9 In how many prior years has a Hope Credit been claimed for this student . . . . . ►

Part III — Education Credit Qualifications (Determined based entries in Part II)

1 Is this student qualified for the American Opportunity Credit? . . . . . [ ] Yes [X] No

Already completed 4 years of college

2 Is this student qualified for the Lifetime Learning Credit? . . . . . [X] Yes [ ] No

3 Reserved . . . . . [ ] Yes [ ] No

Part IV — Educational Institution and Tuition Summary

School Name EIN	Address (number, street, apt no., city, state, and ZIP Code)	Tuition paid	Scholarships or grants	On Form 1098-T	Received 2023 1098T with Box 2 filled and box 7 checked?
Maricopa Co Community Colleges 86-0185552	District 230 Tempe AZ 85281-6942 If a foreign address: foreign province/state: Postal code: Country:	903.	0.	Yes [X] No [ ]	Yes [ ] No [X]
Arizona Christian University 86-0186050	1 West Firestorm Way Glendale AZ 85306 If a foreign address: foreign province/state: Postal code: Country:	1,000.	0.	Yes [ ] No [X]	Yes [ ] No [X]
Totals		1,903.	0.		

Are all School Employer Identification Numbers (EIN) known? (School EIN's must be entered in the program to claim the American Opportunity Credit) . . . . . [X] Yes [ ] No

Part V — Education Assistance (Scholarships, Fellowships, Grants, etc.)

		Total	Taxable	Tax-free
1	Educational assistance that is always tax-free:			
a	Veteran or employer assistance from Form 1098-T Worksheets			
b	Other veteran assistance or certain Indian tribal payments			
c	Other tax-free employer-provided assistance			
d	Total			
2	Scholarships, fellowships, and grants not reported on Form W-2:			
a	Scholarships and grants from Part IV above			
b	Other scholarships, fellowships and grants			
c	Total			
3	Scholarship reported in 2024 not allocable to 2024 expense			
4	Amount required to be used for other than qualified education expenses			
5	Subtract line 3 and 4 from line 2c			
6	Total qualified education expenses from Part VI below	2,173.		
7	If student is a candidate for a degree, enter the amount used for qualified education expenses, otherwise, enter -0-			
8	Subtract line 7 from line 5			
9	Taxable part. Add lines 4 and 8			
10	Tax-free educational assistance. Add lines 1d and 7			

Part VI — Education Expenses

	Description	Total	Amount eligible for						
			American Opportunity Credit Not Qualified	Lifetime Learning Credit	Reserved	Qualified Higher Education Expense for 529 Plan Not Applicable	Qualified Higher Education Expense for ESA Not Applicable	Qualified Higher Education Expense for US Bonds Not Applicable	Qualified Elementary and Secondary Expense for ESA and QTP Not Applicable
	Expenses:								
1	Tuition paid from Part IV and qualified elementary and secondary tuition	1,903.	1,903.	1,903.		1,903.	1,903.	1,903.	
	Paid to institution as a condition of enrollment:								
2	Fees								
3	Books, supplies, equipment	125.	125	125		125	125		
	Paid to other than institution or not a condition of enrollment:								
4	Books, supplies, equipment	145.	145			145	145		
5	Other course-related								
6	Room and board								
7	Special needs expenses								
8	Computer expenses								
9	QTP or ESA contribution								
10	Academic tutoring								
11	Uniforms								
12	Transportation								
13	Total qualified expenses	2,173.	2,173.	2,028.		2,173.	2,173.	1,903.	
	Adjustments:								
14	Refunds								
15	Tax-free assistance								

16	Deducted on Sched A								
17	Used for credit								
18	Used for exclusion		0.	0.					
	See tax help								
19	Total adjustments		0.	0.					
20	Adjusted qualified expenses	2,173.	2,173.	2,028.		2,173.	2,173.	1,903.	0.

Part VII — Education Credit or Deduction Election

1	Elect credit or deduction which results in best tax outcome	X
2	Elect the American Opportunity Credit	
3	Elect the Lifetime Learning Credit	
4	Reserved	
5	Not applicable	

Part VIII — Qualified Tuition Program (Section 529 Plan)

		For Purposes of Regular Tax	For Purposes of 10% Additional Tax
1	Enter the total distributions from this QTP during 2024		
2	Enter the amount of adjusted qualified education expenses attributable to this QTP:		
a	Qualified Education Loan Payments		
b	Qualified Education Loan Payments applied		
c	Qualified Apprenticeship Education Expenses		
d	Qualified Apprenticeship Education Expenses applied		
e	Qualified Elementary and Secondary Education Expenses		
f	Qualified Elementary and Secondary Education Expenses applied		
g	Adjusted Qualified Higher Education Expenses		
h	Adjusted Qualified Higher Education Expenses applied		
3	Total qualified education expenses attributable to this QTP		
4	Excess distributions. Subtract line 3 from line 1.		
	If line 4 is greater than zero, complete lines 5 through 8.		
5	Total distributed earnings from Form 1099-Q box 2		
6	Fraction. Divide line 3 by line 1.		
7	Multiply line 5 by line 6.		
8	Earnings taxable to recipient. Subtract line 7 from line 5.		

Part IX — Education Savings Account (ESA)

		For Purposes of Regular Tax	For Purposes of 10% Additional Tax
1	Total Education Savings Account (ESA) distributions from Form 1099-Q		
2	Qualified Elementary and Secondary Education Expenses		
3	Qualified Elementary and Secondary Education Expenses applied		
4	Subtract line 3 from line 1.		
5	Adjusted Qualified Higher Education Expenses		
6	Qualified Higher Education Expenses applied to ESA distributions		
7	Excess distributions. Subtract line 6 from line 4.		
8	Distributions taxable to recipient		

Part X — Series EE and I U.S. Savings Bonds Issued After 1989

1	Total proceeds from U.S. Savings Bonds cashed during 2024 for this student	
2	Adjusted Qualified Higher Education Expenses	
3	Qualified Higher Education Expenses applied to exclusion of U.S. bond interest	
4	Interest included in line 1	
5	Name and address of eligible educational institution(s) attended:	

Institution Name Institution Name

Street address			Street address		
City	State	Zip Code	City	State	Zip Code

Form 1040 **Forms W-2 & W-2G Summary** **2024**

► Keep for your records

Name(s) Shown on Return	Social Security Number
James K Lockett & Yuhui Liu	534-60-2998

Form W-2 Summary

Box No.	Description	Taxpayer	Spouse	Total
1	Total wages, tips and compensation:			
a	W2 box 1 statutory wages reported on Sch C			
b	W2 box 1 inmate or halfway house wages			
c	All other W2 box 1 wages		18,056.	18,056.
d	Foreign wages included in total wages			
e	Unreported tips		0.	0.
2	Total federal tax withheld			
3 & 7	Total social security wages/tips		19,082.	19,082.
4	Total social security tax withheld		1,183.	1,183.
5	Total Medicare wages and tips		19,082.	19,082.
6	Total Medicare tax withheld		277.	277.
8	Total allocated tips			
9	Not used			
10 a	Total dependent care benefits			
b	Offsite dependent care benefits			
c	Onsite dependent care benefits			
11	Total distributions from nonqualified plans			
12 a	Total from Box 12		1,026.	1,026.
b	Elective deferrals to qualified plans		1,026.	1,026.
c	Roth contrib. to 401(k), 403(b), 457(b) plans			
d 1	Elective deferrals to government 457 plans			
2	Non-elective deferrals to gov't 457 plans			
e	Deferrals to non-government 457 plans			
f	Deferrals 409A nonqual deferred comp plan			
g	Income 409A nonqual deferred comp plan			
h	Uncollected Medicare tax			
i	Uncollected social security and RRTA tier 1			
j	Uncollected RRTA tier 2			
k	Income from nonstatutory stock options			
l	Non-taxable combat pay			
m	QSEHRA benefits			
n	Total other items from box 12			
14 a	Total deductible mandatory state tax			
b	Total deductible charitable contributions			
c	This line does not apply to TurboTax			
d	Total RR Compensation			
e	Total RR Tier 1 tax			
f	Total RR Tier 2 tax			
g	Total RR Medicare tax			
h	Total RR Additional Medicare tax			
i	Total RRTA tips			
j	Total other items from box 14			
k	Total sick leave subject to $511 limit			
l	Total sick leave subject to $200 limit			
m	Total emergency family leave wages			
16	Total state wages and tips		18,056.	18,056.
17	Total state tax withheld		144.	144.
19	Total local tax withheld			

Form **W-2** | **Wage and Tax Statement** ► Keep for your records | **2024**

Name: Yuhui Liu
Social Security Number: 677-28-4731

[X] **Spouse's W-2**
Do not transfer this W-2 to next year

Military: Complete **Part VI** on Page 2 below.

a Employee's social security no. . 677-28-4731
b Employer ID number (EIN). . . 91-0515058
c Employer's name, address, and ZIP code
NORDSTROM INC
Street SUITE 2500
City SEATTLE
State WA ZIP Code 98101
Foreign Province
Foreign Postal Code
Foreign Country

d Control number .

[ ] **Transfer employee information from the Federal Information Worksheet**
e Employee's name
First YUHUI M.I.
Last LIU Suff.
f Employee's address and ZIP code
Street 9850 E WINDROSE DRIVE
City SCOTTSDALE
State AZ ZIP Code 85260
Foreign Province
Foreign Postal Code
Foreign Country

1 Wages, tips, other compensation: 18,055.53
2 Federal income tax withheld:
3 Social security wages: 19,081.75
4 Social security tax withheld: 1,183.07
5 Medicare wages and tips: 19,081.75
6 Medicare tax withheld: 276.69
7 Social security tips:
8 Allocated tips:
► *Enter unreported tips in Part VII on Page 2 below.*

9
10 Dependent care benefits:
11 Nonqualified plans:
Distributions from sect. 457 and nonqualified plans *(Important, see Help)*:
12 Enter box 12 below

11 (cont) Sect. 457 and nonqualifled plans State Allocation
For each row, enter state ID in col (a) and amount in col (b).

(a) State ID	(b) Amount of distributions for state

13 [ ] Statutory employee
[X] Retirement plan
[ ] Third-party sick pay

14 Enter box 14 below **after** entering boxes 18, 19, and 20.
NOTE: Enter box 15 **before** entering box 14.

Box 12 Code	**Box 12** Amount
D	1,026.22

If Box 12 code is:
A: Enter amount attributable to RRTA Tier 2 tax .
M: Enter amount attributable to RRTA Tier 2 tax .
P: Double-click to link to Form 3903, line 4 . . .
R: Enter MSA contribution for Taxpayer . . . .
Spouse . . . . .
W: Enter HSA contribution for Taxpayer . . . .
Spouse . . . . .
G: Is employer a state or local government? Yes [ ] No [ ]
Is this an elective deferral? Yes [ ] No [ ]
F: Enter amount attributable to ROTH SEP . . .
S: Enter amount attributable to ROTH SIMPLE .

Box 15 State	**Box 15** Employer's state I.D. number	**Box 16** State wages, tips, etc.	**Box 17** State income tax
AZ	91-0515058	18,055.53	144.44

I confirm that the state withholding identification number(s) are accurate . . . . . [ ]

Box 20 Locality name	**Box 18** Local wages, tips, etc.	**Box 19** Local income tax	Associated State

Box 14 Description or Code on Actual Form W-2	Amount	TurboTax Identification of Description or Code (Identify this item by selecting the identification from the drop down list. If not on the list, select "Other".)

1098-T Worksheet

Tuition Statement

► Keep for your records

2024

Taxpayer's name	Social Security No.
James K Lockett & Yuhui Liu	534-60-2998

1098-T Information (Required):

A A Form 1098-T was received from this institution for 2024 . . . . . Yes [X] No [ ]

B A Form 1098-T was received from this institution for **2023** with Box 2 filled in and Box 7 checked . . . . . Yes [ ] No [X]

Identify Student (Required):

A If student is James or Yuhui

Double-click *to link this 1098-T to the applicable* ***Taxpayer or Spouse Student Information Worksheet*** . . . . . ► Yuhui

B If student is Thomas

Double-click *to link this 1098-T to the applicable* ***Dependent Student Information Worksheet*** . . . . . ►

Filer's name	1 Payments received for qualified tuition and related expenses . . . . $ 903.
Maricopa Co Community Colleges	
Street address: District 230	
City: Tempe; State: AZ; Zip Code: 85281-6942	2
Foreign province/county	3
Foreign postal code; Foreign country	

Filer's Employer Identification Number	Student's Taxpayer Identification Number	4 Adjustments made for a prior year	5 Scholarships or grants
86-0185552	677-28-4731	$	$

Student's name	6 Adjustments to scholarships or grants for a prior year	7 Checked if the amount in box 1 includes amounts for an academic period beginning January - March 2025 . . . . ► [ ]
Yuhui		
Street address: 9850 East Windrose Drive; Apt. No.		
City: Scottsdale; State: AZ; Zip Code: 85260	$	

Service Provider/ Acct No	8 Check if at least half-time student ► [X]	9 Check if a graduate student . . ► [ ]	10 Ins. contract reimb./refund $

Reconciliation of Box 1, Payments Received for Qualified Tuition and Related Expenses

A Enter box 1 amount **not** paid during 2024 . . . . . 0.

B Enter box 1 amount actually paid during 2024 . . . . . 903.

Reconciliation of Box 5, Scholarships or Grants

A Enter portion of box 5 amount from veteran- or tax free employer-provided assistance . . .

B Enter portion of box 5 amount already included in income (on Forms W-2, 1099-MISC) . . .

C Portion of box 5 amount from scholarships or grants . . . . . .

D Box 5 amount includes veteran- or employer-provided educational assistance . . . . . [ ]

1098-T Worksheet

Tuition Statement

► Keep for your records

2024

Taxpayer's name	Social Security No.
James K Lockett & Yuhui Liu	534-60-2998

1098-T Information (Required):

A A Form 1098-T was received from this institution for 2024 . . . . . Yes [ ] No [X]

B A Form 1098-T was received from this institution for **2023** with Box 2 filled in and Box 7 checked . . . . . Yes [ ] No [X]

Identify Student (Required):

A If student is James or Yuhui

Double-click *to link this 1098-T to the applicable* ***Taxpayer or Spouse Student Information Worksheet*** . . . . . ► Yuhui

B If student is Thomas

Double-click *to link this 1098-T to the applicable* ***Dependent Student Information Worksheet*** . . . . . ►

Filer's name: Arizona Christian University Street address: 1 West Firestorm Way City: Glendale State: AZ Zip Code: 85306 Foreign province/county: Foreign postal code: Foreign country:	**1** Payments received for qualified tuition and related expenses . . . . $ 1,000. **2** **3**

Filer's Employer Identification Number: 86-0186050	Student's Taxpayer Identification Number: 677-28-4731	**4** Adjustments made for a prior year $	**5** Scholarships or grants $
Student's name: Yuhui Street address: 9850 East Windrose Drive Apt. No.: City: Scottsdale State: AZ Zip Code: 85260		**6** Adjustments to scholarships or grants for a prior year $	**7** Checked if the amount in box 1 includes amounts for an academic period beginning January - March 2025 . . . . ► [ ]
Service Provider/ Acct No	**8** Check if at least half-time student ► [ ]	**9** Check if a graduate student . . ► [ ]	**10** Ins. contract reimb./refund $

Reconciliation of Box 1, Payments Received for Qualified Tuition and Related Expenses

A Enter box 1 amount **not** paid during 2024 . . . . . 0.

B Enter box 1 amount actually paid during 2024 . . . . . 1,000.

Reconciliation of Box 5, Scholarships or Grants

A Enter portion of box 5 amount from veteran- or tax free employer-provided assistance . . .

B Enter portion of box 5 amount already included in income (on Forms W-2, 1099-MISC) . . .

C Portion of box 5 amount from scholarships or grants . . . . . .

D Box 5 amount includes veteran- or employer-provided educational assistance . . . . . [ ]

Form 1099-INT Worksheet 2024

► Keep for your records

Name(s) Shown on Return	Social Security Number
James K Lockett	534-60-2998

Ownership: (defaults to taxpayer)
Check if Taxpayer . . . . . [X]
Check if Spouse . . . . . [ ]
Check if Joint . . . . . [ ]

Payer's name . . . . . Ally Bank

Box 1	Interest income for 2024 (not included in box 3) . . . . . Choose type if special state handling (State Use Only — see Help).	14.86
Box 2	Early withdrawal penalty	0.00
Box 3	Interest on U.S. Savings Bonds and Treasury obligations	0.00
Box 4	**Federal income tax withheld**	0.00
Box 5	Investment expenses	
Box 6	Foreign tax paid. (All interest is considered passive. See Help)	
	a Check to deduct foreign taxes on Schedule A . . . [ ] **OR**	
	b **DoubleClick** to link to a copy of Form 1116 . . . . [ ]	
	c For Form 1116, select which column . . . . **A** [ ] **B** [ ] **C** [ ]	
	d Foreign source amount included in interest	
Box 7	Foreign country or U.S. territory . . . . . *(Imported name:)*	
	Check this box if foreign tax is from a mutual fund or a registered investment company. See Tax Help for additional information . . . . . [ ]	
Box 8	Tax-exempt interest — Total	

Tax-exempt Interest State Allocation
For each row, enter state ID in column (a) and enter percent in column (b) **or** amount in column (c).

	(a) State or Territory ID	(b) Percent of total interest for state	(c) Amount of interest for state
Enter resident state ID . . . . . ►			
Enter each nonresident state on separate row . . . ►			
or			
Enter XX for all nonresident states (that aren't filed) i.e., you own a fund with no resident state interest.			
Total . . . . . ►			

State ID where exempt interest was earned. If more than 1 state, see Help . . . . . .

Box 9	Specified private activity bond included in Box 8 subject to AMT, if any **OR**	
	Private activity bond interest percentage of Box 8, if any . . . . . %	
Box 10	Market discount (See tax help for manual entries required if you enter amount for market discount)	
Box 11	Bond premium	
Box 12	Bond premium on treasury obligations	
Box 13	Bond premium on tax-exempt bond	
Box 14	Tax-exempt and tax credit bond CUSIP number (if various, leave blank)	

Box 15 State	**Box 16** State identification no.	**Box 17** State tax withheld

I confirm that the state withholding identification number(s) are accurate . . . . . [ ]

FATCA filing requirement . . . . . [ ]

Adjustments to Interest

Check the box that identifies the type of adjustment being made:

N [ ]	Nominee distribution	**A** [ ]	Accrued interest
O [ ]	Original issue discount (OID)	**H** [ ]	Other
B [ ]	Amortizable bond premium (ABP)	**R** [ ]	Bond premium on treasury obligations
T [ ]	Bond premium on tax-exempt	**U** [ ]	U.S. savings bond interest previously reported

Enter adjustment amount (enter as positive if subtracting / negative if adding) . . . . . .

Additional Payer and Recipient Information

Payer's TIN 20-1001796

Payer's address and ZIP code
Street . .
City . . .
State . . ZIP Code
Foreign Country . .

Recipient's address and ZIP code
Transfer address from Federal Information Wks . . [ ]
Street . .
City . .
State . ZIP Code
Foreign Country . .

Form 1099-INT Worksheet 2024

► Keep for your records

Name(s) Shown on Return	Social Security Number
James K Lockett	534-60-2998

Ownership: (defaults to taxpayer)
Check if Taxpayer . . . . . [X]
Check if Spouse . . . . . [ ]
Check if Joint . . . . . [ ]

Payer's name . . . . . Ally Bank

Box 1	Interest income for 2024 (not included in box 3) . . . . . Choose type if special state handling (State Use Only — see Help).	16.00
Box 2	Early withdrawal penalty	
Box 3	Interest on U.S. Savings Bonds and Treasury obligations	
Box 4	**Federal income tax withheld**	
Box 5	Investment expenses	
Box 6	Foreign tax paid. (All interest is considered passive. See Help)	
	a Check to deduct foreign taxes on Schedule A . . . [ ] **OR**	
	b **DoubleClick** to link to a copy of Form 1116 . . . . [ ]	
	c For Form 1116, select which column . . . . **A** [ ] **B** [ ] **C** [ ]	
	d Foreign source amount included in interest	
Box 7	Foreign country or U.S. territory . . . . . *(Imported name:)*	
	Check this box if foreign tax is from a mutual fund or a registered investment company. See Tax Help for additional information . . . . . [ ]	
Box 8	Tax-exempt interest — Total	

Tax-exempt Interest State Allocation
For each row, enter state ID in column (a) and enter percent in column (b) **or** amount in column (c).

	(a) State or Territory ID	(b) Percent of total interest for state	(c) Amount of interest for state
Enter resident state ID . . . . . ►			
Enter each nonresident state on separate row . . . ►			
or			
Enter XX for all nonresident states (that aren't filed) i.e., you own a fund with no resident state interest.			
Total . . . . . ►			

State ID where exempt interest was earned. If more than 1 state, see Help . . . . .

Box 9	Specified private activity bond included in Box 8 subject to AMT, if any **OR**	
	Private activity bond interest percentage of Box 8, if any . . . . . %	
Box 10	Market discount (See tax help for manual entries required if you enter amount for market discount)	
Box 11	Bond premium	
Box 12	Bond premium on treasury obligations	
Box 13	Bond premium on tax-exempt bond	
Box 14	Tax-exempt and tax credit bond CUSIP number (if various, leave blank)	

Box 15 State	**Box 16** State identification no.	**Box 17** State tax withheld

I confirm that the state withholding identification number(s) are accurate . . . . . [ ]

FATCA filing requirement . . . . . [ ]

Adjustments to Interest

Check the box that identifies the type of adjustment being made:

N [ ]	Nominee distribution	**A** [ ]	Accrued interest
O [ ]	Original issue discount (OID)	**H** [ ]	Other
B [ ]	Amortizable bond premium (ABP)	**R** [ ]	Bond premium on treasury obligations
T [ ]	Bond premium on tax-exempt	**U** [ ]	U.S. savings bond interest previously reported

Enter adjustment amount (enter as positive if subtracting / negative if adding) . . . . . .

Additional Payer and Recipient Information

Payer's TIN . . . . . .

Payer's address and ZIP code
Street .
City . . .
State . . ZIP Code
Foreign Country . .

Recipient's address and ZIP code
Transfer address from Federal Information Wks . . [ ]
Street .
City . .
State . ZIP Code
Foreign Country . .

Schedule 1
Line 1

State and Local Income Tax Refund Worksheet

2024

State and local taxes paid in 2023 or prior years and refunded in 2024

Name(s) Shown on Return	Social Security Number
James K Lockett & Yuhui Liu	534-60-2998

Part I State and Local Income Tax Refunds from 2023 Tax Returns

1 (a) State or Local Code	(b) Refund Amount	(c) Estimated Tax Paid After 12/31/2023	(d) Extension Payments	(e) Total Payments and Withholding	(f) Refund Allocated to Column (c)	(g) Refund Allocated to Column (d)
AZ	1,503.			926.		
Totals	1,503.			926.		

2	Total state and local refunds. Total line 1 column (b)	1,503.
3	Refund allocated to tax paid after 12/31/2023. Total line 1 columns (f) and (g). (Include net tax paid after 12/31/2023 on Schedule A, line 5a.)	
4	Net refund. Line 2 less line 3	1,503.

Part II Recovery Amount

The **recovery amount** is the state and local income tax deducted in 2023 refunded in 2024.

5	Total state and local income tax deduction from line 5a of your 2023 Schedule A	926.
6	**Recovery amount**. Lesser of line 4 or line 5	926.

Part III Recovery Exclusion

The **recovery exclusion** is the part of the recovery amount which did **not** reduce tax in 2023.

7	**Recovery exclusion from sales tax deduction, SALT limitation and standard deduction:**		
a	Allowable itemized deductions, from 2023 Schedule A, line 17		31,853.
b	Allowable itemized deductions, refigured by excluding recovery amount:		
(1)	Refigured state and local tax deduction (Schedule A, line 5a):		
(a)	Refigured state income tax deduction	0.	
(b)	Sales tax deduction		
(c)	Refigured deduction. Larger of (a) or (b)	0.	
(2)	Refigured total itemized deductions	30,927.	
(3)	Refigured allowable itemized deductions from line 7b(2)		30,927.
c	2023 standard deduction based on 2023 filing status and deductions		29,200.
d	Larger of lines 7b(3) or 7c		30,927.
e	Subtract line 7d from line 7a		926.
f	Subtract line 7e from line 6		0.
8	**Recovery exclusion from negative taxable income.** If 2023 taxable income was negative, enter here as a positive number, else enter zero		965,956.
9	**Recovery exclusion from alternative minimum tax.** If no alternative minimum tax (AMT) in 2023 enter zero. If did pay AMT in 2023, enter amt from line 24		0.
10	**Recovery exclusion from unused tax credits.** If no unused credits in 2023, enter zero. If there were unused credits in 2023, enter amount from line 35		0.
11	**Total recovery exclusion.** Add lines 7f, 8, 9, and 10		965,956.

Part IV Taxable Refund

The **recovery amount** less the **recovery exclusion** is a **taxable refund**.

12	**Taxable refund from 2023.** Line 6 less line 11	0.
13	Total taxable refunds from **2022** or prior tax returns. Total line 36 column (d)	
14	**Total taxable refund**s. Add lines 12 and 13. Enter here and on Schedule 1, line 1	0.

Form 1099-R Summary 2024

► Keep for your records

Name(s) Shown on Return	Social Security No.
James K Lockett & Yuhui Liu	534-60-2998

Traditional IRA Distributions			Taxpayer	Spouse
Gross	1	Total gross distributions from box 1 of Form 1099-R	48,378.	
	a	Less: Amounts rolled over		
	b	Less: Inherited and treat as own		
	c	Less: Other inherited IRA amount		
	d	Less: Return of contributions		
	e	Less: Qualified charitable distributions		
	f	Less: HSA funding distributions		
	2	Balance of gross traditional IRA distributions	48,378.	
	a	Gross distribution transferred to Form 8915F4, 3(a)		
	b	Gross distribution transferred to Form 8915F3, 3(a)		
	c	Gross distribution transferred to Form 8915F2, 3(a)		
	d	Gross distribution transferred to Form 8915F1, 3(a)		
	e	Gross distribution transferred to Form 8915E, 3(a)		
	f	Gross distribution transferred to Form 8915E, 3(a)		
	g	Gross distribution transferred to Form 8915D, 3(a)		
	h	Qualified disaster distributions		
	i	Less: Amount rolled over		
	j	Gross distribution transferred to Form 8915F4, 3(b)		
	k	Gross distribution transferred to Form 8915F3, 3(b)		
	l	Gross distribution transferred to Form 8915F2, 3(b)		
	m	Gross distribution transferred to Form 8915F1, 3(b)		
	n	Gross distribution transferred to Form 8915E, 3(b)		
	o	Gross distribution transferred to Form 8915E, 3(b)		
	p	Gross distribution transferred to Form 8915D, 3(b)		
	q	Less: Amount rolled over		
	3	Amount of line 2 converted to a Roth IRA		
	4	Net amount of line 2 converted to a Roth IRA		
	5	Amount of line 2 not converted to a Roth IRA	48,378.	
Taxable	6	Earnings on return of contributions		
	7	Taxable amount of inherited IRAs on line 1c		
	8	Taxable amount not converted to Roth IRA	48,378.	
	9	Taxable amount of Roth IRA conversions		
	10	Taxable amount included on Form 1040, line 4b	48,378.	
	11	If checked, taxable amount calculated on Form 8606	☐	☐

Roth IRA Distributions				
Gross	12	Total gross distributions from box 1 of Form 1099-R		
	a	Less: Rollover to another Roth IRA		
	b	Less: Inherited and treat as own		
	c	Less: Other inherited Roth IRA amount		
	d	Less: Return of contributions		
	e	Qualified disaster distribution		
	13	Roth IRA distributions subject to distribution rules		
Qualified	14	Total gross qualified distributions		
	a	Less: Rollover to another Roth IRA		
	b	Less: Inherited and treat as own		
	c	Less: Other inherited Roth IRA amount		
	15	Qualified distributions subject to distribution rules		
Taxable	16	Net nonqualified distributions for Form 8606		
	17	Earnings on return of contributions		
	18	Taxable amount of inherited Roth IRAs on line 12c		
	19	Taxable earnings on nonqualified distributions		
	20	Taxable amount included on Form 1040, line 4b		

IRA Qualified Disaster Distributions from Forms 8915 C, D, E, F				
Taxable	20 a	Qualified distributions on Form 1040, line 4b		

Recharacterizations *(See Help)*				
Gross	21 a	2024 form code N (included on Form 1040, line 4a)		

	b	2025 form code R (not included on 1040, line 4a)		

James K Lockett & Yuhui Liu 534-60-2998

Pensions and Annuities			**Taxpayer**	**Spouse**
Gross	**22**	Total gross distributions from box 1 of Form 1099-R		
	a	Less: Lump sum transferred to Form 4972		
	b	Less: Amount not reported on Form 1040, line 4c		
	c	Designated Roth distribution allocated to an IRR		
	23	Amount of line 22 converted to a Roth IRA		
	24	Distributions from Canada RRP Wks, line 7a		
	25	Gross distribution transferred to Form 1040, line 5a (if partially taxable) or line 5b (if fully taxable)		
	a	Less: Amount rolled over		
	b	Amount attributable to an in-plan Roth rollover		
	c	Gross distribution transferred to Form 8915F4, 2(a)		
	d	Gross distribution transferred to Form 8915F3, 2(a)		
	e	Gross distribution transferred to Form 8915F2, 2(a)		
	f	Gross distribution transferred to Form 8915F1, 2(a)		
	g	Gross distribution transferred to Form 8915E, 2(a)		
	h	Gross distribution transferred to Form 8915E, 2(a)		
	i	Gross distribution transferred to Form 8915D, 2(a)		
	j	Gross distribution transferred to Form 8915C, 2(a)		
	k	Qualified disaster distribution		
	l	Less: Amount rolled over		
	m	Gross distribution transferred to Form 8915F4, 2(b)		
	n	Gross distribution transferred to Form 8915F3, 2(b)		
	o	Gross distribution transferred to Form 8915F2, 2(b)		
	p	Gross distribution transferred to Form 8915F1, 2(b)		
	q	Gross distribution transferred to Form 8915E, 2(b)		
	r	Gross distribution transferred to Form 8915E, 2(b)		
	s	Gross distribution transferred to Form 8915D, 2(b)		
	t	Gross distribution transferred to Form 8915C, 2(b)		
Taxable	**26**	Taxable amount in box 2a, Form 1099-R		
	a	Taxable amount rolled over		
	b	Non-taxable amount rolled over		
	c	Designated Roth contribution basis rolled to Roth IRA		
	d	Insurance premiums for retired public safety officers		
	e	Qualified disaster amount to Forms 8915 C, D, E, F		
	27	Lump sum amount transferred to Form 4972		
	28	Amount transferred to Form 1040, line 1		
	a	Disability before minimum retirement age		
	b	Return of contributions		
	c	Insurance premiums for retired public safety officers		
	29	Nontaxable amount from Simplified Method		
	30	Capital gains from charitable gift annuities		
	a	Capital gain subject to the 28% rate		
	b	Unrecaptured section 1250 gain		
	31	Taxable amount of Roth IRA conversions		
	a	Taxable amount of in-plan Roth rollovers		
	32 a	Taxable amount of distributions		
	b	Taxable distributions from Canada RRP Wks, line 7b		
	c	Taxable disaster distributions Forms 8915 C, D, E, F		
	d	Taxable amount transferred to Form 1040, line 5b		

Section 1035 Tax-free Exchange

Pensions	**33**	Total gross distributions from box 1 of Form 1099-R		
IRAs	**34**	Total gross distributions from box 1 of Form 1099-R		

Distributions on 2024 1099-Rs Not Reported on the 2024 Return

Code P	**35**	Distribution reported on 2023 tax return		
Code R	**36**	Recharacterizations of prior year contributions or conversions. Need not be reported on tax return.		

Tax Withholding

Box 4	**37**	Total federal tax withheld	0.	
Box 14	**38**	Total state tax withheld	0.	
Box 17	**39**	Total local tax withheld		

Nontaxable Distributions for Sales Tax Deduction

	40	Nontaxable IRA distributions	0.	
	41	Nontaxable pension distributions		

Health Insurance Premiums

	42	Health insurance deductible on Schedule A		

Taxable Distributions included in Net Investment Income

	43	Annuity payments and other distributions that may be subject to the net investment income tax		

RMD Summary Information

	44	Entered RMD amount (from 1099-Rs)		
	45	Was the total required minimum distribution distributed to this person for all accounts in 2024? Include RMDs from accounts without a 1099-R		

Form **1099-R** **Distributions from Pensions, IRAs, etc** **2024**

► Keep for your records

Name: James K Lockett

Social Security Number: 534-60-2998

Source Form: 1099-R . ► [X] CSA-1099-R . ► [ ] CSF-1099-R . ► [ ] RRB-1099-R . ► [ ]

If Spouse's 1099-R, check this box . ► [ ]
Do not transfer this 1099-R to next year [ ]

Corrected [ ]

This section is for RRB-1099-R use only

Payer's name, street address, city, state, and ZIP code.
New Direction Trust Company
1070 West Century Drive
Louisville CO 80027
Payer's foreign province | Payer's foreign postal code
Payer's country | Payer's Phone No.

Payer's Federal identification number: 20-0157510

Recipient's identification number: 534-60-2998

Check to transfer Recipient's information from Federal Information Worksheet . . . . . [X]

Recipient's name: James K Lockett
Street address (including apartment number): 9850 East Windrose Drive
City: Scottsdale State: AZ ZIP code: 85260
Foreign Province | Foreign Postal Code
Foreign Country

1	Gross distribution	$ 48,378.40
2a	Taxable amount (See Help)	$ 48,378.40
2b	Taxable amount not determined ► [X]	Total distribution ► [X]
3	Capital gain (included in box 2a)	$ 0.00
4	Federal income tax withheld	$ 0.00
5	Employee contributions /Designated Roth contributns or insurance premiums	$ 0.00
6	Net unrealized appreciation in employer securities	$ 0.00
7	Distribn code(s) 1st code 7 2nd code [ ]	IRA/SEP/SIMPLE [X]
8	Other	$ %
9a	Your percentage of total distribution %	
9b	Total employee contributions	$
11	1st year of desig. Roth contrib.	

10 Amount allocable to IRR within 5 years $

12 FATCA filing requirement . . . ► [ ]
Special use code for first state (See Help) . . . . . ►
Special use code for second state (See Help) . . . . ►

Account number

13 Date of payment . . .

14 State tax withheld	15 Payer's State / state no.	16 State distribution
$ 0.00	AZ /	$ 0.00
	/	$

I confirm that the state withholding identification number(s) are accurate . . . . . [ ]

17 Local tax withheld	18 Name of locality	19 Local distribution
$		$
$		$

► Check if NOT from a qualified retirement plan or IRA (*see Help*) ► [ ]
► If box 7 code is **J or T,** check if a **qualified** distribution (*see Help*) ► [ ]
► If box 7 code is **J,** enter amount used for first time home purchase
► If box 7 code is 2 or 5, check if this distribution is from a Roth IRA (See Help) ► [ ]

► **Inherited IRA or type of IRA** If this distribution is from an inherited IRA, indicate the distribution is from the IRA of
- ► Treat as recipient's own (this is treated as a rollover) . . . . . ► [ ]
- ► Recipient, but was originally inherited from a spouse (treated as recipient's IRA) . . . . ► [ ]
- ► Spouse and not treat as recipient's own (taxable amount must be in box 2a) . . . . . ► [ ]
- ► Someone other than a spouse (taxable amount must be in box 2a) . . . . . ► [ ]
- ► From a traditional IRA . . . . . ► [ ]
- ► From a Roth IRA . . . . . ► [ ]
- ► From a SIMPLE plan (first two years of participation only) . . . . . ► [ ]
- ► From a SIMPLE plan (more than two years of participation) . . . . . ► [ ]
- ► From a SEP IRA . . . . . ► [ ]
- ► From a Roth SIMPLE Employer contribution . . . . . ► [ ]
- ► From a Roth SEP Employer contribution . . . . . ► [ ]
- ► None . . . . . ► [ ]
- ► Subject to the penalty of early withdrawal . . . . . ► [ ]
- ► Not subject to the penalty of early withdrawal . . . . . ► [ ]

► **Insurance**
- ► Amount of insurance premiums deductible on Schedule A . . . . . .
- ► Amount of health savings account (HSA) funding distributions . . . . .
- ► Amount of qualified insurance premiums paid subtracted from an eligible retired public safety officer's distribution . . . . . .

► **Qualified Charitable Distribution** Enter IRA distributions made directly by the trustee to a qualified charitable organization . . . . . .

Qualified Business Income Component Worksheet 2024

► Keep for your records

Name(s) Shown on Return	Social Security Number
James K Lockett & Yuhui Liu	534-60-2998

Aggregate trade or business name	Global One2One LLC
Aggregate trade or business ID number (EIN)	47-1316219
Social Security Number of owner if no EIN available	
Reason for no EIN or SSN if none available	

For multiple businesses being aggregated under Regulations section 1.199A-4, complete the explanation statements below.

Provide a description of the trade or business and an explanation of the factors met that allow the aggregation in accordance with Regulations section 1.199A-4.

Has this trade or business aggregation changed from the prior year? This includes changes due to a a trade or business being formed, acquired, disposed, or ceasing operations. If yes, explain.

Business name	Tax ID	QBI	W2 wages	UBIA
Global One2One LLC	47-1316219	13,237.	0.	0.

1	Qualified business income (QBI)	13,237.
	If using Simplified Worksheet, stop here.	
2	Taxable Income	
3	Threshold Amount. $383,900 if MFJ, $191,950 if MFS, otherwise $191,950	
4	Subtract line 3 from line 2. If less than 0, enter 0.	
5	Phase-in range amount. Enter $100,000 if filing joint, otherwise $50,000	
6	Reduction ratio. If line 4 is less than line 5, divide line 4 by line 5. Otherwise, enter 1.	
7	Applicable percentage. Subtract the reduction ratio (line 6) from 1.0000	
8	Wages allocable to qualified business income	
9	Unadjusted Basis Immediately after Acquisition of Assets (UBIA) allocable to qualified business income	
	Reductions for Specified Service Trades or Businesses	
	Check if Specified Service Trade or Business (SSTB) ☐	
11	SSTB reduction to QBI	
12	SSTB reduction to allocable wages	
13	SSTB reduction to allocable UBIA	
	QBI, wages, and UBIA after applicable SSTB reductions	
14	Qualified business income	
15	Allocable wages	
16	Allocable UBIA	
	Tentative QBI component	
17	Adjustments for QBI losses	
18	Loss-adjusted QBI (line 14 plus line 17)	
19	Tentative QBI component before limitations (20% of line 18)	
	Wages and assets limits	
20	50% of W2 wages	
21	25% of W2 wages	
22	2.5% of UBIA	
23	Sum of 25% of W2 wages and 2.5% of UBIA	
24	Wage and Asset Limit. Larger of line 20 or line 23	
25	Subtract wage/asset limit (line 24) from tentative QBI component (line 19) *(But not less than 0)*	
26	Reduction Amount. Multiply line 6 by line 25	
27	Subtract the Reduction Amount (line 26) from Tent. QBI Ded'n (line 19)	
28	Qualified payments from agricultural or horticultural coop	
29	Wages allocable to qualified payments from coop	
30	Patron reduction (lesser of 9% of line 28 or 50% of line 29)	
	Qualified business income component amount	
31	Subtract line 30 from line 27	

Qualified Business Income Component Worksheet 2024

► Keep for your records

Name(s) Shown on Return	Social Security Number
James K Lockett & Yuhui Liu	534-60-2998

Aggregate trade or business name	Lockett International LLC
Aggregate trade or business ID number (EIN)	47-1829657
Social Security Number of owner if no EIN available	
Reason for no EIN or SSN if none available	

For multiple businesses being aggregated under Regulations section 1.199A-4, complete the explanation statements below.

Provide a description of the trade or business and an explanation of the factors met that allow the aggregation in accordance with Regulations section 1.199A-4.

Has this trade or business aggregation changed from the prior year? This includes changes due to a a trade or business being formed, acquired, disposed, or ceasing operations. If yes, explain.

Business name	Tax ID	QBI	W2 wages	UBIA
Lockett International LLC	47-1829657	-3,473.	0.	0.

1	Qualified business income (QBI)	-3,473.
	If using Simplified Worksheet, stop here.	
2	Taxable Income	
3	Threshold Amount. $383,900 if MFJ, $191,950 if MFS, otherwise $191,950	
4	Subtract line 3 from line 2. If less than 0, enter 0.	
5	Phase-in range amount. Enter $100,000 if filing joint, otherwise $50,000	
6	Reduction ratio. If line 4 is less than line 5, divide line 4 by line 5. Otherwise, enter 1.	
7	Applicable percentage. Subtract the reduction ratio (line 6) from 1.0000	
8	Wages allocable to qualified business income	
9	Unadjusted Basis Immediately after Acquisition of Assets (UBIA) allocable to qualified business income	
	Reductions for Specified Service Trades or Businesses	
	Check if Specified Service Trade or Business (SSTB) ☐	
11	SSTB reduction to QBI	
12	SSTB reduction to allocable wages	
13	SSTB reduction to allocable UBIA	
	QBI, wages, and UBIA after applicable SSTB reductions	
14	Qualified business income	
15	Allocable wages	
16	Allocable UBIA	
	Tentative QBI component	
17	Adjustments for QBI losses	
18	Loss-adjusted QBI (line 14 plus line 17)	
19	Tentative QBI component before limitations (20% of line 18)	
	Wages and assets limits	
20	50% of W2 wages	
21	25% of W2 wages	
22	2.5% of UBIA	
23	Sum of 25% of W2 wages and 2.5% of UBIA	
24	Wage and Asset Limit. Larger of line 20 or line 23	
25	Subtract wage/asset limit (line 24) from tentative QBI component (line 19) *(But not less than 0)*	
26	Reduction Amount. Multiply line 6 by line 25	
27	Subtract the Reduction Amount (line 26) from Tent. QBI Ded'n (line 19)	
28	Qualified payments from agricultural or horticultural coop	
29	Wages allocable to qualified payments from coop	
30	Patron reduction (lesser of 9% of line 28 or 50% of line 29)	
	Qualified business income component amount	
31	Subtract line 30 from line 27	

Qualified Business Income Deduction Summary 2024

► Keep for your records

Name(s) Shown on Return	Social Security Number
James K Lockett & Yuhui Liu	534-60-2998

QuickZoom to QBI Component Worksheet ►
QuickZoom to Form 8995 ►
QuickZoom to Form 8995-A ►

	Trade or business name	Net QBI
1	Global One2One LLC	13,237.
	Lockett International LLC	-3,473.

2	Net qualified business income (QBI) from qualified trades or businesses	9,764.
3	Loss from previous year	-977,224.
4	Sum of activities with gains (only positive amounts from table on line 1)	13,237.
5	Sum of activities with losses (only negative amounts from table on line 1)	-980,697.
6	Check if using Simplified Computation (Form 8995) [X]	
7	QBI component from Form 8995 line 5 or Form 8995A line 16	0.
8	QBI loss carryover from Form 8895 line 16 or Form 8995A Schedule C line 6	-967,460.
9	Total REIT dividends	
10	PTP Income from non-SSTBs	
11	PTP Income from SSTBs	
12	Allowed PTP Income from SSTBs	
13	Total Allowed PTP income (sum of line 10 and line 12)	
14	Carryover REIT/PTP losses from prior year	
15	Total REIT/PTP income	
16	20% of total REIT/PTP income	
17	Disallowed REIT/PTP loss	0.
18	Combined QBI Amount (QBI component plus 20% of REIT/PTP income)	0.
19	Taxable income before qualified business income deduction 0.	
20	Net capital gains 0.	
21	Taxable income minus net capital gains. If zero or less, enter -0-	0.
22	20% of taxable income minus net capital gains	0.
23	QBI deduction before DPAD	0.
	Lesser of Combined QBI Amount or 20% of taxable income minus cap gains	
24 a	Section 199A(g) deduction for domestic production activities Enter DPAD reported on 1099-PATR not connected with business activity on this return **24a**	
b	DPAD from business activities on this return **24b**	
	Section 199A(g) deduction for domestic production activities	
25	**Total 199A (QBI) deduction** (sum of lines 23 and 24)	0.

Form 1040
Line 6

Social Security Benefits Worksheet

► Keep for your records

2024

Name(s) Shown on Return	Social Security Number
James K Lockett & Yuhui Liu	534-60-2998

Social Security/Railroad Retirement benefits received in 2023 . . . . . ► [X]

		Taxpayer	Spouse
	Check this box if taxpayer and/or spouse is a U.S. citizen and is a resident of Canada, Egypt, Germany, Ireland, Israel, Italy (also is a citizen of Italy), Romania, or United Kingdom and therefore the benefits are exempt from U.S. tax . . . . . ►	[ ]	[ ]
A	**Total** net benefits from **Box 5** of **all SSA-1099** forms	38,539.	
B	**Total** Medicare B premiums withheld from **all SSA-1099** forms	2,713.	
C	**Total** Medicare C premiums withheld from **all SSA-1099** forms		
D	**Total** Medicare D premiums withheld from **all SSA-1099** forms	201.	
	Note: If self-employed, Medicare premiums are deductible as Self-Employed Health Insurance. If self-employed, enter premiums on the business activity form (Schedule C, F, etc), not on Lines C, D and E above.		
E	**Total** federal tax withheld from **Box 6** of **all SSA-1099** forms		
F	**Total** net benefits from Box 5 of **all RRB-1099** forms		
G	**Total** federal tax withheld from box 10 of **all RRB-1099** forms		
H	**Total** Medicare premiums from Box 11 of **all RRB-1099** forms		

1a	Add amounts from line A and line F above. Also enter this amount on Form 1040, line 6a	**1a**	38,539.
1b	Benefits exemption from U.S. tax due to living abroad in country with tax treaty	**1b**	
1c	Subtract line 1b from line 1a	**1c**	38,539.
2	Enter one-half of line 1	**2**	19,270.
3	Add the amounts on Form 1040, lines 1z (before adoption benefits exclusion), 2a, 2b, 3b, 4b, 5b, 7, and 8. Also include certain income of bona fide residents of American Samoa or Puerto Rico.	**3**	-900,995.
4	Enter (as a positive number) the total of any exclusions/adjustments for: ● Foreign earned income or housing exclusion	**4**	
5	Add lines 2, 3, and 4	**5**	-881,725.
6	Amount from Schedule 1, lines 11 through 20, and 23 and 25 (other than foreign housing deduction)	**6**	375.
7	Subtract line 6 from line 5	**7**	-882,100.
8	Enter $25,000 ($32,000 if married filing jointly; $0 if married filing separately and you lived with your spouse at any time in 2024)	**8**	32,000.
9	Subtract line 8 from line 7. If zero or less, enter -0-	**9**	0.
	If line 9 is zero or less, stop here; none of your social security benefits are taxable. Enter -0- on Form 1040, line 6b. If you are married filing separately and you **lived apart** from your spouse for all of 2024, enter 'D' to the right of the word 'benefits' on line 6a. **If line 9 is more than zero,** go to line 10.		
10	Enter $9,000 ($12,000 if married filing jointly; $0 if married filing separately and you lived with your spouse at any time in 2024)	**10**	
11	Subtract line 10 from line 9. If zero or less, enter -0-	**11**	
12	Enter the **smaller** of line 9 or line 10	**12**	
13	Enter one-half of line 12	**13**	
14	Enter the **smaller** of line 2 or line 13	**14**	
15	Multiply line 11 by 85% (0.85). If line 11 is zero, enter -0-	**15**	
16	Add lines 14 and 15	**16**	
17	Multiply line 1 by 85% (0.85)	**17**	
18	Taxable social security benefits. Enter the **smaller** of line 16 or line 17 . . . . . If prior year lump-sum benefits were received, go to line 19, otherwise, skip line 19 and enter the amount from line 18 on line 20.	**18**	
19	Taxable benefits **with** lump sum election. Enter the amount from line 20 of the Lump-Sum Social Security Worksheet	**19**	
20	**Taxable Social Security benefits.** Enter the **smaller** of line 18 or line 19 Also enter this amount on Form 1040, line 6b	**20**	

Schedule A
Line 1

Medical Expenses Worksheet

► Keep for your records

2024

Name(s) Shown on Return: James K Lockett & Yuhui Liu

Social Security Number: 534-60-2998

1	Prescription medications			1	780.
2	**Health insurance premiums:**				
a	Premiums other than self-employed health insurance **or** reported on a 1095-A			2 a	
b	From Form(s) 1095-A - net of adjustments			b	0.
	Taxpayer's portion of 1095-A premiums (total less spouse)		0.		
	Spouse's portion of 1095-A premiums, enter the amount for the spouse, the remaining goes to the taxpayer				
c	Medicare premiums			c	2,914.
d	From Form(s) 1099-R			d	
	NOTE: If LTC premiums are associated with a specific business activity, enter them directly on the applicable Self-Employed Health and Long-Term Care Insurance Deduction Worksheet, **not** on lines 2e - 2j below.				
e	Taxpayer's gross long-term care premiums	2 e			
f	Taxpayer's allowable long-term care premiums	f			
g	Spouse's gross long-term care premiums	g			
h	Spouse's allowable long-term care premiums	h			
i	Dep or child under 27 gross long-term care premiums	i			
j	Dep or child under 27 allowable long-term care prem.	j			
k	Total allowable long-term care premiums, sum of lines 2f, 2h, and 2j			k	
l	Taxpayer's long-term care premiums not deducted as an adjustment to income			l	
m	Spouse's long-term care premiums not deducted as an adjustment to income			m	
n	Dependent's long-term care premiums not deducted as an adj to income			n	
o	Other self-employed health insurance not deducted as an adj to income			o	
3	Fees for doctors, dentists, etc			3	2,478.
4	Fees for hospitals, clinics, etc			4	587.
5	Lab and x-ray fees			5	574.
6	Expenses for qualified long-term care			6	680.
7	Eyeglasses and contact lenses			7	1,689.
8	Medical equipment and supplies			8	267.
9	Medical transportation expenses:				
a	Medical miles driven 01/01/24 thru 12/31/24 (21 cents per mile)	9 a	486		
b	Other medical transportation costs not included above for example: ambulance fees	b			
c	Total medical transportation expenses (add lines 9a and 9b)			9 c	102.
10	Lodging for medical purposes (up to $50 per night per person)			10	
11	Other medical and dental expenses:				
a	None			11 a	0.
b				b	
c				c	
d				d	
e				e	
f				f	
g				g	
h				h	
i				i	
j				j	
12	Total of medical and dental expenses (add lines 1 through 11j)			12	10,071.
13 a	Less: insurance reimbursement for any expenses listed			13 a	
b	Less: medical savings account (MSA) or health savings account (HSA) distributions			b	
14	**Total deductible medical and dental expenses.** Subtract lines 13a plus 13b from line 12 (to Schedule A, line 1)			14	10,071.

Tax Payments Worksheet 2024

► Keep for your records

Name(s) Shown on Return	Social Security Number
James K Lockett & Yuhui Liu	534-60-2998

Estimated Tax Payments for 2024 (If more than 4 payments for any state or locality, see Tax Help)

	Federal		State			Local		
	Date	Amount	Date	Amount	ID	Date	Amount	ID
1	04/15/24		04/15/24			04/15/24		
2	06/17/24		06/17/24			06/17/24		
3	09/16/24		09/16/24			09/16/24		
4	01/15/25		01/15/25			01/15/25		
5								
Tot Estimated Payments . . .								

Tax Payments Other Than Withholding (If multiple states, see Tax Help)	Federal	State	ID	Local	ID
6 Overpayments applied to 2024					
7 Credited by estates and trusts					
8 **Totals** Lines 1 through 7					
9 2024 extensions					

Taxes Withheld From:	Federal	State	Local
10 Forms W-2		144.	
11 Forms W-2G			
12 Forms 1099-R	0.	0.	
13 Forms 1099-MISC, 1099-NEC, 1099-K, 1099-G .			
14 Schedules K-1			
15 Forms 1099-INT, DIV and OID			
16 Social Security and Railroad Benefits			
17 Form 1099-B . . . . . St ___ Loc ___			
18 a Other withholding . . . . St ___ Loc ___			
b Other withholding . . . . St ___ Loc ___			
c Other withholding . . . . St ___ Loc ___			
d Positive Adjustment . . . St ___ Loc ___			
e Negative Adjustment . . St ___ Loc ___			
f Additional Medicare Tax.			
19 **Total Withholding** Lines 10 through 18f	0.	144.	
20 **Total Tax Payments for 2024**	0.	144.	

Prior Year Taxes Paid In 2024 (If multiple states or localities, see Tax Help)	State	ID	Local	ID
21 Tax paid with 2023 extensions				
22 2023 estimated tax paid after 12/31/2023				
23 Balance due paid with 2023 return				
24 Other (amended returns, installment payments, etc) . .				

Schedule A
Lines 5 - 12

Tax and Interest Deduction Worksheet

2024

► Keep for your records

Name(s) Shown on Return	Social Security Number
James K Lockett & Yuhui Liu	534-60-2998

Tax Deductions

1 State and local taxes:

Optional Sales Tax Tables

a Available Income:

(1)	Income from Form 1040, line 11	-901,370.
(2)	Nontaxable income entered elsewhere on return	38,539.
(3)	Available income: 2023 refundable credits in excess of tax	0.
(4)	**Enter** any additional nontaxable income	
(5)	Total available income	-862,831.

b Sales Tax Per State of Residence:

Enter state in column (1), then enter total (combined) state and local sales tax rate in column (4).
Colorado, Georgia, Illinois, Louisiana, Mississippi, New York or South Carolina only:
Double-click in column (4) to select your locality for each state entered.

(1) State	(2) Date Lived in State From	(3) Date Lived in State To	(4) **Enter** Total State & Local Rate (%)	(5) State Sales Tax Rate (%)	(6) Local Sales Tax Rate (%) (4) - (5)	(7) State Sales Tax Table Amount	(8) Local Sales Tax Amount	(9) Prorated or Total Amount

c Total general sales tax using tables

d Sales Tax Paid on Specific Items (see help):

(1) ST	(2) Total State & Local Rate	(3) Description	(4) Type	(5) Cost	(6) Rate if Different	(7) Actual Sales Tax Amount Paid	(8) Specific Item Deduction

e Total sales tax deduction on specific items

f Total general sales tax per tables plus sales tax on specific items

g Actual State and Local General Sales Tax:

Actual sales taxes (enter the total sales taxes paid during the year on all items)

h State and Local Income Taxes:

State and Local Income taxes 144.00

i State and Local Tax Deduction to Schedule A, line 5a:

Greater of line 1f, line 1g, or line 1h (to Schedule A, line 5a) 144.00

j Check a box to choose to use income taxes paid, sales taxes paid, or whichever provides the greater deduction:

Income Taxes [ ] Sales Taxes [ ] Greater amount [X]

2 State and local real estate taxes:

a Real estate taxes paid on principal residence **not** entered on Form 1098

b	Real estate taxes paid on principal residence entered on Home Mortgage Int. Wks	3,412.94
c	Real estate taxes paid on additional homes or land	
	Personal portion of real estate taxes from Schedule E Worksheet for:	
d	Principal residence	
e	Vacation home	
f	Less real estate taxes deducted on Form 8829	
g	Foreign real property taxes included in lines 2a-2f above	
h	Add lines 2a through 2f, less line 2g (to Schedule A, line 5b)	3,413.00
3	**State and local personal property taxes:**	
a	Auto registration fees based on the value of the vehicle.	

2023 Amount	Enter 2024 description:	
352.00	Toyota Rav4 Hybrid	331.02

b	Non-business portion of personal property taxes from Car & Truck Exp Wks	267.00
c	Other personal property taxes	
d	Add lines 3a through 3c (to Schedule A, line 5c)	598.02
4	**Other taxes:**	
a	Other taxes from Schedule(s) K-1	
b	Foreign taxes from interest and dividends	
c	Foreign taxes from Schedule(s) K-1	
d	Other foreign taxes (not used to claim a foreign tax credit)	
e	Other taxes.	

2023 Amount	Enter 2024 description:	

f	Foreign real property taxes included in lines 4a-4e above	
g	Add lines 4a through 4e, less line 4f (to Schedule A, line 6)	

Interest Deductions

5	**Home mortgage interest and points reported on Form 1098:**	
a	Mortgage interest and points from the Home Mortgage Interest Worksheet or line A2 in the smart worksheet above if the loan is limited	31,332.
b	Qualified mortgage interest from Schedule E Worksheet	
c	Less home mortgage interest/points deducted on Form 8829	
d	Less home mortgage interest from Form 8396, line 3	
e	Add lines 5a through 5d (to Sch A, line 8a)	31,332.
6	**Home mortgage interest not reported on Form 1098:**	
a	Mortgage interest from the Home Mortgage Interest Worksheet or line B2 in the smart worksheet above if the loan is limited	
b	Less home mortgage interest deducted on Form 8829	
c	Add lines 6a and 6b (to Sch A, line 8b)	
7	**Points not reported on Form 1098:**	
a	Points not on Form 1098 from the Home Mortgage Interest Worksheet or line C2 in the smart worksheet above if the loan is limited	
b	Less points deducted on Form 8829	
c	Add lines 7a through 7c (to Schedule A, line 8c)	

Schedule A
Lines 6 and 10-13

Home Mortgage Interest Worksheet

► Keep for your records

2024

The primary mortgage insurance deduction has expired. See bottom of form for more info.

Name(s) Shown on Return	Social Security Number
James K Lockett & Yuhui Liu	534-60-2998

Note: Use this worksheet to report home mortgage interest you paid on your main home or second home. Enter mortgage interest you paid for business property other than a home office on the appropriate schedule or form for the business activity (Schedule C, Schedule E, etc.).

Mortgage Lender Info:

1 a Recipient's/lender's name . . . . . Lawrez LLC DBA Shellpoint Mortgage Servicing

b Is this property your main home, second home, or other? Main home

2 Employer Identification Number (EIN)

3 a Was the mortgage interest reported to you on Form 1098? . . . . . **Yes** [X] **No** [ ]

b Mortgage interest paid on your main home or second home in 2024 . . . . . 31,332.49

c Check this box if Box 7 is checked on Form 1098 [ ]

d Is this loan secured by a residence of yours? **Yes** [X] **No** [ ]

4 Outstanding mortgage principal 422,956.00

5 Mortgage origination date 12/18/2018

6 a Did your home loan close after December 31, 2006? **Yes** [X] **No** [ ]

b Mortgage insurance premiums . . . . . _____

7 Mortgage acquisition date . . . . . _____

8 a Points paid to buy or improve your **main** home in 2024 . . . . . _____

b Check if points were reported to you on Form 1098 . . . . . [ ]

c Check if points were reported on the HUD-1 loan closing statement, or my name is not listed first on Form 1098 . . . . . [ ]
Computed points reported on Form 1098 . . . . . [ ]
Computed points not reported on Form 1098 . . . . . [ ]

9 Property taxes 3,412.94

10 Check this box if you refinanced your loan with a different lender, paid off this loan, or sold the property . . . . . [ ]

11 Did you pay points to this lender which must be spread over the life of the loan, for example: points you paid on your second home, on a home equity loan, or when you refinanced, enter the following . . . . . **Yes** [ ] **No** [ ]

a Total points originally paid on a loan for which the points must be amortized . . . . . _____

b Length of loan (years) . . . . . _____

c Points deducted in prior years for this loan . . . . . _____

d Amortized points allowable this year . . . . . _____

e Amortizable points deducted this year (to Tax and Interest Deduction Wkst., line 7a)* . . . _____

* As adjusted by the Home Mortgage Interest Limitation Smart Worksheet below, if applicable

Uncommon Situations:

12 Were you and someone else liable for this mortgage and the **other person** received the Form 1098, enter the other person's name and address . . . . . **Yes** [ ] **No** [X]

Name . . . . . _____

Address . . . . . _____

City _____ State _____ ZIP _____

13 Did you buy your home from the recipient and did **NOT** receive a Form 1098, enter the recipient's identifying number and address . . . . . **Yes** [ ] **No** [X]

Recipient's SSN . . . . . _____ **-OR-** Recipient's EIN . . . . _____

Recipient's address . . . . . _____

City _____ State _____ ZIP _____

14 Did you pay more mortgage interest than what is shown on Form 1098 . . . . . **Yes** [ ] **No** [ ]

QuickZoom to attach a statement to your return explaining the difference . . . . . _____ _____

Schedule A
Line 16

Cash Contributions Worksheet

► Keep for your records

2024

Name(s) Shown on Return	Social Security Number
James K Lockett & Yuhui Liu	534-60-2998

Cash Contributions

	Name of Charitable Organization **Note:** Summarized from the Charitable Organization Worksheet. Enter amounts on the Charitable Organization Worksheet.	Type	2024 Amount
1a	City of Grace	A	2,080.00
	ICCC	A	2,550.00
	World Outstanding Woman League	A	388.00
	Pinnacle Forum	A	1,500.00
	Pillar Church	A	240.00

1b	From Schedule A — Cash contributions for qualified contributions elected	1b			
2	From Schedule K-1 — Partnerships and S Corporations	2			
3	From Form(s) W-2, Box 14	3			
4	Miles driven:				
a	To perform charitable service	4a			
b	From Detail of Mileage and Transportation Costs Worksheet above	4b	50		
c	Add lines 4a and 4b	4c	50		
d	Multiply line 4c by 14 cents per mile			4d	7.00
5	Parking fees, tolls, and local transportation				
a	To perform charitable service	5a			
b	From Charitable Org. Wks	5b	3,674.78		
c	Add lines 5a and 5b			5c	3,674.78
6	Add lines 1 thru 5 and enter here (to Schedule A, line 16)			6	10,439.78

Charitable Deduction Limits Worksheet For Current Year Contributions

2024

► Keep for your records

Name(s) Shown on Return	Social Security Number
James K Lockett & Yuhui Liu	534-60-2998

Step 1 — Enter your other charitable contributions made during the year.

1	Enter your cash contributions to 60% limit organizations	1	
2	Enter your contributions of capital gain property "for the use of" any qualified organization	2	
3	Enter your other contributions "for the use of" any qualified organization. Don't include any contributions you entered on a previous line	3	
4	Enter your other contributions to qualified organizations that aren't 50% limit organizations. Don't include any contributions you entered on a previous line	4	
5	Enter your contributions of capital gain property to 50% limit organizations deducted at fair market value. Don't include any contributions you entered on a previous line.	5	
6	Enter your noncash contributions to 50% limit organizations other than capital gain property you deducted at fair market value. Be sure to include contributions of capital gain property to 50% limit organizations if you reduced the property's fair market value. Don't include any contributions you entered on a previous line	6	
7	Enter your cash contributions to 50% limit organizations. Don't include any contributions you entered on a previous line	7	10,440.

Step 2 — Figure your deduction for the year (if any result is zero or less, enter -0-)

8	Enter your adjusted gross income (AGI)	8		-901,370.
A	***Cash contributions subject to the limit based on 60% of AGI***			
	(If line 7 is zero, leave lines 9 through 11 blank)			
9	Multiply line 8 by 0.6	9	0.	
10	**Deductible amount**. Enter the smaller of line 7 or line 9	10	0.	
11	Carryover. Subtract line 10 from line 7	11		10,440.
B	***Noncash contributions subject to the limit based on 50% of AGI***			
	(If line 6 is zero, leave lines 12 through 15 blank)			
12	Multiply line 8 by 0.5	12		
13	Subtract line 10 from line 12	13		
14	**Deductible amount**. Enter the smaller of line 6 or line 13	14		
15	Carryover. Subtract line 14 from line 6	15		
C	***Contributions (other than capital gain property) subject to limit based on 30% of AGI***			
	(If lines 3 and 4 are both zero, leave lines 16 through 22 blank)			
16	Multiply line 8 by 0.5	16		
17	Add lines 5, 6, and 7	17		
18	Subtract line 17 from line 16	18		
19	Multiply line 8 by 0.3	19		
20	Add lines 3 and 4	20		
21	**Deductible amount**. Enter the smallest of line 18, 19, or 20	21		
a	Cash portion of deductible amount - for Sch A line 11	a		
b	Non-cash portion of deductible amount - for Sch A line 12	b		
22	Carryover. Subtract line 21 from line 20	22		
D	***Contributions of capital gain property subject to limit based on 30% of AGI***			
	(If line 5 is zero, leave lines 23 through 28 blank)			
23	Multiply line 8 by 0.5	23		
24	Add lines 6 and 7	24		
25	Subtract line 24 from line 23	25		
26	Multiply line 8 by 0.3	26		
27	**Deductible amount**. Enter the smallest of line 5, 25, or 26	27		
28	Carryover. Subtract line 27 from line 5	28		
E	***Contributions subject to the limit based on 20% of AGI***			
	(If line 2 is zero, leave lines 29 through 37 blank)			

29	Multiply line 8 by 0.5	**29**		
30	Add lines 10, 14, 21, and 27	**30**		
31	Subtract line 30 from line 29	**31**		
32	Multiply line 8 by 0.3	**32**		
33	Subtract line 21 from line 32	**33**		
34	Subtract line 27 from line 32	**34**		
35	Multiply line 8 by 0.2	**35**		
36	**Deductible amount.** Enter the smallest of line 2, 31, 33, 34, or 35	**36**		
37	Carryover. Subtract line 36 from line 2	**37**		
F	***Qualified contributions subject to limit based on 100% of AGI***			
	(If line 1 is zero, leave lines 38 through 42 blank)			
38	Enter the amount from line 8	**38**		
39	Add lines 10, 14, 21, 27, and 36	**39**		
40	Subtract line 39 from line 38	**40**		
41	**Deductible amount.** Enter the smaller of line 1 or line 40	**41**		
42	Carryover. Subtract line 41 from line 1	**42**		
G	***Deduction for the year***			
43	Add lines 10, 14, 21, 27, 36 and 41. Enter the total here and include the deductible amounts on Schedule A (Form 1040), line 11 or line 12 whichever is appropriate. Also, enter the amount from line 41 on the dotted line next to the line 11 entry space	**43**	0.	
44	Carryover to next year. Add lines 11, 15, 22, 28 and 37	**44**		10,440.

Note: Any amounts in the carryover column are not deductible this year but can be carried over to next year. See Carryovers, later, for more information about how you will use them next year.

Charitable Deduction Limits Worksheet For Carryover Contributions

2024

► Keep for your records

Name(s) Shown on Return	Social Security Number
James K Lockett & Yuhui Liu	534-60-2998

Step 1 — Enter your other charitable contributions made during the year.

1	Enter your cash contributions to 60% limit organizations	1	
2	Enter your contributions of capital gain property "for the use of" any qualified organization	2	
3	Enter your other contributions "for the use of" any qualified organization. Don't include any contributions you entered on a previous line	3	
4	Enter your other contributions to qualified organizations that aren't 50% limit organizations. Don't include any contributions you entered on a previous line	4	
5	Enter your contributions of capital gain property to 50% limit organizations deducted at fair market value. Don't include any contributions you entered on a previous line	5	
6	Enter your noncash contributions to 50% limit organizations other than capital gain property you deducted at fair market value. Be sure to include contributions of capital gain property to 50% limit organizations if you reduced the property's fair market value. Don't include any contributions you entered on a previous line	6	
7	Enter your cash contributions to 50% limit organizations. Don't include any contributions you entered on a previous line	7	14,435.

Step 2 — Figure your deduction for the year (if any result is zero or less, enter -0-)

8	Enter your adjusted gross income (AGI)				8	-901,370.
		Percentage of line 8		Used in Current Year		
a	60% AGI limit to line 9	0.	Less	0.	a	0.
b	50% AGI limit to line 12	0.	Less	0.	b	0.
c	30% AGI limit, Section C to line 19	0.	Less	0.	c	0.
d	30% AGI limit, Section D to line 26	0.	Less	0.	d	0.
e	20% AGI limit to line 35	0.	Less	0.	e	0.

A ***Cash contributions subject to the limit based on 60% of AGI***

(If line 7 is zero, leave lines 9 through 11 blank)

9	Multiply line 8 by 0.6	9	0.	
10	**Deductible amount**. Enter the smaller of line 7 or line 9	10	0.	
11	Carryover. Subtract line 10 from line 7	11		14,435.

B ***Noncash contributions subject to the limit based on 50% of AGI***

(If line 6 is zero, leave lines 12 through 15 blank)

12	Multiply line 8 by 0.5	12		
13	Subtract line 10 from line 12	13		
14	**Deductible amount**. Enter the smaller of line 6 or line 13	14		
15	Carryover. Subtract line 14 from line 6	15		

C ***Contributions (other than capital gain property) subject to limit based on 30% of AGI***

(If lines 3 and 4 are both zero, leave lines 16 through 22 blank)

16	Multiply line 8 by 0.5	16		
17	Add lines 5, 6, and 7	17		
18	Subtract line 17 from line 16	18		
19	Multiply line 8 by 0.3	19		
20	Add lines 3 and 4	20		
21	**Deductible amount**. Enter the smallest of line 18, 19, or 20	21		
a	Cash portion of deductible amount - for Sch A line 11	a		
b	Non-cash portion of deductible amount - for Sch A line 12	b		
22	Carryover. Subtract line 21 from line 20	22		

D ***Contributions of capital gain property subject to limit based on 30% of AGI***

(If line 5 is zero, leave lines 23 through 28 blank)

23	Multiply line 8 by 0.5	23		
24	Add lines 6 and 7	24		
25	Subtract line 24 from line 23	25		
26	Multiply line 8 by 0.3	26		
27	**Deductible amount**. Enter the smallest of line 5, 25, or 26	27		
28	Carryover. Subtract line 27 from line 5	28		

E ***Contributions subject to the limit based on 20% of AGI***

(If line 2 is zero, leave lines 29 through 37 blank)

29	Multiply line 8 by 0.5	**29**		
30	Add lines 10, 14, 21, and 27	**30**		
31	Subtract line 30 from line 29	**31**		
32	Multiply line 8 by 0.3	**32**		
33	Subtract line 21 from line 32	**33**		
34	Subtract line 27 from line 32	**34**		
35	Multiply line 8 by 0.2	**35**		
36	**Deductible amount.** Enter the smallest of line 2, 31, 33, 34, or 35	**36**		
37	Carryover. Subtract line 36 from line 2	**37**		
F	***Qualified contributions for certain disaster relief efforts (Not applicable for carryovers)***			
	(If line 1 is zero, leave lines 38 through 42 blank)			
38	Enter the amount from line 8	**38**		
39	Add lines 10, 14, 21, 27, and 36	**39**		
40	Subtract line 39 from line 38	**40**		
41	**Deductible amount.** Enter the smaller of line 1 or line 40	**41**		
42	Carryover. Subtract line 41 from line 1	**42**		
G	***Deduction for the year***			
43	Add lines 10, 14, 21, 27, 36 and 41. Enter the total here and include the deductible amounts on Schedule A (Form 1040), line 11 or line 12 whichever is appropriate. Also, enter the amount from line 41 on the dotted line next to the line 11 entry space	**43**	0.	
44	Carryover to next year. Add lines 11, 15, 22, 28 and 37	**44**		14,435.

Note: Any amounts in the carryover column are not deductible this year but can be carried over to next year. See Carryovers, later, for more information about how you will use them next year.

Charitable Contributions Summary 2024

► Keep for your records

Name(s) Shown on Return	Social Security Number
James K Lockett & Yuhui Liu	534-60-2998

Part I Cash Contributions Summary

Name of Charitable Organization	(a) Total	(b) 60% Limit	(c) 30% Limit	(d) 100% Limit
City of Grace	2,080.	2,080.		
ICCC	2,550.	2,550.		
World Outstanding Woman League	388.	388.		
Pinnacle Forum	1,500.	1,500.		
Pillar Church	240.	240.		
Charitable mileage expense	7.	7.		
Charitable transportation expense	3,675.	3,675.		
Totals:	10,440.	10,440.		

Part II Non-Cash Contributions Summary

Name of Charitable Organization	Total	Other Property		Capital Gain Property	
	(a) Total	(b) 50% Limit	(c) 30% Limit	(d) 30% Limit	(e) 20% Limit
Totals:					

Part III Contribution Carryovers to 2025

	Total	Cash and Other Non-Capital Gain Property			Capital Gain Property	
	(a) Total	(b) 60% Limit	(c) 50% Limit	(d) 30% Limit	(e) 30% Limit	(f) 20% Limit
1 2024 contributions	10,440.	10,440.				
2 2024 contributions allowed	0.	0.				
3 **Carryovers from:**						
a 2023 tax year	4,300.	4,300.				
b 2022 tax year	3,080.	3,080.				
c 2021 tax year	2,580.	2,580.				
d 2020 tax year	2,395.	2,395.				
e 2019 tax year	2,080.	2,080.				
4 Carryovers allowed in 2024	0.	0.				
5 Carryovers disallowed in 2024	14,435.	14,435.				
6 **Carryovers to 2025:**						
a From 2024	10,440.	10,440.				
b From 2023	4,300.	4,300.				
c From 2022	3,080.	3,080.				
d From 2021	2,580.	2,580.				
e From 2020	2,395.	2,395.				
f From 2019	2,080.	2,080.				

Part IV Special Situations in Your Return for Current Year Donations

1 Was the **entire interest** given for all property donated to all charities? [X] **Yes** [ ] **No**

2 Were **restrictions** attached to any charities's right to use or dispose of any property donated to any charity? ► [ ] **Yes** [X] **No**

3 Did you give to anyone other than the charity the right to income from any of the donated property or to possession of any of the donated property? ► [ ] **Yes** [X] **No**

4 Was any charity other than a 60%/50% charity? [ ] **Yes** [X] **No**

Earned Income Worksheet 2024

► Keep for your records

Name(s) Shown on Return	Social Security Number
James K Lockett & Yuhui Liu	534-60-2998

Part I — Earned Income Credit Worksheet Computation

		Taxpayer	Spouse	Total
1	**If filing Schedule SE:**			
a	Net self-employment income			
b	Optional Method and Church Employee income			
c	Add lines 1a and 1b			
d	One-half of self-employment tax			
e	Subtract line 1d from line 1c			
2	**If not required to file Schedule SE:**			
a	Net farm profit or (loss)			
b	Net nonfarm profit or (loss)	-967,460.		-967,460.
c	Add lines 2a and 2b	-967,460.		-967,460.
3	**If filing Schedule C as a statutory employee,** enter the amount from line 1 of that Schedule C			
4	Add lines 1e, 2c and 3. To EIC Wks, line 5	-967,460.		-967,460.

Part II — Form 2441 and Standard Deduction Worksheet Computations

5	Net self-employment earnings (line 4 above)	-967,460.		-967,460.
6	Wages, salaries, and tips less distributions from nonqualified or section 457 plans, etc		18,056.	18,056.
7 a	Taxable employer-provided adoption benefits			
b	Foreign earned income exclusion			
8	Add lines 5 through 7b. To Form 2441, lines 18 and 19	-967,460.	18,056.	-949,404.
9 a	Taxable dependent care benefits			
b	Nontaxable combat pay			
10	Add lines 8, 9a & 9b . To Form 2441, lines 4 and 5	-967,460.	18,056.	-949,404.
11	Scholarship or fellowship income not on W-2 plus wages while incarcerated			
12	SE exempt earnings less nontaxable income			
13	Distributions from nonqualified/Sec. 457 plans			
14	Add lines 5, 6, 7a, 9a and 11 through 13. To Standard Deduction Worksheet	-967,460.	18,056.	-949,404.

Part III — IRA Deduction Worksheet Computation

15	Net self-employment income or (loss)	-967,460.		-967,460.
16 a	Wages, salaries, tips, etc		18,056.	18,056.
b2	Amount of ln. b1 for graduate/postgrad studies			
17	Net self-employment loss	967,460.		967,460.
18	Alimony received			
19	Nontaxable combat pay			
20	Foreign earned income exclusion			
21	Keogh, SEP or SIMPLE deduction			
22	Combine lines 15 through 21. To IRA Wks, ln 2		18,056.	18,056.

Part IV — Schedule 8812 and Credit Limit Worksheet B Computations

23	Self-employed, church and statutory employees	-967,460.		-967,460.
24	Wages, salaries, tips, etc		18,056.	18,056.
25	Nontaxable combat pay			
26	Combine lines 23 through 25. To Schedule 8812, line 18a & Credit Limit Wks B, line 3	-967,460.	18,056.	-949,404.

Schedule SE Adjustments Worksheet 2024

► Keep for your records

Name(s) Shown on Return	Social Security Number
James K Lockett & Yuhui Liu	534-60-2998

	(a) Taxpayer	(b) Spouse
QuickZoom to the **Long Schedule SE** ►	☐	☐
A Approved Form 4029. Exempt from SE tax on all income	☐	☐
B Chapter 11 bankruptcy **net** profit or loss for Schedule SE, line 3		
C **QuickZoom** to the Explanation statement for any adjustment to SE income/loss shown on a partnership K-1. (See Help)		
Part I **Farm Profit or (Loss)** Schedule SE, line 1		
1 Total Schedules F		
2 Farm partnerships, Schedules K-1		
3 Other SE farm profit or (loss) (See Help)		
4 Less SE exempt farm profit or (loss) (See Help)		
5 **Total for Schedule SE, line 1**		
6 Conservation Reserve Program payments not subject to self-employment tax reported on:		
a Schedule F, line 4b		
b Schedule K-1 (Form 1065), box 20, code AQ		
c Total CRP payments not subject to SE tax		
Part II **Nonfarm Profit or (Loss)** Schedule SE, line 2		
1 a Total Schedules C	-967,460.	
b Less SE exempt Schedules C (approved Form 4361)		
2 Nonfarm partnerships, Schedules K-1		
3 Forms 6781		
4 Other SE income reported as income on Form 1040, line 1h		
5 a Clergy Form W-2 wages		
b Clergy housing allowance		
c Less clergy business deductions		
d **QuickZoom** to the Explanation statement for entry on line 5c		
6 Other SE nonfarm profit or (loss) (See Help)		
7 Less other SE exempt nonfarm profit or (loss) (See Help)		
8 **Total for Schedule SE, line 2**	-967,460.	
9 Exempt Notary Public income for Schedule SE, line 3 (See Help)		
Part III **Farm Optional Method** Schedule SE, page 2, Part II		
1 Use Farm Optional Method	☐	☐
2 Gross farm income from Schedules F		
3 Gross farming or fishing income from partnership Schedules K-1		
4 Other gross farming or fishing self-employment income		
5 **Total** gross income for Farm Optional Method		
Part IV **Nonfarm Optional Method** Schedule SE, page 2, Part II		
1 Use Nonfarm Optional Method (Must have had net SE earnings of $400 or more in 2 of prior 3 years and used the Nonfarm Optional Method less than 5 times)	☐	☐
2 Gross nonfarm income from Schedules C		
3 Gross nonfarm income from partnership Schedules K-1		
4 Other gross nonfarm self-employment income		
5 **Total** gross income for Nonfarm Optional Method		

Foreign Tax Credit Computation Worksheet 2024

COPY 1

Name(s) Shown on Return	Social Security Number
James K Lockett & Yuhui Liu	534-60-2998

- a [ ] Section 951A income
- b [ ] Foreign branch income
- c [ ] Passive category income
- d [X] General category income
- e [ ] Section 901(j) income
- f [ ] Certain income re-sourced by treaty
- g [ ] Lump-sum distribution

Category name: General category income

f Resident of (country) . . . . . USA

Part I — Taxable Income (Loss)	Total	A	B	C
g Name of country or U.S. territory . . . . . ►		China		
1 Gross income:				
a China (until 2018)	0.	0.		
b				
c Interest and Dividends from Schedule B				
d From Schedules K-1				
e From Form 2555 foreign earned income				
f Unadjusted gross income this category	0.	0.		
g Ordinary Income	0.	0.		
h Qual. Dividends and LT Capital Gains				
i Section 1250 (25%) Capital Gains				
j Collectibles (28%) Capital Gains				
k Adjustment required for QD/LTCG . . . . . ►				
l Net Qual. Dividends and LTCG				
m Adjusted gross income this category . . . . . ►	0.	0.		
2 Expense definitely related to gross income:				
a (1) Deduction from K-1 worksheets				
(2) Reserved				
(3) Foreign source state income tax				
(4) U.S. source state income tax	144.			
Codes for line 2b . . . . . ► I/J ABCUO				
b Other SEE STMT I A	100.	100.		
c				
d				
e				
Total expenses definitely related to gross income . . . . . ►	100.	100.		
3 Deductions not definitely related:				
a Standard/certain itemized deductions:				
(1) Standard deduction				
or (2) Sales taxes (if deducted) and real estate taxes on personal residence	3,413.	3,413.		
(3) Medical expenses	10,071.	10,071.		
(4) Gifts to charity (See tax help)	0.	0.		
(5) Other a Remaining itemized dedns . .	484.	484.		
b				
c				
Total itemized deductions not definitely related . . . . . ►	13,968.	13,968.		

Part I – Taxable Income (Loss) (Continued)	Total	A	B	C
3 b Deductions from gross income not on line 2 (not definitely related to gross income):				
(1) Remaining dedns from gross income	375.	375.		
(2) SEE STMT				
(3)				
Total other deductions not definitely related ►	375.	375.		
4 Interest expense:				
a Home mortgage interest: All U.S.				
(1) Deductible home mortgage interest				
(2) Total foreign source income of type indicated above				
(3) Gross income from all sources				
(4) Allocation ratio				
Pro rata share of home mortgage interest ►				
b Deductible other interest:				
(1) a Investment int exp All U.S.	14.	14.		
b Adjusted basis of investment assets generating foreign income	0.	0.		
c Adjusted basis of total investment assets	14.	14.		
d Allocation ratio	0.0000	0.0000		
Investment interest allocable to foreign income ►	0.	0.		
(2) a Trade/business interest expense	0.	0.		
b Adjusted basis for business assets generating foreign income	0.	0.		
c Adjusted basis for total business assets	14.	14.		
d Allocation ratio	0.0000	0.0000		
Business interest allocable to foreign income ►	0.	0.		
(3) a Passive activities interest expense	0.	0.		
b Adjusted basis for passive activity assets generating foreign source income	0.	0.		
c Adjusted basis for total passive activity assets	14.	14.		
d Allocation ratio	0.0000	0.0000		
Passive activities interest allocable to foreign source ►	0.	0.		
Total allocable share of other interest expense ►	0.	0.		
5 a Foreign losses for this category	0.	0.		
b Foreign losses from K-1 Worksheets				

Part II – Foreign Taxes Paid/Accrued, Line 8

Paid [X] Accrued [ ]	Date (mm/dd/yy)	o Dividend	p Rent/Royalties	q Interest	r (1) Other	r (2) K-1's
Country A	12/31/2024		0.		0.	
Country B						
Country C						

Additional foreign tax credit on US income to be added to Form 1116, line 33 (see Tax Help for more info)

Part III — Foreign Tax Credit Computation

10	Carryback or carryover relating to this category	10	427,525.
12	Reduction in foreign taxes:		
a (1)	Current year foreign earned income excluded less related deductions	12a 1	
(2)	Total foreign earned income (FEI) less related deductions	2	
(3)	Allocation ratio: (line 12a1 divided by line 12a2)	3	
(4)	Total foreign taxes on Form 1116, line 8 minus line 12a6	4	
(5)	Total reduction for current year taxes (line 12a4 times 12a3)	5	
(6)	Foreign tax paid in current year for this category related to prior year FEI	6	
(7)	a Net FEI exclusion that previous year b Total net FEI that previous year	7	
(8)	Total reduction for prior year FEI (line 12a6 times line 12a7)	8	
(9)	Adjustment (explain)		
	Taxes allocable to excluded income (line 12a5 plus line 12a8)	12a	
b	From K-1s Desc SEE STMT 0.	12b	0.
c	Reduction due to participation in international boycott operations	12 c	
	Total reduction in foreign taxes (line 12a plus line 12b plus line 12c) ►	12	0.
13	Taxes reclassified under high tax kickout	13	0.
16 a	Allocation of foreign losses		
(1)	Losses from other categories	16a 1	
(2)	Foreign income this category/total foreign income	2	
	Pro rata share of losses from other categories (limited to income this category)	16a	
b	Recapture prior year overall foreign loss		
(1)	Overall foreign loss, this category, not recaptured from previous year	16b 1	
(2)	50% of tax income foreign sources, all categories	2	
(3)	Amount from Form 1116, line 15, less any amount on line 16a above and line 16d below	3	
	Smallest of 16b1, 2, 3 — recapture required	16b	
c	Recapture of separate limitation loss accounts		
(1)	Pro rata share, this category, of loss from other categories, from prior year	16c 1	
(2)	Total loss from other categories, from prior year	2	
(3)	Current year income in prior year loss category	3	
(4)	Allocation ratio: (line 16c1 divided by line 16c2)	4	
	Recapture adjustment, this category	16c	
d	Allocation of current year U.S. source losses		
(1)	Net loss from U.S. sources	16d 1	
(2)	Allocation ratio	2	
	U.S. losses allocable to this category (line 16d1 multiplied by line 16d2)	16d	
e	Recapture of overall domestic loss accounts		
(1)	Total balance in overall domestic loss account for this category	16e 1	
(2)	50% of U.S. source taxable income for the tax year	2	
	Smaller of 16e1 or 16e2, adjustment to line 15	16e	
	Total adjustments to line 15 (minus line 16a minus line 16d minus line 16b plus line 16c plus line 16e)	16	

Foreign Tax Credit Carryovers

Carryovers from 2023

Regular Tax	Foreign Taxes	Adjustments	Utilized	Carryover
2014	69,092.		23,481.	45,611.
2015	121,150.		42,476.	78,674.
2016	177,562.		78,101.	99,461.
2017	168,378.		20,725.	147,653.
2018	56,126.		0.	56,126.
2019	0.		0.	0.
2020	0.		0.	0.
2021	0.		0.	0.
2022	0.		0.	0.
2023	0.		0.	0.
	Carryover to 2024			427,525.

Alternative Minimum Tax	Foreign Taxes	Adjustments	Utilized	Carryover
2014	69,092.		13,569.	55,523.
2015	121,150.		32,150.	89,000.
2016	177,562.		61,658.	115,904.
2017	168,378.		9,331.	159,047.
2018	56,126.		0.	56,126.
2019	0.		0.	0.
2020	0.		0.	0.
2021	0.		0.	0.
2022	0.		0.	0.
2023	0.		0.	0.
	AMT Carryover to 2024			475,600.

Foreign Tax Credit Carryover Adjustments

Enter any **new*** adjustments to foreign taxes carryover amounts here. Positive adjustments increase the available carryover amount, negative adjustments decrease it. Enter adjustments due to section 905(c) redeterminations in first column. All other adjustments require a description at the top of the column.
*New adjustments are those not included on Sch B (Form 1116) of your 2023 return.

Regular	Section 905(c)	c	d	e	f	g
2014 . .						
2015 . .						
2016 . .						
2017 . .						
2018 . .						
2019 . .						
2020 . .						
2021 . .						
2022 . .						
2023 . .						
2023 carryback adjustment						
2025 carryback to 2024						

AMT	Section 905(c)	c	d	e	f	g
2014 . .						
2015 . .						
2016 . .						
2017 . .						
2018 . .						
2019 . .						
2020 . .						
2021 . .						
2022 . .						
2023 . .						
2023 carryback adjustment						
2025 carryback to 2024						

Foreign Tax Credit Carryovers to 2025

Regular Tax	Foreign Taxes	Adjustments	Utilized	Carryover
2015	121,150.		42,476.	78,674.
2016	177,562.		78,101.	99,461.
2017	168,378.		20,725.	147,653.
2018	56,126.		0.	56,126.
2019	0.		0.	0.
2020	0.		0.	0.
2021	0.		0.	0.
2022	0.		0.	0.
2023	0.		0.	0.
2024	0.	0.	0.	0.
		Carryback to 2023		
	Carryover to 2025			381,914.

Alternative Minimum Tax	Foreign Taxes	Adjustments	Utilized	Carryover
2015	121,150.		32,150.	89,000.
2016	177,562.		61,658.	115,904.
2017	168,378.		9,331.	159,047.
2018	56,126.		0.	56,126.
2019	0.		0.	0.
2020	0.		0.	0.
2021	0.		0.	0.
2022	0.		0.	0.
2023	0.		0.	0.
2024	0.	0.	0.	0.
		Carryback to 2023		
	AMT Carryover to 2025			420,077.

Schedule 1
Line 10

Educator Expenses Worksheet

► Keep for your records

2024

Name(s) Shown on Return	Social Security Number
James K Lockett & Yuhui Liu	534-60-2998

Caution: **Do not** enter the same educator expenses on Schedule A or Form 2106. The program will automatically transfer remaining educator expenses to the Miscellaneous Itemized Deductions Worksheet.

		Taxpayer	Spouse
1	Qualified educator expenses	230.	145.
2	Non-taxable Coverdell ESA distributions		
3	Non-taxable qualified tuition program distributions		
4	Subtract lines 2 and 3 from line 1	230.	145.

5	Qualified educator expenses from line 4	375.
6	Excludable interest on series EE and I U.S. savings bonds issued after 1989 from Form 8815, line 14	
7	Subtract line 6 from line 5	375.
8	Educator expenses deduction. Report this amount on Form 1040 Schedule 1, line 10 (see Help)	375.
9	Subtract line 8 from line 1. This amount transfers to the Miscellaneous Itemized Deductions Worksheet, line 2 when the box on line 10 is **not** checked	
10	Check the box if you do **NOT** want to transfer excess educator expenses to Schedule A, Miscellaneous Itemized Deductions Worksheet ►	☐

Note: Excess educator expenses are no longer deductible as a federal miscellaneous itemized deduction. They may be deductible for states, however, that do not conform to this federal change.

Federal Carryover Worksheet 2024

► Keep for your records

Name(s) Shown on Return	Social Security Number
James K Lockett & Yuhui Liu	534-60-2998

2023 State and Local Income Tax Information

(a) State or Local ID	(b) Paid With Extension	(c) Estimates Pd After 12/31	(d) Total With-held/Pmts	(e) Paid With Return	(f) Total Over-payment	(g) Applied Amount
AZ			926.		1,503.	
Totals . .			926.		1,503.	

2023 State Extension Information

(a) State	(b) Paid With Extension

2023 Locality Extension Information

(a) Locality	(b) Paid With Extension

2023 State Estimates Information

(a) State	(c) Estimates Paid After 12/31

2023 Locality Estimates Information

(a) Locality	(c) Estimates Paid After 12/31

2023 State Taxes Due Information

(a) State	(e) Paid With Return

2023 Locality Taxes Due Information

(a) Locality	(e) Paid With Return

2023 State Refund Applied Information

(a) State	(g) Applied Amount

2023 Locality Refund Applied Information

(a) Locality	(g) Applied Amount

2023 State Tax Refund Information

(a) State	(d) Total Withheld/Pmts	(f) Total Overpayment
AZ	926.	1,503.

2023 Locality Tax Refund Information

(a) Locality	(d) Total Withheld/Pmts	(f) Total Overpayment

James K Lockett & Yuhui Liu 534-60-2998

Other Tax and Income Information		2023	2024
1 Filing status	1	2 MFJ	2 MFJ
2 Number of exemptions for blind or over 65 (0 - 4)	2	1	1
3 Itemized deductions	3	31,853.	45,558.
4 Check box if required to itemize deductions	4	☐	☐
5 Adjusted gross income	5	-934,103.	-901,370.
6 Tax liability for Form 2210 or Form 2210-F	6	0.	0.
7 Alternative minimum tax	7		
8 Federal overpayment applied to next year estimated tax	8		

QuickZoom to the IRA Information Worksheet for IRA information ►

Excess Contributions		2023	2024
9 a Taxpayer's excess Archer MSA contributions as of 12/31	9 a		
b Spouse's excess Archer MSA contributions as of 12/31	b		
10 a Taxpayer's excess Coverdell ESA contributions as of 12/31	10 a		
b Spouse's excess Coverdell ESA contributions as of 12/31	b		
11 a Taxpayer's excess HSA contributions as of 12/31	11 a		
b Spouse's excess HSA contributions as of 12/31	b		

Loss and Expense Carryovers Note: Enter all entries as a positive amount		2023	2024
12 a Short-term capital loss	12 a		
b AMT Short-term capital loss	b		
13 a Long-term capital loss	13 a		
b AMT Long-term capital loss	b		
14 a Net operating loss available to carry forward	14 a	0.	
b AMT Net operating loss available to carry forward	b		
15 a Investment interest expense disallowed	15 a		
b AMT Investment interest expense disallowed	b		
16 Nonrecaptured net Section 1231 losses from: a 2024	16 a		
b 2023	b		
c 2022	c		
d 2021	d		
e 2020	e		
f 2019	f		
17 AMT Nonrecap'd net Sec 1231 losses from: a 2024	17 a		
b 2023	b		
c 2022	c		
d 2021	d		
e 2020	e		
f 2019	f		

Credit Carryovers		2023	2024
18 General business credit	18		
19 Adoption credit from: a 2024	19 a		
b 2023	b		
c 2022	c		
d 2021	d		
e 2020	e		
f 2019	f		
20 Mortgage interest credit from: a 2024	20 a		
b 2023	b		
c 2022	c		
d 2021	d		
21 Credit for prior year minimum tax	21		
22 District of Columbia first-time homebuyer credit	22		
23 Residential Clean Energy Credit (Previously the Residential energy efficient property credit	23	14,640.	15,744.

James K Lockett & Yuhui Liu 534-60-2998

Other Carryovers				2023	2024
24	Section 179 expense deduction disallowed		**24**		
25	Excess foreign housing deduction:	**a** Taxpayer (Form 2555, line 46)	**25 a**		
		b Taxpayer (Form 2555, line 48)	**b**		
		c Spouse (Form 2555, line 46)	**c**		
		d Spouse (Form 2555, line 48)	**d**		

Charitable Contribution Carryovers

26 **2023** Carryover of charitable contributions from:	**Other Property**		**Capital Gain**		**Cash**
	(a) 50%	**(b)** 30%	**(c)** 30%	**(d)** 20%	**(e)** 60%
a 2023					4,300.
b 2022					3,080.
c 2021					2,580.
d 2020					2,395.
e 2019					2,080.

27 **2024** Carryover of charitable contributions from:	**Other Property**		**Capital Gain**		**Cash**
	(a) 50%	**(b)** 30%	**(c)** 30%	**(d)** 20%	**(e)** 60%
a 2024					10,440.
b 2023					4,300.
c 2022					3,080.
d 2021					2,580.
e 2020					2,395.

28 Amount overpaid less earned income credit . . . . . 8,551.

Qualified Business Income Deduction (Section 199A) carryovers				2023	2024
29	Qualified business loss carryforward		**29**	977,224.	-967,460.
30	Qualified PTP loss carryforward		**30**		
31	Applicable percentage	2018	**31 a**		
		2019	**b**		
		2020	**c**		
		2021	**d**	100.00	
		2022	**e**	100.00	
		2023	**f**	100.00	

2023 State Capital Loss Carryovers (For users **not** transferring from the prior year)

State ID	Short-term Capital Loss for State	AMT Short-term Capital Loss for State	Long-term Capital Loss for State	AMT Long-term Capital Loss for State	Capital Loss (combined) for State	AMT Capital Loss (combined) for State

Car and Truck Expenses Worksheet 2024

► Keep for your records

Name(s) Shown on Return	Social Security Number
James K Lockett & Yuhui Liu	534-60-2998

Activity: Sch C Legal and Strategic Counseling

Part I — Vehicle Information

1	Make and model of vehicle	Toyota RAV4 Hybrid	Example: Ford Taurus
2	Date vehicle acquired		If converted from personal use
3	Date placed in service	06/01/2022	Example: 06/15/2024
4	Type of vehicle	A2 - Lt truck/van/SUV	
5 a	Ending mileage reading		Enter mileage readings, or
b	Beginning mileage reading		enter total miles on line 5c
c	**Total miles** vehicle was driven during 2024	14,748	Line 5a less line 5b
6	Number of business miles for the year	3,584	
7	Number of miles driven for commuting		Travel between home and work
8	Number of miles driven for personal purposes	11,164	Line 5c less line 6 and 7
9	Percent of business use	24.30 %	Line 6, divided by 5c
10 a	Have record of personal mileage for full year?	☐ Yes	☐ No
b	Months for special allocation		See Tax Help
11	Do you have another vehicle available for personal use?	☐ Yes	☒ No
12	Was the vehicle available for personal use during off duty hours?	☒ Yes	☐ No
13	Was the vehicle used primarily by a more than 5% owner of the business or related person?	☒ Yes	☐ No
14 a	Do you have evidence to support the business use claimed?	☐ Yes	☒ No
b	If **Yes,** is the evidence written?	☐ Yes	☐ No

Part II — Standard Mileage Rate

15	Did you own this vehicle, lease this vehicle, or was it not your vehicle?	☒ Own	☐ Lease	
		☐ Not my vehicle		
16	Did you use this vehicle for hire?	☐ Yes	☒ No	Example: taxicab
17	Did you use less than 5 vehicles for business at a time?	☒ Yes	☐ No	
18	If you **owned** this vehicle, did you use the standard mileage rate for this vehicle's first year, OR if you **leased** this vehicle, did you use the standard mileage rate for the portion of the lease period after 1997?	☒ Yes	☐ No	Only applies to vehicles placed in service in prior years

If you answered Own or Lease to line 15, and Yes to lines 17 and 18 you can take standard mileage for this vehicle (note: Line 16, vehicle for hire, is now allowed):

19 **Standard mileage deduction** 2,401.

Part III — Actual Expenses

20 a	Gasoline	
b	Oil	
c	Tires	
d	Repairs	
e	Vehicle insurance	
f	Vehicle registration, license (excluding property tax)	
g	Garage rent	
h	Vehicle lease or rental fees:	
	1 30 days or more	
	2 29 days or less	
	3 Total vehicle lease/rental fees	
i	Leased vehicle inclusion amount:	
	1 Year lease began	
	2 FMV of leased vehicle	
	3 Number of lease days in year	
	4 Inclusion amount	
j	Other	

21	Expenses subtotal		Sum of lines 20a thru 20j
22	Expenses applicable to business		Line 21 times line 9
23	Vehicle depreciation and Section 179		From Part VI

Vehicle: Toyota RAV4 Hybrid
Activity: Sch C Legal and Strategic Counseling

Part IV — Standard Mileage versus Actual Expenses

25	X	Standard mileage	2,401.	The program automatically chooses the method
26		Actual expenses		that gives you the largest deduction. Check the other method if you want to use it instead.

Part V — Total Car and Truck Expenses

27	Line 25 or line 26	2,401.	
28	Additional expenses:		
a	Parking fees	76.	
b	Tolls		
c	Local transportation	104.	
d	Property taxes (include property tax portion of registration)	353.	
e	Less: personal portion of property taxes	(267.)	
f	Interest on vehicle	0.	
g	Less: personal portion of vehicle interest	(0.)	
29	Total expenses	2,667.	Sum of lines 27 & 28a thru 28g.
30	Less: business portion of lease or rental fees less inclusion amount (if using actual expenses)	( )	Line 20h - 20i times line 9. Reported separately.
31	Less: depreciation and Section 179 (if using actual expenses)	( )	From line 23. Reported separately.
32	**Total car and truck expenses**	2,667.	

Part VI — Vehicle Depreciation Information

33 For vehicle converted from personal use, complete lines a and b
For vehicle acquired by trade-in, complete line c only

- **a** Total cost when acquired . . . . . _____ include sales tax
- **b** FMV when placed in service . . . . . _____
- **c** Vehicle basis . . . . . _____

34 Enter the amount of Section 179 expense elected . . . . . _____ Cannot be greater than limit shown below.

35 Depreciation and Section 179 limit for luxury cars . . . . . _____ See Tax Help for computation.

36 a	**Economic Stimulus** - Qualified Property		Yes	No
	1 If yes, and if placed in service after 9/27/17, was this property acquired after 9/27/17?		Yes	No	N/A
	2 For post 9/27/17, elect 50% in place of 100% Special Depreciation Allowance		Yes	No	N/A
b	**Qualified Disaster Area** - Qualified Property		Yes	X No
c	**Kansas Disaster Zone** - Qualified Property		Yes	No
d	**Gulf Opportunity Zone** - Qualified Property	Reg	Ext	No
e	Percentage for Special Depreciation Allowance	100% & 50%	30%	N/A
f	Elect OUT of Special Depreciation Allowance		Yes	No
g	Elect 30% in place of 50% Special Depreciation Allowance		Yes	No
h	**QuickZoom** to view the Election statements . . . . . ►			

- **i** Special Depreciation Allowance . . . _____
- **j** AMT Special Depr Allowance . . . . . _____

If blank, prior depreciation from Asset Life History is used. Required if sold, or if standard mileage rate used in a prior year.

37 Prior depreciation . . . . . _____

38 **Depreciation deduction** . . . . . ► _____ [ ] Limited to luxury car maximum.

If blank, prior depreciation from Asset Life History is used. Required if sold, or if standard mileage rate used in a prior year.

39 AMT prior depreciation . . . . . _____

40 AMT depreciation deduction . . . . . _____ [ ] Limited to luxury car maximum.

41 AMT adjustment/preference . . . . . _____ See Tax Help for computation.

42 **QuickZoom** to Asset Life History . . . . . ►

Vehicle: Toyota RAV4 Hybrid
Activity: Sch C Legal and Strategic Counseling

Part VII — Disposition of Vehicle — Complete this part only if you sold, abandoned, or otherwise disposed of this vehicle, or removed it from business use in 2024.

43	Date vehicle sold, given away or abandoned		Example: 5/01/2024
44	Sales price		Enter business portion only
45	Expense of sale		Enter business portion only
46	Sec 179 deduction allowed		
47	Double click to link sale to Form 6252 ►		
48	Reserved		
49	Gain/loss basis, if different from line 33c		Enter 100% of basis
50	AMT gain/loss basis, if different from line 72		Enter 100% of basis
51	Depreciation allowed or allowable		
52	AMT depreciation allowed or allowable		
53	Gain or loss		
54	AMT gain or loss		
55	Part of Form 4797 to which gain/loss carries		

Part VIII — Detail Vehicle Depreciation Information — This section is calculated for most vehicles from the data entered above. Use Find Next Error feature to check for any required entries.

56	Subject to automobile limitations?		Yes		No	
57	Truck or van?		Yes		No	
58	Electric passenger vehicle?		Yes		No	
59	Heavy SUV?		Yes		No	
60	Listed property?	X	Yes		No	See Tax Help.
61	Eligible Section 179 property?		Yes		No	Applies to current year assets only.
62	Use IRS tables for MACRS property?		Yes		No	
63	Indian reservation property?		Yes	X	No	
64	Used Property?		Yes		No	

Regular Depreciation

64	Depreciation type	
65	Asset class	
66	Depreciation method	
67	MACRS convention	
68	**QuickZoom** to set 2024 convention ►	
69	Recovery period	
70	Year of depreciation	
71	Depreciable basis	

Alternative Minimum Tax Depreciation

72	AMT basis, if different from line 33c	
73	AMT depreciation method	
74	AMT recovery period	
75	AMT depreciable basis	

Form 4562

Depreciation and Amortization Report

2024

Tax Year 2024

► Keep for your records

James K Lockett & Yuhui Liu

Sch C - Legal and Strategic Counseling

534-60-2998

Asset Description	*Code	Date In Service	Cost (Net of Land)	Land	Bus Use %	Section 179	Special Depreciation Allowance	Depreciable Basis	Life	Method/ Convention	Prior Depreciation	Current Depreciation
DEPRECIATION												
Toyota RAV4 Hybrid	L	06/01/22			24.30							
SUBTOTAL PRIOR YEAR			0	0		0	0	0			0	0
TOTALS			0	0		0	0	0			0	0

* Code: S = Sold, A = Auto, L = Listed, V = Vine with SDA in Year Planted/Grafted, X = Non-depreciated asset, H = Home Office

Form 4562

Alternative Minimum Tax Depreciation Report

2024

Tax Year 2024

► Keep for your records

James K Lockett & Yuhui Liu

Sch C - Legal and Strategic Counseling

534-60-2998

Asset Description	*Code	Date In Service	Cost (Net of Land)	Land	Bus Use %	Section 179	Special Depreciation Allowance	Depreciable Basis	Life	Method/ Convention	Prior Depreciation	Current Depreciation	Adjustments Preferences
DEPRECIATION													
Toyota RAV4 Hybrid	L	06/01/22			24.30								
SUBTOTAL PRIOR YEAR			0	0		0	0	0			0	0	0.
TOTALS			0	0		0	0	0			0	0	0.

* Code: S = Sold, A = Auto, L = Listed, V = Vine with SDA in Year Planted/Grafted, X = Non-depreciated asset, H = Home Office

Two-Year Comparison 2024

Name(s) Shown on Return: James K Lockett & Yuhui Liu

Social Security Number:

Income	2023	2024	Difference	%
Wages, salaries, tips, etc	34,246.	18,056.	-16,190.	-47.28
Interest and dividend income	106.	31.	-75.	-70.75
State tax refund	0.	0.	0.	
Business income (loss)	-968,160.	-967,460.	700.	0.07
Capital and other gains (losses)				
IRA distributions		48,378.	48,378.	
Pensions and annuities				
Rents and royalties				
Partnerships, S Corps, etc				
Farm income (loss)				
Social security benefits	0.	0.	0.	
Income other than the above	0.		0.	
Total Income	-933,808.	-900,995.	32,813.	3.51
Adjustments to Income	295.	375.	80.	27.12
Adjusted Gross Income	-934,103.	-901,370.	32,733.	3.50
Itemized Deductions				
Medical and dental	3,056.	10,071.	7,015.	229.55
Income or sales tax	926.	144.	-782.	-84.45
Real estate taxes	3,286.	3,413.	127.	3.86
Personal property and other taxes	564.	598.	34.	6.03
Interest paid	24,021.	31,332.	7,311.	30.44
Gifts to charity				
Casualty and theft losses				
Miscellaneous				
Total Itemized Deductions	31,853.	45,558.	13,705.	43.03
Standard or Itemized Deduction	31,853.	45,558.	13,705.	43.03
Qualified Business Income Deduction	0.	0.	0.	
Taxable Income	0.	0.	0.	
Income tax	0.	0.	0.	
Additional income taxes				
Alternative minimum tax				
Total Income Taxes	0.	0.	0.	
Nonbusiness credits	0.	0.	0.	
Business credits				
Total Credits	0.	0.	0.	
Self-employment tax				
Other taxes				
Total Tax After Credits	0.	0.	0.	
Withholding	208.		-208.	-100.00
Estimated and extension payments	8,343.		-8,343.	-100.00
Earned income credit				
Additional child tax credit				
Other payments				
Total Payments	8,551.		-8,551.	-100.00
Form 2210 penalty				
Applied to next year's estimated tax				
Refund	8,551.		-8,551.	-100.00
Balance Due		0.	0.	

Current year effective tax rate 0.00%

Schedule C Two-Year Comparison 2024

► Keep for your records

Proprietor name: James K Lockett 534-60-2998

Business or profession: Legal and Strategic Counseling

Note: Transferred data will not be displayed in the prior year column unless you have entered

	2023	2023 Percent of Net Sales*	2024	2024 Percent of Net Sales*	2023 to 2024 Comparison [X] as amount [ ] as percent
Income:					
1 Gross receipts or sales	18,310.	100.00	2,509.	100.00	-15801.00
2 Returns & allowances					
3 Net receipts or sales	18,310.	100.00	2,509.	100.00	-15801.00
Cost of goods sold:					
4 a Beginning inventory					
b Purchases					
c Cost of labor					
d Materials & supplies					
e Other costs					
f Ending inventory					
5 Cost of goods sold					
6 Gross profit	18,310.	100.00	2,509.	100.00	-15801.00
7 Other income					
8 Gross income	18,310.	100.00	2,509.	100.00	-15801.00
Expenses:					
9 Advertising	838.	4.58			-838.00
10 Car & truck expenses	3,505.	19.14	2,667.	106.30	-838.00
11 Commissions and fees					
12 Contract labor					
13 Depletion					
14 Depreciation & Sec 179					
15 Employee benefits					
16 Insurance					
17 a Mortgage interest					
b Other interest					
18 Legal and professional	849.	4.64	820.	32.68	-29.00
19 Office expense	658.	3.59	370.	14.75	-288.00
20 Pension & profit-sharing					
21 Rent or lease:					
a Vehicle/machinery/equip					
b Other business property					
22 Repairs & maintenance	178.	0.97	88.	3.51	-90.00
23 Supplies	129.	0.70	73.	2.91	-56.00
24 Taxes and licenses	120.	0.66	120.	4.78	0.00
25 a Travel	2,505.	13.68	1,589.	63.33	-916.00
b Meals & entertainment	344.	1.88	217.	8.65	-127.00
26 Utilities					
27 Wages (less job credit)					
28 Other expenses	120.	0.66	38.	1.51	-82.00
29 Energy effi com bldgs					
30 Total expenses	9,246.	50.50	5,982.	238.42	-3264.00
31 Tentative profit (loss)	9,064.	49.50	-3,473.	-138.42	-12537.00
32 Office in home					
33 **Net profit (loss)**	9,064.	49.50	-3,473.	-138.42	-12537.00
Passive suspended losses:					
Schedule C					
Form 4797					
Schedule D					

*Lines 1 through 32 as a percentage of net sales revenue.

Schedule C Two-Year Comparison 2024

► Keep for your records

Proprietor name: James K Lockett 534-60-2998

Business or profession: Internet Marketing and Sales

Note: Transferred data will not be displayed in the prior year column unless you have entered

	2023	2023 Percent of Net Sales*	2024	2024 Percent of Net Sales*	2023 to 2024 Comparison [X] as amount [ ] as percent
Income:					
1 Gross receipts or sales	63,110.	100.00	23,090.	100.00	-40020.00
2 Returns & allowances					
3 Net receipts or sales	63,110.	100.00	23,090.	100.00	-40020.00
Cost of goods sold:					
4 a Beginning inventory					
b Purchases					
c Cost of labor					
d Materials & supplies					
e Other costs					
f Ending inventory					
5 Cost of goods sold					
6 Gross profit	63,110.	100.00	23,090.	100.00	-40020.00
7 Other income					
8 Gross income	63,110.	100.00	23,090.	100.00	-40020.00
Expenses:					
9 Advertising	3,517.	5.57	3,124.	13.53	-393.00
10 Car & truck expenses					
11 Commissions and fees					
12 Contract labor	9,340.	14.80	568.	2.46	-8772.00
13 Depletion					
14 Depreciation & Sec 179					
15 Employee benefits					
16 Insurance					
17 a Mortgage interest					
b Other interest					
18 Legal and professional	1,428.	2.26	795.	3.44	-633.00
19 Office expense	99.	0.16	79.	0.34	-20.00
20 Pension & profit-sharing					
21 Rent or lease:					
a Vehicle/machinery/equip					
b Other business property					
22 Repairs & maintenance	154.	0.24	79.	0.34	-75.00
23 Supplies	129.	0.20	2,808.	12.16	2679.00
24 Taxes and licenses	120.	0.19	120.	0.52	0.00
25 a Travel	279.	0.44	128.	0.55	-151.00
b Meals & entertainment					
26 Utilities			112.	0.49	112.00
27 Wages (less job credit)					
28 Other expenses	1,025,268.	999.00	979,264.	999.00	-46004.00
29 Energy effi com bldgs					
30 Total expenses	1,040,334.	999.00	987,077.	999.00	-53257.00
31 Tentative profit (loss)	-977,224.	-999.00	-963,987.	-999.00	13237.00
32 Office in home					
33 **Net profit (loss)**	-977,224.	-999.00	-963,987.	-999.00	13237.00
Passive suspended losses:					
Schedule C					
Form 4797					
Schedule D					

*Lines 1 through 32 as a percentage of net sales revenue.

Tax Summary 2024

► Keep for your records

Name (s)
James K Lockett & Yuhui Liu

Total income	-900,995.
Adjustments to income	375.
Adjusted gross income	-901,370.
Itemized/standard deduction	45,558.
Qualified business income deduction	0.
Taxable income	0.
Tentative tax	0.
Additional taxes	
Alternative minimum tax	
Total credits	0.
Other taxes	
Total tax	0.
Total payments	
Estimated tax penalty	
Amount Overpaid	
Refund	
Amount Applied to Estimate	
Balance due	

Compare to U. S. Averages 2024

► Keep for your records

Name(s) Shown on Return	Social Security No
James K Lockett & Yuhui Liu	534-60-2998

Your 2024 adjusted gross income (AGI) . . . . . -901,370.

National adjusted gross income range used below . . . . . from 0. to 14,999.

Note: National average amounts have been adjusted for inflation. See Help for details.

Selected Income, Deductions, and Credits	Actual Per Return	National Average
Salaries and wages	18,056.	11,552.
Taxable interest	31.	694.
Tax-exempt interest		3,228.
Dividends		3,389.
Business net income less loss	-967,460.	-2,702.
Net capital gain		16,860.
Net capital loss		2,384.
Taxable IRAs	48,378.	6,853.
Taxable pensions and annuities		7,830.
Rent and royalty net income less loss		-5,243.
Partnership and S corporation net income less loss		-98,682.
Taxable social security benefits	0.	2,071.
Medical and dental expenses deduction	10,071.	24,577.
Taxes paid deduction	4,155.	5,023.
Interest paid deduction	31,332.	11,203.
Charitable contributions deduction		2,023.
Total itemized deductions	45,558.	27,575.
Child care credit		173.
Education tax credits		134.
Child tax credit		201.
Retirement savings contributions credit		105.
Earned income credit		1,814.

Other Information	Actual Per Return	National Average
Adjusted gross income	-901,370.	2,784.
Taxable income	0.	1,425.
Income tax	0.	266.
Alternative minimum tax		34,095.
Total tax liability	0.	808.

ELECTRONIC POSTMARK - CERTIFICATION OF ELECTRONIC FILING

Taxpayer: James K Lockett & Yuhui Liu
Primary SSN: 534-60-2998

Federal Return Submitted: April 10, 2025 08:36 PM PST
Federal Return Acceptance Date:

Your return was electronically transmitted on 04/10/2025

The Intuit Electronic Postmark shows the date and time Intuit received your federal tax return. The Intuit Electronic Postmark documents the filing date of your income tax return, and the electronic postmark information should be kept on file with your tax return and other tax-related documentation.

There are two important aspects of the Intuit Electronic Postmark:

1. THE INTUIT ELECTRONIC POSTMARK.
The electronic postmark shows the date and time Intuit received the federal return, and is deemed the filing date if the date of the electronic postmark is on or before the date prescribed for filing of the federal individual income tax return.

TIMELY FILING:
For your federal return to be considered filed on time, your return must be postmarked on or before midnight April 15, 2025. Intuit's electronic postmark is issued in the Pacific Time (PT) zone. If you are not filing in the PT zone, you will need to add or subtract hours from the Intuit Electronic Postmark time to determine your local postmark time. For example, if you are filing in the Eastern Time (ET) zone, and you electronically file your return at 9 AM on April 15, 2025, your Intuit electronic postmark will indicate April 15, 2025, 6 AM. If your federal tax return is rejected, the IRS still considers it filed on time if the electronic postmark is on or before April 15, 2025, and a corrected return is submitted and accepted before April 20, 2025. If your return is submitted after April 20, 2025, a new time stamp is issued to reflect that your return was submitted after the IRS deadline, and consequently, is no longer considered to have been filed on time.

If you request an automatic six-month extension, your return must be electronically postmarked by midnight October 15, 2025. If your federal tax return is rejected, the IRS will still consider it filed on time if the electronic postmark is on or before October 15, 2025, and the corrected return is submitted and accepted by October 20, 2025

2. THE ACCEPTANCE DATE.
Once the IRS accepts the electronically filed return, the acceptance date will be provided by the Intuit Electronic Filing Center. This date is proof that the IRS accepted the electronically filed return.

Smart Worksheets From 2024 Federal Tax Return

Schedule A: Itemized Deductions -- Smart Worksheet

Qualified Mortgage Insurance Premiums Smart Worksheet

A Qualified Mortgage Insurance Premiums

1 **Principal Residence — Enter** the premiums paid in 2024 for qualified mortgage insurance for a contract entered into after 2006 **not** entered on Form 1098 . . . . . .

2 Qualified mortgage insurance premiums from the Home Mortgage Interest Wks. . . .

3 Qualified mortgage insurance premiums from Schedule E Worksheet . . . . . .

4 Less qualified mortgage insurance premiums deducted on Form 8829 . . . . . .

5 Total qualified mortgage insurance premiums . . . . . .

B Amount from Form 1040, line 11 . . . . . .

C $100,000 ($50,000 if married filing separately) . . . . . 100,000.

D Is the amount on Line B more than the amount on line C?

[X] **No.** The deduction is not limited. The amount from line A above goes on Schedule A, line 8d.

[ ] **Yes.** Line C subtracted from line B. If the result is not a multiple of $1,000 ($500 if married filing separately) it is increased to the next multiple of $1,000 ($500 if married filing separately) . . . . . .

E Line D divided by $10,000 ($5,000 if married filing separately). The result is a decimal. If the result is 1.0 or more then 1.0. . . . . .

F Line A multiplied by line E . . . . . .

G Qualified mortgage insurance premiums deduction. Line F subtracted from line A. The result goes on Schedule A, line 8d. . . . . .

Schedule A: Itemized Deductions -- Smart Worksheet

Important: This form calculates a "temporary" tax provision. This credit will be calculated for eligible payees prior to the expiration date shown below. If the expiration date shows "Expired", this information will not be used in any calculations or included in your return. Expired temporary provisions are sometimes renewed retroactively, so completing info for expired provisions will allow this return to automatically be updated if/when this provision is renewed.

Temporary tax provision	Expiration Date
Mortgage Insurance Premium Deduction (sec. 163(h)(3))	Expired

Schedule B: Interest and Dividend Income -- Smart Worksheet

Interest Income Smart Worksheet

Payer's Name	Box 1		Box 2	Box 3	Box 8		Box 9
To access Form 1099-INT **Double-Click** on payer	Interest Income	Typ Int	Early Withdraw Penalty	US Savings Bond/Treas. Obligations	Tax-exempt Interest	ST ID*	Private Activity Bond
Ally Bank	14.86						
Ally Bank	16.00						

Schedule C (Legal and Strategic Counseling): Profit or Loss from Business -- Smart Worksheet

Business Address Information Smart Worksheet

Business street address. . . 9850 East Windrose Drive

City, State, and ZIP Code (do not enter State and ZIP Code if foreign address)

Scottsdale AZ 85260

Or, foreign country information:

Schedule C (Legal and Strategic Counseling): Profit or Loss from Business -- Smart Worksheet

Pension Plan Startup Costs Smart Worksheet

Your total qualified pension plan startup costs should be entered here. Do **not** include these in another expense category on Schedule C. The net of the amounts listed in the Smart Worksheet will be included in line 48, Other Expenses, below.

QuickZoom to Form 8881, Credit for Employer Pension Plan Startup Costs, to link the credit to this activity . . . . . ►

A Enter your **qualified** pension plan startup costs . . . . . _____

B Less: Allowed credit from Form 8881 . . . . . _____

C Net qualified pension plan startup costs . . . . . _____

D Enter the number of employees who received at least $5,000 of compensation during the tax year before the first credit year that applies to the pension plan startup costs credit . . . . . _____

E Enter the number of employees eligible to participate in the pension plan. _____

Small Employer Pension Contributions

F Total **qualified** employer pension costs . . . . . _____

G Less: Allowed employer pension credit from Form 8881, line 6g . . . . . _____

H Net qualified employer pension costs . . . . . 0.

I Enter the number of employees in the year before you first claimed small . . . employer pension plan startup credit . . . . . _____

J Enter employer contributions made to the plan, don't include (i) elective deferrals, (ii) contributions made to employees whose wages paid to the employees were in excess of $100,000 and (iii) any amount of contribution to an employee to whom made contributions of more than $1,000 . . . . . _____

K Enter employer contributions made to employees for whom you made more than $1,000. If this is the first or second year of the plan, do not include contributions of more than $1,000 per employee. If this is the third year of the plan, do not include contributions of more than $1,333 per employee. If this is the fourth year of the plan, do not include contributions of more than $2,000 per employees. If this is the fifth year of the plan, do not include contributions of more than $4,000 per employee. . . . . _____

L **Plan year.** Check one:

- 1st or 2nd plan year . . . . . ► ☐
- 3rd plan year . . . . . ► ☐
- 4th plan year . . . . . ► ☐
- 5th plan year . . . . . ► ☐
- 6th or over plan year . . . . . ► ☐

Auto-Enrollment Credit

M Did you provide an auto-enrollment option for retirement savings? ☐ Yes ☐ No

Military Spouse Participation Credit

N Enter the number of military spouse employees participating in an eligible plan . . . . . _____

O Enter the total amount of contributions made to eligible military spouse employees. Do not enter more than $300 per employee . . . . . _____

Schedule C (Legal and Strategic Counseling): Profit or Loss from Business -- Smart Worksheet

Qualified Business Income Deduction Smart Worksheet

Completing this worksheet is generally only necessary if Form 8995A must be filed (i.e., taxable income is above threshold amounts or qualified coop payments are present).

A	QBI worksheet to report (double-click to link) ►		Lockett International LLC
B	Trade or Business Name		Lockett International LLC
C	Trade or Business ID Number		47-1829657
D 1	Is this a Specified Service Trade or Business (SSTB)? ☐ Yes ☐ No		
2	If No, is income attributable to a SSTB? (see Help) ☐ Yes ☐ No		
3	QBI worksheet for SSTB income (this will auto-populate if Yes)		
4	Percentage of qualified income attributable to SSTB		%
E 1	Tentative Sch C profit (loss) from this business		-3,473.
2 a	Former Employer Expenses		
b	Former Employer Income		
c	Net Gain Former Employer		
d	Foreign Expenses		
e	Foreign Income		
f	Foreign Net Gain		
	Total adjustments to qualified business income		
3	Tentative Sch C profit (loss) from qualified business		-3,473.
4 a	Calculated QBI allowed after passive/at-risk limits	-3,473.	
b	Adjustments to allowed QBI		
c	Allowable QBI after loss limits		-3,473.
5	Self employed deductions connected to this business		
a	Self employed health insurance for this business	0.	
b	Total deduction for 1/2 self employment tax		
c	Deduction for 1/2 S.E. tax connected to this business	0.	
d	Total deduction for S.E. retirement contributions		
e	S.E. retirement deduction connected to this business	0.	
	Total self employed deductions connected to this business		0.
6	Sch C profit (loss) after S.E. deductions		-3,473.
7	Additional deductions related to this business reported on separate schedules		
8	Net profit (loss) after adjustments, limitations, and deductions		-3,473.
9	Allowable Sch C profit (loss) allocated to SSTB		0.
10	Allowable Sch C profit (loss) from this business		-3,473.
F 1	Ordinary gain (loss) from business assets		0.
2	Ordinary gain (loss) adjustments		
3	Qualified ordinary gain (loss)		0.
4 a	Calculated QBI allowed after passive/at-risk limits	0.	
b	Adjustments to allowed QBI		
c	Allowable short-term qualified gain (loss) after passive/at-risk limits		0.
5	Allowable ordinary gain (loss) allocated to SSTB		0.
6	Allowable ordinary gain (loss)/recapture from this business		0.
G 1	Section 1231 gain (loss) from business assets		0.
2	Section 1231 gain (loss) adjustments		
3	Section 1231 gain (loss) from qualified business		0.
4 a	Calculated QBI allowed after passive/at-risk limits	0.	
b	Adjustments to allowed QBI		
c	Allowable **ordinary** 1231 qualified gain (loss)		0.
5	Allowable ordinary 1231 gain (loss) allocated to SSTB		0.
6	Allowable ordinary 1231 gain (loss) from this business		0.

Schedule C (Legal and Strategic Counseling): Profit or Loss from Business -- Smart Worksheet

Qualified Business Income Deduction Smart Worksheet, Continued		
H 1	Allowable QBI (E10 plus F6 plus G6)	-3,473.
2	Qualified business income allocated to SSTB	0.
3 a	Previously disallowed losses freed up in current year	
b	Adjustments to previously disallowed losses	
c	Previously disallowed QBI losses to be reported as separate business	0.
d	QBI wksht for previously disallowed losses, if present	
I 1	Tentative wages	0.
2	Adjustments	
3	Qualified wages	0.
4	Qualified wages allocated to SSTB	0.
J 1	Tentative Unadjusted Basis Immediately after Acquisition (UBIA)	0.
2	Adjustments	
3	Qualified UBIA	0.
4	Qualified UBIA allocated to SSTB	0.
K 1	Net income allocable to qualified payments from agricultural or horticultural coop	
2	Wages allocable to qualified payments from coop	
3	Form 1099PATR line 6 (DPAD) from coop(s) w/ tax year starting **before** 1/1/2018	
4	Form 1099PATR line 6 (DPAD) from coop(s) w/ tax year starting **after** 12/31/17	

Schedule C (Legal and Strategic Counseling): Profit or Loss from Business -- Smart Worksheet

Carryovers to 2024 Smart Worksheet

Enter carryovers from prior year below.

		Regular Tax	QBI	Alternative Minimum Tax
A	Section 179 carryover *(enter as positive amount)*			
	At-Risk Loss Carryovers *(enter as negative amts)*			
B	Schedule C suspended loss			
C	Schedule D short-term suspended loss			
D	Schedule D long-term suspended loss			
E	Form 4797 ordinary suspended loss			
F	Form 4797 long-term suspended loss			
	Passive Loss Carryovers *(enter as negative amts)*			
G	Schedule C suspended loss			
H	Schedule D short-term suspended loss			
I	Schedule D long-term suspended loss			
J	Form 4797 ordinary suspended loss			
K	Form 4797 long-term suspended loss			

Carryovers to 2024 Additional Info for Section 199A Deduction

Section 199A (QBI deduction) requires first-in-first-out use of previously disallowed losses. Businesses qualified under Section 199A must complete this section for any previously disallowed losses.

		Percentage of SSTB income (by category) *Enter 100 for businesses that were SSTBs in the year in question. If non-SSTB with income attributable to SSTB, enter the % attributable to SSTB. Otherwise, enter 0. (Not required if applicable % is 100%.)*		
	Applicable %	**Operating %**	**Form 4797 ord**	**Form 4797 l/t**
2018				
2019		0.00	0.00	0.00
2020		0.00	0.00	0.00
2021	100.00	0.00	0.00	0.00
2022	100.00	0.00	0.00	0.00
2023	100.00	0.00	0.00	0.00

Schedule C (Legal and Strategic Counseling): Profit or Loss from Business -- Smart Worksheet

Carryovers to 2024 Smart Worksheet, Continued

		Regular Tax	QBI
Disallowed **Section 179 Deduction** by Year			
Before 2018	**A** Section 179 carryover		0.
2018	**B** Section 179 carryover		
2019	**C** Section 179 carryover		
2020	**D** Section 179 carryover		
2021	**E** Section 179 carryover		
2022	**F** Section 179 carryover		
2023	**G** Section 179 carryover		
Disallowed **At-Risk Losses** by Year and Type			
Before 2018	**A** Operating loss		0.
	B Form 4797 ordinary loss		0.
	C Form 4797 long-term loss		0.
2018	**D** Operating loss		
	E Form 4797 ordinary loss		
	F Form 4797 long-term loss		
2019	**G** Operating loss		
	H Form 4797 ordinary loss		
	I Form 4797 long-term loss		
2020	**J** Operating loss		
	K Form 4797 ordinary loss		
	L Form 4797 long-term loss		
2021	**M** Operating loss		
	N Form 4797 ordinary loss		
	O Form 4797 long-term loss		
2022	**P** Operating loss		
	Q Form 4797 ordinary loss		
	R Form 4797 long-term loss		
2023	**S** Operating loss		
	T Form 4797 ordinary loss		
	U Form 4797 long-term loss		
Disallowed **Passive Losses** by Year and Type			
Before 2018	**A** Operating loss		0.
	B Form 4797 ordinary loss		0.
	C Form 4797 long-term loss		0.
2018	**D** Operating loss		
	E Form 4797 ordinary loss		
	F Form 4797 long-term loss		
2019	**G** Operating loss		
	H Form 4797 ordinary loss		
	I Form 4797 long-term loss		
2020	**J** Operating loss		
	K Form 4797 ordinary loss		
	L Form 4797 long-term loss		
2021	**M** Operating loss		
	N Form 4797 ordinary loss		
	O Form 4797 long-term loss		
2022	**P** Operating loss		
	Q Form 4797 ordinary loss		
	R Form 4797 long-term loss		
2023	**S** Operating loss		
	T Form 4797 ordinary loss		
	U Form 4797 long-term loss		

Schedule C (Legal and Strategic Counseling): Profit or Loss from Business -- Smart Worksheet

Activity Summary Smart Worksheet
Supporting information provided by program. NO ENTRIES ARE NEEDED.

		Regular Tax	QBI	Alternative Minimum Tax
A	Ownership	Taxpayer		
B	At risk status	All		
C	Passive status	Nonpassive		
	Schedule C			
D	Tentative profit (loss)	-3,473.	-3,473.	-3,473.
E	Other adjustments			
F	At risk disallowed loss			
G	Passive carryover loss			
H	Passive disallowed loss			
I	Net profit (loss) allowed	-3,473.	-3,473.	-3,473.
	Related Dispositions			
J	Tentative profit (loss)		0.	
K	At risk disallowed loss			
L	Passive carryover loss			
M	Passive disallowed loss			
N	Net profit (loss) allowed		0.	

Schedule C (Legal and Strategic Counseling): Profit or Loss from Business -- Smart Worksheet

QBI (Section 199A) Losses by Year Smart Worksheet (cont.)

		Regular Tax	QBI
At-risk loss carryforwards to 2025			
Before 2018	**A** Operating loss		0.
	B Form 4797 ordinary loss		0.
	C Form 4797 long-term loss		0.
2018	**D** Operating loss		
	E Form 4797 ordinary loss		
	F Form 4797 long-term loss		
2019	**G** Operating loss		
	H Form 4797 ordinary loss		
	I Form 4797 long-term loss		
2020	**J** Operating loss		
	K Form 4797 ordinary loss		
	L Form 4797 long-term loss		
2021	**M** Operating loss		
	N Form 4797 ordinary loss		
	O Form 4797 long-term loss		
2022	**P** Operating loss		
	Q Form 4797 ordinary loss		
	R Form 4797 long-term loss		
2023	**S** Operating loss		
	T Form 4797 ordinary loss		
	U Form 4797 long-term loss		
2024	**V** Operating loss		
	W Form 4797 ordinary loss		
	X Form 4797 long-term loss		

Schedule C (Legal and Strategic Counseling): Profit or Loss from Business -- Smart Worksheet

QBI (Section 199A) Losses by Year Smart Worksheet (cont.)

Passive losses		Regular Tax	QBI
Passive loss carryforwards to 2025			
Before 2018	**A** Operating Loss		0.
	B Form 4797 ordinary loss		0.
	C Form 4797 long-term loss		0.
2018	**D** Operating Loss		
	E Form 4797 ordinary loss		
	F Form 4797 long-term loss		
2019	**G** Operating loss		
	H Form 4797 ordinary loss		
	I Form 4797 long-term loss		
2020	**J** Operating loss		
	K Form 4797 ordinary loss		
	L Form 4797 long-term loss		
2021	**M** Operating loss		
	N Form 4797 ordinary loss		
	O Form 4797 long-term loss		
2022	**P** Operating loss		
	Q Form 4797 ordinary loss		
	R Form 4797 long-term loss		
2023	**S** Operating loss		
	T Form 4797 ordinary loss		
	U Form 4797 long-term loss		
2024	**V** Operating loss		
	W Form 4797 ordinary loss		
	X Form 4797 long-term loss		

Schedule C (Internet Marketing and Sales): Profit or Loss from Business -- Smart Worksheet

Business Address Information Smart Worksheet

Business street address . . . 9850 East Windrose Drive

City, State, and ZIP Code (do not enter State and ZIP Code if foreign address)

Scottsdale AZ 85260

Or, foreign country information:

Schedule C (Internet Marketing and Sales): Profit or Loss from Business -- Smart Worksheet

Pension Plan Startup Costs Smart Worksheet

Your total qualified pension plan startup costs should be entered here. Do **not** include these in another expense category on Schedule C. The net of the amounts listed in the Smart Worksheet will be included in line 48, Other Expenses, below.

QuickZoom to Form 8881, Credit for Employer Pension Plan Startup Costs, to link the credit to this activity . . . . . ►

A Enter your **qualified** pension plan startup costs . . . . . _____

B Less: Allowed credit from Form 8881 . . . . . _____

C Net qualified pension plan startup costs . . . . . _____

D Enter the number of employees who received at least $5,000 of compensation during the tax year before the first credit year that applies to the pension plan startup costs credit . . . . . _____

E Enter the number of employees eligible to participate in the pension plan. _____

Small Employer Pension Contributions

F Total **qualified** employer pension costs . . . . . _____

G Less: Allowed employer pension credit from Form 8881, line 6g . . . . . _____

H Net qualified employer pension costs . . . . . 0.

I Enter the number of employees in the year before you first claimed small . . . employer pension plan startup credit . . . . . _____

J Enter employer contributions made to the plan, don't include (i) elective deferrals, (ii) contributions made to employees whose wages paid to the employees were in excess of $100,000 and (iii) any amount of contribution to an employee to whom made contributions of more than $1,000 . . . . . _____

K Enter employer contributions made to employees for whom you made more than $1,000. If this is the first or second year of the plan, do not include contributions of more than $1,000 per employee. If this is the third year of the plan, do not include contributions of more than $1,333 per employee. If this is the fourth year of the plan, do not include contributions of more than $2,000 per employees. If this is the fifth year of the plan, do not include contributions of more than $4,000 per employee. . . . . _____

L **Plan year.** Check one:

- 1st or 2nd plan year . . . . . ► ☐
- 3rd plan year . . . . . ► ☐
- 4th plan year . . . . . ► ☐
- 5th plan year . . . . . ► ☐
- 6th or over plan year . . . . . ► ☐

Auto-Enrollment Credit

M Did you provide an auto-enrollment option for retirement savings? ☐ Yes ☐ No

Military Spouse Participation Credit

N Enter the number of military spouse employees participating in an eligible plan . . . . . _____

O Enter the total amount of contributions made to eligible military spouse employees. Do not enter more than $300 per employee . . . . . _____

Schedule C (Internet Marketing and Sales): Profit or Loss from Business -- Smart Worksheet

Qualified Business Income Deduction Smart Worksheet

Completing this worksheet is generally only necessary if Form 8995A must be filed (i.e., taxable income is above threshold amounts or qualified coop payments are present).

A	QBI worksheet to report (double-click to link) ►		Global One2One LLC
B	Trade or Business Name	Global One2One LLC	
C	Trade or Business ID Number	47-1316219	
D 1	Is this a Specified Service Trade or Business (SSTB)? ☐ Yes ☐ No		
2	If No, is income attributable to a SSTB? (see Help) ☐ Yes ☐ No		
3	QBI worksheet for SSTB income (this will auto-populate if Yes)		
4	Percentage of qualified income attributable to SSTB		%
E 1	Tentative Sch C profit (loss) from this business		13,237.
2 a	Former Employer Expenses		
b	Former Employer Income		
c	Net Gain Former Employer		
d	Foreign Expenses		
e	Foreign Income		
f	Foreign Net Gain		
	Total adjustments to qualified business income		
3	Tentative Sch C profit (loss) from qualified business		13,237.
4 a	Calculated QBI allowed after passive/at-risk limits	13,237.	
b	Adjustments to allowed QBI		
c	Allowable QBI after loss limits		13,237.
5	Self employed deductions connected to this business		
a	Self employed health insurance for this business		
b	Total deduction for 1/2 self employment tax		
c	Deduction for 1/2 S.E. tax connected to this business	0.	
d	Total deduction for S.E. retirement contributions		
e	S.E. retirement deduction connected to this business	0.	
	Total self employed deductions connected to this business		0.
6	Sch C profit (loss) after S.E. deductions		13,237.
7	Additional deductions related to this business reported on separate schedules		
8	Net profit (loss) after adjustments, limitations, and deductions		13,237.
9	Allowable Sch C profit (loss) allocated to SSTB		0.
10	Allowable Sch C profit (loss) from this business		13,237.
F 1	Ordinary gain (loss) from business assets		0.
2	Ordinary gain (loss) adjustments		
3	Qualified ordinary gain (loss)		0.
4 a	Calculated QBI allowed after passive/at-risk limits	0.	
b	Adjustments to allowed QBI		
c	Allowable short-term qualified gain (loss) after passive/at-risk limits		0.
5	Allowable ordinary gain (loss) allocated to SSTB		0.
6	Allowable ordinary gain (loss)/recapture from this business		0.
G 1	Section 1231 gain (loss) from business assets		0.
2	Section 1231 gain (loss) adjustments		
3	Section 1231 gain (loss) from qualified business		0.
4 a	Calculated QBI allowed after passive/at-risk limits	0.	
b	Adjustments to allowed QBI		
c	Allowable **ordinary** 1231 qualified gain (loss)		0.
5	Allowable ordinary 1231 gain (loss) allocated to SSTB		0.
6	Allowable ordinary 1231 gain (loss) from this business		0.

Schedule C (Internet Marketing and Sales): Profit or Loss from Business -- Smart Worksheet

Qualified Business Income Deduction Smart Worksheet, Continued		
H 1	Allowable QBI (E10 plus F6 plus G6)	13,237.
2	Qualified business income allocated to SSTB	0.
3 a	Previously disallowed losses freed up in current year	
b	Adjustments to previously disallowed losses	
c	Previously disallowed QBI losses to be reported as separate business	0.
d	QBI wksht for previously disallowed losses, if present	
I 1	Tentative wages	0.
2	Adjustments	
3	Qualified wages	0.
4	Qualified wages allocated to SSTB	0.
J 1	Tentative Unadjusted Basis Immediately after Acquisition (UBIA)	0.
2	Adjustments	
3	Qualified UBIA	0.
4	Qualified UBIA allocated to SSTB	0.
K 1	Net income allocable to qualified payments from agricultural or horticultural coop	
2	Wages allocable to qualified payments from coop	
3	Form 1099PATR line 6 (DPAD) from coop(s) w/ tax year starting **before** 1/1/2018	
4	Form 1099PATR line 6 (DPAD) from coop(s) w/ tax year starting **after** 12/31/17	

Schedule C (Internet Marketing and Sales): Profit or Loss from Business -- Smart Worksheet

Carryovers to 2024 Smart Worksheet

Enter carryovers from prior year below.

		Regular Tax	QBI	Alternative Minimum Tax
A	Section 179 carryover *(enter as positive amount)*			
	At-Risk Loss Carryovers *(enter as negative amts)*			
B	Schedule C suspended loss	-977,224.		
C	Schedule D short-term suspended loss			
D	Schedule D long-term suspended loss			
E	Form 4797 ordinary suspended loss			
F	Form 4797 long-term suspended loss			
	Passive Loss Carryovers *(enter as negative amts)*			
G	Schedule C suspended loss			
H	Schedule D short-term suspended loss			
I	Schedule D long-term suspended loss			
J	Form 4797 ordinary suspended loss			
K	Form 4797 long-term suspended loss			

Carryovers to 2024 Additional Info for Section 199A Deduction

Section 199A (QBI deduction) requires first-in-first-out use of previously disallowed losses. Businesses qualified under Section 199A must complete this section for any previously disallowed losses.

		Percentage of SSTB income (by category) *Enter 100 for businesses that were SSTBs in the year in question. If non-SSTB with income attributable to SSTB, enter the % attributable to SSTB. Otherwise, enter 0. (Not required if applicable % is 100%.)*		
	Applicable %	**Operating %**	**Form 4797 ord**	**Form 4797 l/t**
2018		0.00	0.00	0.00
2019		0.00	0.00	0.00
2020		0.00	0.00	0.00
2021	100.00	0.00	0.00	0.00
2022	100.00	0.00	0.00	0.00
2023	100.00	0.00	0.00	0.00

Schedule C (Internet Marketing and Sales): Profit or Loss from Business -- Smart Worksheet

Carryovers to 2024 Smart Worksheet, Continued

		Regular Tax	QBI
Disallowed **Section 179 Deduction** by Year			
Before 2018	**A** Section 179 carryover		0.
2018	**B** Section 179 carryover		
2019	**C** Section 179 carryover		
2020	**D** Section 179 carryover		
2021	**E** Section 179 carryover		
2022	**F** Section 179 carryover		
2023	**G** Section 179 carryover		
Disallowed **At-Risk Losses** by Year and Type			
Before 2018	**A** Operating loss	-977,224.	0.
	B Form 4797 ordinary loss		0.
	C Form 4797 long-term loss		0.
2018	**D** Operating loss	0.	0.
	E Form 4797 ordinary loss		
	F Form 4797 long-term loss		
2019	**G** Operating loss	0.	
	H Form 4797 ordinary loss		
	I Form 4797 long-term loss		
2020	**J** Operating loss	0.	
	K Form 4797 ordinary loss		
	L Form 4797 long-term loss		
2021	**M** Operating loss	0.	
	N Form 4797 ordinary loss		
	O Form 4797 long-term loss		
2022	**P** Operating loss	0.	
	Q Form 4797 ordinary loss		
	R Form 4797 long-term loss		
2023	**S** Operating loss	0.	
	T Form 4797 ordinary loss		
	U Form 4797 long-term loss		
Disallowed **Passive Losses** by Year and Type			
Before 2018	**A** Operating loss		0.
	B Form 4797 ordinary loss		0.
	C Form 4797 long-term loss		0.
2018	**D** Operating loss	0.	
	E Form 4797 ordinary loss	0.	
	F Form 4797 long-term loss	0.	
2019	**G** Operating loss	0.	
	H Form 4797 ordinary loss	0.	
	I Form 4797 long-term loss	0.	
2020	**J** Operating loss	0.	
	K Form 4797 ordinary loss	0.	
	L Form 4797 long-term loss	0.	
2021	**M** Operating loss	0.	0.
	N Form 4797 ordinary loss	0.	0.
	O Form 4797 long-term loss	0.	0.
2022	**P** Operating loss	0.	0.
	Q Form 4797 ordinary loss	0.	0.
	R Form 4797 long-term loss	0.	0.
2023	**S** Operating loss		0.
	T Form 4797 ordinary loss		0.
	U Form 4797 long-term loss		0.

Schedule C (Internet Marketing and Sales): Profit or Loss from Business -- Smart Worksheet

Activity Summary Smart Worksheet
Supporting information provided by program. NO ENTRIES ARE NEEDED.

		Regular Tax	QBI	Alternative Minimum Tax
A	Ownership	Taxpayer		
B	At risk status	All		
C	Passive status	Nonpassive		
	Schedule C			
D	Tentative profit (loss)	-963,987.	13,237.	-963,987.
E	Other adjustments			
F	At risk disallowed loss		0.	
G	Passive carryover loss			
H	Passive disallowed loss		0.	
I	Net profit (loss) allowed	-963,987.	13,237.	-963,987.
	Related Dispositions			
J	Tentative profit (loss)		0.	
K	At risk disallowed loss		0.	
L	Passive carryover loss			
M	Passive disallowed loss		0.	
N	Net profit (loss) allowed		0.	

Schedule C (Internet Marketing and Sales): Profit or Loss from Business -- Smart Worksheet

Carryforward to 2025 Smart Worksheet
Supporting information provided by program. NO ENTRIES ARE NEEDED.

		Regular Tax	QBI	Alt. Min. Tax
A	Section 179 carryover			
	At-Risk Losses Carryover			
B	Schedule C suspended loss		0.	
C	Schedule D short-term suspended loss			
D	Schedule D long-term suspended loss			
E	Form 4797 ordinary suspended loss		0.	
F	Form 4797 long-term suspended loss		0.	
	Passive Losses Carryover			
G	Schedule C suspended loss		0.	
H	Schedule D short-term suspended loss			
I	Schedule D long-term suspended loss			
J	Form 4797 ordinary suspended loss		0.	
K	Form 4797 long-term suspended loss		0.	

Schedule C (Internet Marketing and Sales): Profit or Loss from Business -- Smart Worksheet

QBI (Section 199A) Losses by Year Smart Worksheet

Supporting information provided by program. NO ENTRIES ARE NEEDED.

This worksheet takes any previously disallowed losses or deductions from **Carryovers to 2024 Smart Worksheet** *and determines allowable losses by year using the First In First Out method prescribed by Treasury Regulations 1.199A. Any remaining disallowed losses are carried forward to 2025.*

Section 179		Regular Tax	QBI
Previously disallowed Section 179 deductions by year			
A	2024 Section 179 election		
B	Total allowed deduction (all years)		
C	Allowed deduction from 2024		
D	Freed up deduction from before 2018		
E	Freed up deduction from 2018		
F	If SSTB, reduced loss from 2018		
G	Freed up deduction from 2019		
H	If SSTB, reduced loss from 2019		
I	Freed up deduction from 2020		
J	If SSTB, reduced loss from 2020		
K	Freed up deduction from 2021		
L	If SSTB, reduced loss from 2021		
M	Freed up deduction from 2022		
N	If SSTB, reduced loss from 2022		
O	Freed up deduction from 2023		
P	If SSTB, reduced loss from 2023		
Section 179 carryforwards to 2025			
Before 2018	**A** Section 179 carryforward		
2018	**B** Section 179 carryforward		
2019	**C** Section 179 carryforward		
2020	**D** Section 179 carryforward		
2021	**E** Section 179 carryforward		
2022	**F** Section 179 carryforward		
2023	**G** Section 179 carryforward		
2024	**H** Section 179 carryforward		

At-risk losses			Regular Tax	QBI
Previously disallowed at-risk losses by year				
Operating Loss	**1**	Total loss in 2024	0.	0.
	2	Total allowed loss (all years)	-977,224.	0.
	3	Allowed loss in 2024	0.	0.
	4	Freed up loss from before 2018	-977,224.	0.
	5	Freed up loss from 2018	0.	
	6	If SSTB, reduced loss from 2018		
	7	Freed up loss from 2019	0.	
	8	If SSTB, reduced loss from 2019		
	9	Freed up loss from 2020	0.	
	10	If SSTB, reduced loss from 2020		
	11	Freed up loss from 2021	0.	
	12	If SSTB, reduced loss from 2021		
	13	Freed up loss from 2022	0.	
	14	If SSTB, reduced loss from 2022		
	15	Freed up loss from 2023	0.	
	16	If SSTB, reduced loss from 2023		
Form 4797 ordinary loss	**1**	Total loss in 2024	0.	0.
	2	Total allowed loss (all years)	0.	0.

2	Total allowed loss (all years)	0.	0.
3	Allowed loss in 2024	0.	0.
4	Freed up loss from before 2018	0.	0.
5	Freed up loss from 2018	0.	
6	If SSTB, reduced loss from 2018		
7	Freed up loss from 2019	0.	
8	If SSTB, reduced loss from 2019		
9	Freed up loss from 2020		

Schedule C (Internet Marketing and Sales): Profit or Loss from Business -- Smart Worksheet

QBI (Section 199A) Losses by Year Smart Worksheet (cont.)

		Regular Tax	QBI
At-risk loss carryforwards to 2025			
Before 2018	**A** Operating loss	0.	0.
	B Form 4797 ordinary loss	0.	0.
	C Form 4797 long-term loss	0.	0.
2018	**D** Operating loss	0.	0.
	E Form 4797 ordinary loss	0.	
	F Form 4797 long-term loss	0.	
2019	**G** Operating loss	0.	
	H Form 4797 ordinary loss	0.	
	I Form 4797 long-term loss	0.	
2020	**J** Operating loss	0.	
	K Form 4797 ordinary loss	0.	
	L Form 4797 long-term loss	0.	
2021	**M** Operating loss	0.	
	N Form 4797 ordinary loss	0.	
	O Form 4797 long-term loss	0.	
2022	**P** Operating loss	0.	
	Q Form 4797 ordinary loss	0.	
	R Form 4797 long-term loss	0.	
2023	**S** Operating loss	0.	
	T Form 4797 ordinary loss	0.	
	U Form 4797 long-term loss	0.	
2024	**V** Operating loss	0.	0.
	W Form 4797 ordinary loss	0.	0.
	X Form 4797 long-term loss	0.	0.

Schedule C (Internet Marketing and Sales): Profit or Loss from Business -- Smart Worksheet

QBI (Section 199A) Losses by Year Smart Worksheet (cont.)

Passive losses			Regular Tax	QBI
Previously disallowed passive losses by year				
Operating Loss	**1**	Total loss in 2024	0.	0.
	2	Total allowed loss (all years)	0.	0.
	3	Allowed loss in 2024	0.	0.
	4	Freed up loss from before 2018	0.	0.
	5	Freed up loss from 2018	0.	
	6	If SSTB, reduced loss from 2018		
	7	Freed up loss from 2019	0.	
	8	If SSTB, reduced loss from 2019		
	9	Freed up loss from 2020	0.	
	10	If SSTB, reduced loss from 2020		
	11	Freed up loss from 2021	0.	
	12	If SSTB, reduced loss from 2021		
	13	Freed up loss from 2022	0.	
	14	If SSTB, reduced loss from 2022		
	15	Freed up loss from 2023	0.	
	16	If SSTB, reduced loss from 2023		
Form 4797 ordinary loss	**1**	Total loss in 2024	0.	0.
	2	Total allowed loss (all years)	0.	0.
	3	Allowed loss in 2024	0.	0.
	4	Freed up loss from before 2018	0.	0.
	5	Freed up loss from 2018	0.	
	6	If SSTB, reduced loss from 2018		
	7	Freed up loss from 2019	0.	
	8	If SSTB, reduced loss from 2019		
	9	Freed up loss from 2020	0.	
	10	If SSTB, reduced loss from 2020		
	11	Freed up loss from 2021	0.	
	12	If SSTB, reduced loss from 2021		
	13	Freed up loss from 2022	0.	
	14	If SSTB, reduced loss from 2022		
	15	Freed up loss from 2023	0.	
	16	If SSTB, reduced loss from 2023		
Form 4797 long term loss	**1**	Total loss in 2024	0.	0.
	2	Total allowed loss (all years)	0.	0.
	3	Allowed loss in 2024	0.	0.
	4	Freed up loss from before 2018	0.	0.
	5	Freed up loss from 2018	0.	
	6	If SSTB, reduced loss from 2018		
	7	Freed up loss from 2019	0.	
	8	If SSTB, reduced loss from 2019		
	9	Freed up loss from 2020	0.	
	10	If SSTB, reduced loss from 2020		
	11	Freed up loss from 2021	0.	
	12	If SSTB, reduced loss from 2021		
	13	Freed up loss from 2022	0.	
	14	If SSTB, reduced loss from 2022		
	15	Freed up loss from 2023	0.	
	16	If SSTB, reduced loss from 2023		

Schedule C (Internet Marketing and Sales): Profit or Loss from Business -- Smart Worksheet

QBI (Section 199A) Losses by Year Smart Worksheet (cont.)

Passive losses		Regular Tax	QBI
Passive loss carryforwards to 2025			
Before 2018	**A** Operating Loss	0.	0.
	B Form 4797 ordinary loss	0.	0.
	C Form 4797 long-term loss	0.	0.
2018	**D** Operating Loss	0.	
	E Form 4797 ordinary loss	0.	
	F Form 4797 long-term loss	0.	
2019	**G** Operating loss	0.	
	H Form 4797 ordinary loss	0.	
	I Form 4797 long-term loss	0.	
2020	**J** Operating loss	0.	
	K Form 4797 ordinary loss	0.	
	L Form 4797 long-term loss	0.	
2021	**M** Operating loss	0.	0.
	N Form 4797 ordinary loss	0.	0.
	O Form 4797 long-term loss	0.	0.
2022	**P** Operating loss	0.	0.
	Q Form 4797 ordinary loss	0.	0.
	R Form 4797 long-term loss	0.	0.
2023	**S** Operating loss	0.	0.
	T Form 4797 ordinary loss	0.	0.
	U Form 4797 long-term loss	0.	0.
2024	**V** Operating loss	0.	0.
	W Form 4797 ordinary loss	0.	0.
	X Form 4797 long-term loss	0.	0.

Form 1116: Foreign Tax Credit -- Smart Worksheet

Gross Income from All Sources Smart Worksheet

A	Calculated gross income from all sources	92,064.
B	Adjustment amount (positive to increase, negative to decrease)	0.

Form 5695: Residential Energy Credit -- Smart Worksheet

Line 14 — Residential Clean Energy Credit Limit Smart Worksheet

1	Enter the amt from Form 1040, 1040-SR, or 1040-NR, line 18	0.
2	Enter the total of the following credit(s)/adjustment(s) on your 2024 income tax return:	
	• Negative Form 8978 Adjustment, Schedule 3 (Form 1040), line 6l	
	• Foreign Tax Credit, Schedule 3 (Form 1040), line 1	0.
	• Credit for Child and Dependent Care Expenses, Sch 3 (Form 1040), line 2	
	• Credit for the Elderly or the Disabled, Schedule 3 (Form 1040), line 6d	
	• Nonrefundable Education Credits, Schedule 3 (Form 1040), line 3	
	• Retirement Savings Contributions Credit, Schedule 3 (Form 1040), line 4	
	• Energy Efficient Home Improvement Credit from Form 5695, line 32*	
	• Credit for previously owned clean vehicles, Schedule 3 (Form 1040), line 6m	
	• Clean Vehicle Credit, Schedule 3 (Form 1040), line 6f	
	• Child tax credit or credit for other dependents, Form 1040, 1040-SR, or 1040-NR, line 19*	
	• Mortgage Interest Credit, Schedule 3 (Form 1040), line 6g	
	• Adoption Credit, Schedule 3 (Form 1040), line 6c	
	• Carryforward of the District of Columbia First-Time Homebuyer Credit, Schedule 3 (Form 1040), line 6h	
	Sum of the bullet points under line 2	0.
3	Subtract line 2 from line 1. Also enter this amount on Form 5695, line 14. If zero or less, enter -0- on Form 5695, lines 14 and 15	0.

* Include the amount in the instructions for Schedule 8812 (Form 1040), Credit Limit Worksheet B, line 14, instead of the amount from Form 1040, 1040-SR, or 1040-NR, line 19, if the instructions for Schedule 8812 (Form 1040) direct you to complete Credit Limit Worksheet B.

Form 5695: Residential Energy Credit -- Smart Worksheet

Energy Efficient Home Improvement Credit Smart Worksheet - Part II Section A

• Are the qualified energy efficiency improvements installed in or on your main home located in the United States?	☐ **Yes**	☒ **No**
• Are you the original user of the qualified energy efficiency improvements?	☐ **Yes**	☒ **No**
• Are the components reasonably expected to remain in use for at least 5 years?	☐ **Yes**	☒ **No**
• Were all of these improvements related to the construction of this main home?	☐ **Yes**	☒ **No**

Form 5695: Residential Energy Credit -- Smart Worksheet

Residential Energy Property Expenditures - Part II Section B

• Did you incur costs for qualified energy property installed on or in connection with a home located in the United States?	☐ **Yes**	☒ **No**
• Was the qualified energy property originally placed into service by you?	☐ **Yes**	☒ **No**
• Did you incur costs for a home energy audit that included an inspection of your main home located in the United States and a written report prepared by a certified home energy auditor?	☐ **Yes**	☒ **No**

Federal Information Worksheet -- Smart Worksheet

TurboTax for the Web Filing Status Smart Worksheet

Check this box to override the filing status selected thru Interview . . ☐
Marital Status . . . . . _____
Filing Status Selected . . . . . _____

Dependent Information Worksheet (Thomas) -- Smart Worksheet

Dependency/EIC Smart Worksheet

NOTE: It is recommended that you answer the questions below using the Step-by-Step mode. That will help insure that answers to the questions are not inconsistent.

A How many months did this person live with you? 0

Note: If born or died in current year and lived with you entire time or qualified missing child select "The whole year". If more than one-half the year select 7 or more

B Who are the parents of this person?
(Used to determine if additional questions are necessary for children of divorced parents.)

- Both Taxpayer and spouse . . . . . [X]
- Taxpayer . . . . . [ ]
- Spouse . . . . . [ ]

C Did this person provide more than 1/2 of their own support? . . . . . [ ] Yes [X] No

D Was this person married on December 31, 2024 and filing a joint return for the year (You may answer **no** if the only reason the joint return is filed is to get a refund of tax withheld or estimated tax payments and neither spouse would have a tax liability on their return if they filed separate returns)? . . . . . [ ] Yes [X] No

Detailed answers for this question. This dependent:

- Was married on December 31, 2024 . . . . . [ ] Yes [X] No
- If married, filed a joint return for the year . . . . . [ ] Yes [ ] No
- If filed joint return, only filed to get a refund of tax withheld or estimated tax payments. . . . . [ ] Yes [ ] No
- If filed married filing separate, neither spouse had a tax liability on their return if they had filed separately . . . . . [ ] Yes [ ] No

E Is this person a Full time student? . . . . . [ ] Yes [ ] No

F Is this person's gross income less than $5,050? . . . . . [ ] Yes [X] No

1 Did you provide over 1/2 the support for this person?
or
Did you provide over 10% of the support for the person and with other individuals who would be able to claim the person except for the support test over 1/2 the support and all of you have agreed that you alone will claim the person and you have filled out the Multiple Support Declaration, Form 2120, to attach to your return? . . . . . [ ] Yes [ ] No

G Is there an agreement with this person's other parent about who can claim this person as a dependent? . . . . . [ ] Yes [ ] No

Note: The noncustodial parent claiming the exemption for the child must attach to their return Form 8332 from the custodial parent releasing the claim to the exemption for the child

1 TurboTax Web Only:

Is the other parent claiming this dependent per the custody agreement? . . . . . [ ] Yes [ ] No

Has the other parent waived their legal right so you can claim this dependent on your tax return? . . . . . [ ] Yes [ ] No

H Who will be claiming this person as a dependent as a result of:

- an agreement between the parents
- the rules controlling who can claim a qualifying child when the child meets the conditions to be a qualifying child of more than one person?
  - Taxpayer (includes spouse if married filing joint) in this return? . . . . . [ ]
  - Other parent in different return? . . . . . [ ]
  - Someone else in different return? . . . . . [ ]

Dependent Information Worksheet (Thomas) -- Smart Worksheet

Child and Dependent Care Expenses, Form 2441, Special Situations Worksheet

Check this box if this person is a qualifying person only for the dependent care expenses because they were not your dependent but would have been except that:
* They received gross income greater than $5,050 or more or
* They filed a joint return . . . . . ☐

Personal Worksheet (Yuhui) -- Student Info Worksheet -- Personal Worksheet (Yuhui) -- Student Info Worksheet -- Smart Worksheet

Apprenticeship and Education Loan Smart Worksheet

A Enter the amount of qualified expenses for tuition, fees, books, supplies and equipment required for participation of the designated beneficiary in a registered apprenticeship program . . . . . _____

B Enter the amount of principal or interest payments on any qualified education loans of the designated beneficiary (or a sibling) not to exceed $10,000 each

1 Principal . . . . . _____

2 Interest . . . . . _____

3 Is the interest payment on line 2 included in Part I of the Student Loan Interest Deduction Worksheet? . . . . . ☐ Yes ☐ No

QuickZoom to Student Loan Interest Deduction Worksheet . . . . . ► _____

Form W-2 (NORDSTROM INC): Wage & Tax Statement -- Smart Worksheet

Substitute Form W-2 Smart Worksheet

A Treat as a substitute W-2 and generate a form 4852 . . . . . ☐

B Linked substitute W-2 Form 4852 . . . . . ► _____

C Enter Form 4852, Line 9 information. "How did you determine amounts on line 7 of Form 4852?"

_____

_____

_____

_____

D Form 4852, Line 10 information. "Explain your efforts to obtain Form W-2?"

_____

_____

_____

_____

E **QuickZoom** to completed Form 4852 for reference . . . . . ► _____

State Tax Refund Worksheet -- Smart Worksheet

2023 Federal Form 1040 Information Smart Worksheet

Use this worksheet to compute taxable refund amount? . . . . . ► [X] Yes [ ] No
If no, skip this Smart Worksheet. Total refunds from Line 1 column (b) will be reported as income.

A Did you itemize deductions in 2023? . . . . . ► [X] Yes [ ] No
If no, none of your refund from 2023 is reportable as income. Do not complete the remainder of this worksheet.

B Enter the amount from your 2023 Schedule A, line 5a, State and local tax . . . . . 926.
If none, enter zero, and do not complete the remainder of this worksheet.

C Which type of taxes were deducted on your 2023 Schedule A, line 5a?
1 Income taxes . . . . . [X]
2 General sales taxes (2023 Schedule A, box 5a, was checked) . . . . . [ ]
3 Not applicable . . . . . [ ]
If general sales taxes were deducted, none of the refund from 2023 is reportable as income. Do not complete the remainder of this worksheet.

D Enter the deduction for general sales taxes that could have been taken in 2023 if you know that amount . . . . . _____

E What was your filing status for 2023?
[ ] Single
[X] Married filing jointly
[ ] Married filing separately
[ ] Married filing separately and your spouse itemized deductions
[ ] Head of household
[ ] Qualifying surviving spouse

F Could be claimed as a dependent by someone else in 2023? . . . . ► [ ] Yes [X] No

G If yes, enter your earned income for 2023 . . . . . _____

Enter the following amounts from your 2023 Form 1040:

H Line 11, Adjusted gross income . . . . . -934,103.
I Line 12, Itemized deductions or standard deduction . . . . . 31,853.
J Total number of boxes checked under Standard deduction for age and blindness . . 1
K Line 15, Taxable income. Line K less line L (if less than zero, enter as negative) . . . . . -965,956.
L Line 16, Tax . . . . . 0.
M Sch 2, Line 1, Alternative minimum tax . . . . . _____
N **1** Sch 2, Line 2, Excess advance premium tax credit repayment . . . . . _____
O Line 18, Total tax before credits . . . . . 0.
P Line 22, Total tax after credits . . . . . 0.

Enter the following amounts from your 2023 Schedule A, Itemized Deductions:

Q Line 7, Taxes . . . . . 4,776.
1 Line 5b, State and local real estate taxes . . . . . 3,286.
2 Line 5c, State and local personal property taxes . . . . . 564.
3 Line 5e, State and local taxes after limitation . . . . . 4,776.

State Tax Refund Worksheet -- Smart Worksheet

Recomputation of 2023 Federal Income Tax Return

Note: Parts V and VI require recomputation of your 2023 federal income tax return.
If recomputation is **not** available, check here and do not complete Parts V and VI . . . . . ► [ ]

Form 1099-R (New Direction Trust Company): Pension/IRA Distributions -- Smart Worksheet

RMD Excess Accumulation Worksheet

A	Required RMD amount	_____
B	Amount distributed in 2024	
C	Did you withdraw the remaining RMD during the correction window?	Yes [ ] No [ ]
D	Type of account	IRA [X] 403(b) [ ] Other [ ]
E	**QuickZoom** to complete Form 5329 . . . . . ►	Taxpayer: _____ Spouse: _____

Form 1099-R (New Direction Trust Company): Pension/IRA Distributions -- Smart Worksheet

Qualified Disaster Distribution Smart Worksheet

A	If this is a Qualified Disaster distribution, indicate which year the distribution qualifies under	
	2023 Disaster Distribution . . . . . ►	[ ]
	2024 Disaster Distribution	[ ]
B	Amount of Qualified Disaster distribution — Entire distribution is qualified . . ►	[ ]
	or amount that is qualified	_____
C	Indicate amount, if any, of this Qualified Disaster distribution that was repaid before filing the 2024 tax return — Entire distribution repaid . . . . . ►	[ ]
	or amount of partial repayment . .	_____
D	If this Qualified Disaster distribution was received for the purchase or construction of a new home and the new home was not purchased or constructed due to a qualified disaster enter any amount repaid — Entire distribution repaid . . . . . ►	[ ]
	or amount of partial repayment . .	_____

Form 1099-R (New Direction Trust Company): Pension/IRA Distributions -- Smart Worksheet

Nonstandard or Substitute Form 1099-R Smart Worksheet

A Treat as substitute 1099-R and generate a form 4852 . . . . . ► [ ]

B If substitute Form 1099-R needed, double-click to link to Form 4852 . . . . . ► _____

C Enter Form 4852, Line 9 information. "How did you determine amounts on line 7 of Form 4852?"

_____

_____

_____

_____

D Form 4852, Line 10 information. "Explain your efforts to obtain Form W-2?"

_____

_____

_____

_____

E **QuickZoom** to complete Form 4852 . . . . . ►

F Check box if this 1099-R is "non-standard" (handwritten, typewritten, or altered in any way) . . . [ ]

Form 1099-R (New Direction Trust Company): Pension/IRA Distributions -- Smart Worksheet

Explanation Statement Smart Worksheet

If a box is checked on a line below, an explanation statement is required for the situation described on that line. Highlight the checkbox and select the Help to see the required information. Then **QuickZoom** to the appropriate explanation statement.	**Taxpayer**	**Spouse**
☐ Return of IRA contribution before due date of tax return . . . . . ►		
☐ Return of prior year excess traditional IRA contributions . . . . . ►		

Form 1099-R (New Direction Trust Company): Pension/IRA Distributions -- Smart Worksheet

Simplified Method Smart Worksheet

A If the annuity starting date is **after** December 31, 1997, is the annuity payable based on the life of **more than** one individual? . . . . . Yes ☐ No ☐

B If line A is 'No', enter the age of the annuitant at the annuity starting date. If line A is 'Yes', enter the age of the primary annuitant at the annuity starting date. (If there is no primary annuitant, enter the age of the **oldest** survivor annuitant) . . . . . _____

C If line A is "Yes", enter the age of the **youngest** survivor annuitant at the annuity starting date . . . . . _____

Note: If the annuity starting date is **before** January 1, 1998, enter the age of the recipient at the annuity starting date on line B above.

Social Security Benefits Worksheet -- Smart Worksheet

Earlier Year Lump-Sum Benefits Smart Worksheet

If you received a lump-sum payment that includes benefits for one or more earlier years after 1983, **QuickZoom** to the Earlier Year Lump-Sum Social Security Worksheet to enter lump-sum payment for an earlier year(s) . . . . . ►

If earlier year payments are entered, check this box to **not** make the lump-sum election . . . . . ► ☐

Tax and Interest Deduction Worksheet -- Smart Worksheet

Mortgage Interest Limited Smart Worksheet

If your mortgage interest deduction needs to be limited for one of the following reasons, use the Deductible Home Mortgage Interest Worksheet to determine the amount to be reported on lines **A**, **B**, and **C** below:

- The principal amount of your mortgage and home equity debt is over $750,000 ($375,000 if married filing separate), or
- You had home debt that was **not** used to buy, build or substantially improve your home that secures the loan

QuickZoom to Deductible Home Mortgage Interest Worksheet . . . . . ►

Does your mortgage interest need to be limited: Yes . . . [ ] No . . . [X]

A	**Home mortgage interest and points reported on Form 1098:**	
1	Mortgage interest and points from the Home Mortgage Interest Worksheet	31,332.
2	Limited amount to report on line 5a below	
B	**Home mortgage interest not reported on Form 1098:**	
1	Mortgage interest from the Home Mortgage Interest Worksheet	
2	Limited amount to report on line 6a below	
C	**Points not reported on Form 1098:**	
1	Points not on Form 1098 from the Home Mortgage Interest Worksheet	
2	Limited amount to report on line 7a below	

Home Mortgage Interest Worksheet (Lawrez LLC DBA Shellpoint Mortgage Servicing) -- Smart Worksheet

Home Mortgage Interest Limitation Smart Worksheet

A	Loan refinanced in 2024 with a new 1098? (not most recent 1098)	**Yes** ☐	**No** ☒
B	Is this loan the result of refinancing a previous loan or is this loan a home equity line of credit (HELOC)?	**Yes** ☐	**No** ☒
	Was cash ever taken out as part of a refinance?	**Yes** ☐	**No** ☐
	Enter the origination date of the original loan		
	Enter the purchase price of the original loan		
C	Were all loan proceeds used to purchase, build, or improve the home secured by this loan? *(see help if this loan is a refinance loan)*	**Yes** ☒	**No** ☐
	If no, amount used to purchase, build, or improve this home *(see help)*		
D	Debt orginated before 12/14/2017 and debt amount has not increased since orgination OR Home purchase under contract before 12/15/2017 and closed before 4/1/2018? (no cash out refinances after 12/14/2017 in both cases)	**Yes** ☐	**No** ☐
E	Date loan was paid off, if paid off in 2024		
F	Outstanding mortgage principal as of 12/31/2024 (or pay-off date, if applicable)		
	Check if you had only one 1098	☐	

G		**Total**	**Post-12/15/17 Home Debt**	**10/14/87 - 12/15/17 Home Debt**	**Pre-10/14/87 Home Debt**
1	Interest paid in 2024 . .	31,332.49	31,332.49		
2	Total points				
3	Beginning balance . . .	422,956.00	422,956.00		
4	Borrowed in 2024 . . .				
5	Principal applied				
6	Ending balance				
7	Acquisition debt	422,956.00	422,956.00		
8	Acquisition interest . . .	31,332.49	31,332.49		
9	Deductible points				

Home Mortgage Interest Worksheet (Lawrez LLC DBA Shellpoint Mortgage Servicing) -- Smart Worksheet

Important: This form calculates a "temporary" tax provision. This credit will be calculated for eligible payees prior to the expiration date shown below. If the expiration date shows "Expired", this information will not be used in any calculations or included in your return. Expired temporary provisions are sometimes renewed retroactively, so completing info for expired provisions will allow this return to automatically be updated if/when this provision is renewed.

Temporary tax provision	**Expiration Date**
Mortgage Insurance Premium Deduction (sec. 163(h)(3))	Expired

Cash Contributions Worksheet -- Smart Worksheet

Detail of Mileage and Transportation Costs Worksheet

Note: Summarized from the Charitable Organization Worksheet**.**
Enter amounts on the Charitable Organization Worksheet.

		Deduction For Miles		Other Costs	
Name of Charitable Organization	**Miles Driven**	**50 % Charity**	**30% Charity**	**50 % Charity**	**30% Charity**
ICCC	50.0	7.00		3,674.78	
Totals:		7.00		3,674.78	

Earned Income Worksheet -- Smart Worksheet

Medicaid Waiver Payments for the Earned Income Credit and Additional Child Tax Credit Smart Worksheet

A Check box if any wages are Medicaid Waiver Payments that you choose to **include** in earned income

Taxpayer . . . . . ► ☐
Spouse . . . . . ► ☐

Form 1116 (COPY 1) -- Foreign Tax Credit Comp Wks -- Form 1116 (COPY 1) -- Foreign Tax Credit Comp Wks -- Smart Worksheet

Foreign Qualified Dividends and/or Capital Gains Adjustment Smart Worksheet

See Tax Help for additional information.

Check the box to make adjustments for foreign qualified dividends and/or capital gains for line 1 . . . . . ☐

Form 1116 (COPY 1) -- Foreign Tax Credit Comp Wks -- Form 1116 (COPY 1) -- Foreign Tax Credit Comp Wks -- Smart Worksheet

Form 1116, Line 18 Adjustment Exception Smart Worksheet

See Tax Help for additional information.

A Total foreign source qualified dividends and capital gains from all copies of Form 1116 are less than $20,000 X
B Total foreign source qualified dividends and capital gains from all copies of Form 1116 are NOT less than $20,000 . . . . . ☐
C Qualifies for Form 1116, line 18 Adjustment Exception X

Additional Information From 2024 Federal Tax Return

Form 1116: Foreign Tax Credit
Foreign Taxes (A)
Line 2 **Explanation Statement**

Allocable Expense Statement
SEE STMT

Form 1116: Foreign Tax Credit
Foreign Taxes (A)
Line 3 **Explanation Statement**

Other Deduction Statement
Total Foreign Tax Carryforwards 2015-2024: $381,984

File by Mail Instructions for your 2024 Arizona Tax Return

Important: Your taxes are not finished until all required steps are completed.

James K Lockett & Yuhui Liu
9850 East Windrose Drive
Scottsdale, AZ 85260

Balance Due/ Refund	Your Arizona state tax return (Form 140) shows you are due a refund of $696.00.
What You Need to Mail	Your tax return - The official return for mailing is included in this printout. Remember to sign and date the return. Attach the Form(s) W-2 and 1099-R to the back of your return. Do not staple your return. Do not staple any documents, schedules, or payments to your return. Mail your return and attachments to: Arizona Department of Revenue P.O. Box 52138 Phoenix, AZ 85072-2138 Deadline: Postmarked by April 15, 2025 Don't forget correct postage on the envelope.
What You Need to Keep	Keep these instructions and a copy of your return for your records. If you did not print one before closing TurboTax, go back to the program and select Print Center, then print a copy or save as PDF for your records.
2024 Arizona Tax Return Summary	Taxable Income $ 0.00 Total Tax $ 0.00 Total Payments/Credits $ 696.00 Amount to be Refunded $ 696.00
Special Formatting	Your printed state tax forms may have special formatting on them, such as bar codes or other symbols. This is to enable fast processing. Don't worry, these forms have been approved by your taxing authority and are acceptable for printing and mailing.

DO NOT STAPLE ANY ITEMS TO THE RETURN.

Place any required federal and AZ schedules or other documents after Form 140.

Arizona Form **140**

Resident Personal Income Tax Return

FOR CALENDAR YEAR **2024**

82F ☐ Check box 82F if filing under extension

OR FISCAL YEAR BEGINNING 2024 AND ENDING . 66F

1 James K	Last Name: Lockett	Your Social Security Number: 534 60 2998
Spouse's First Name and Middle Initial (if box 4 or 6 checked): 1 Yuhui	Last Name: Liu	Spouse's Social Security No.: 677 28 4731
Current Home Address - number and street, rural route: 2 9850 East Windrose Drive	Apt. No.	Daytime Phone (with area code): 94 (619)405-5321
City, Town or Post Office: 3 Scottsdale	State: AZ	ZIP Code: 85260

Enter your SSN(s).

Last Names Used in Last Four Prior Year(s) (if different) 97

FILING STATUS

4 ☒ Married filing joint return **4a** ☐ Injured Spouse Protection of Joint Overpayment

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

REVENUE USE ONLY. DO NOT MARK IN THIS AREA. 88

81 PM 80 RCVD

EXEMPTIONS — *Enter the number claimed. Do not put a check mark.*

8 1 Age 65 or over (you and/or spouse)

9 Blind (you and/or spouse)

10a Dependents: Under age of 17. **10b** ☐ Dependents: Age 17 and over.

11a Qualifying parents and grandparents

If completing lines 8, 9, and 11a, also complete lines 38, 39, and 41. For lines 10a and 10b, also complete line 49.

Dependents (**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 NUMBER	(c) RELATIONSHIP	(d) NO. OF MONTHS LIVED IN YOUR HOME IN 2024	(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					☐	☐	☐

Qualifying Parents and Grandparents (**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 NUMBER	(c) RELATIONSHIP	(d) NO. OF MONTHS LIVED IN YOUR HOME IN 2024	(e) ✓ IF AGE 65 OR OVER	(f) ✓ IF DIED IN 2024
11b					☐	☐
11c					☐	☐

12	**Federal adjusted gross income (from your federal return)**	12	-901,370 00
13	Small Business Income: 13S ☐ 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	-901,370 00
15	Non-Arizona municipal interest	15	0 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	0 00
19	**Subtotal:** Add lines 14 through 18 and enter the total	19	-901,370 00
20	Total net capital gain or (loss). See instructions	20	00
21	Total net short-term capital gain or (loss). See instructions	21	00
22	Total net long-term capital gain or (loss). See instructions	22	00
23	Net long-term capital gain from assets acquired *after* December 31, 2011. See instructions.	23	0 00
24	Multiply line 23 by 25% (.25) and enter the result	24	0 00
25	Net capital gain derived from investment in qualified small business	25	00
26	Recalculated Arizona depreciation	26	00
27	Partnership Income adjustment. See instructions	27	00
28	Interest on U.S. obligations such as U.S. savings bonds and treasury bills	28	00
29a	Exclusion for federal, Arizona state or local government pensions (up to $2,500 per taxpayer)	29a	00
29b	Exclusion for benefits, annuities and pensions for retired/retainer pay of the uniformed services	29b	00
30	U.S. Social Security or Railroad Retirement Act benefits included as income on your federal return (taxable amount)	30	0 00
31	Certain wages of American Indians	31	00
32	Pay received for active service as a member of the reserves, national guard or the U.S. armed forces	32	00
33	Net operating loss adjustment. See instructions	33	00
34	Contributions to: **34a** 529 College Savings Plans 00 **34b** 529A (ABLE accounts) 00 add 34a and 34b	34c	00
35	Subtract lines 24 through 34c from line 19. Enter the difference	35	-901,370 00

Additions (12–19) **Subtractions** (20–35)

Your Name (as shown on page 1)	Your Social Security Number
James K Lockett & Yuhui Liu	534-60-2998

Exemptions	36	Other Subtractions from Income. Complete *Other Subtraction from Arizona Gross Income* schedule on page 6	36	0 00
	37	Subtract line 36 from line 35. Enter the difference	37	-901,370 00
	38	Age 65 or over: Multiply the number in box 8 by $2,100	38	2,100 00
	39	Blind: Multiply the number in box 9 by $1,500	39	00
	40	Other Exemptions. See instructions.....40E ☐ 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	0 00
Balance of Tax	43	**Deductions:** ***Check box and enter amount.*** See instructions 43I☒ **ITEMIZED**...43S☐ **STANDARD**	43	45,558 00
	44	If you checked box 43S and claim charitable contributions, check 44C ☐ **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
	46	Tax: Multiply line 45 by 2.5% (.025). Enter the result	46	0 00
	47	Tax from recapture of credits from Arizona Form 301, Part 2, line 30	47	00
	48	Subtotal of tax: Add lines 46 and 47. Enter the total	48	0 00
	49	Dependent Tax Credit. See instructions	49	00
	50	Family income tax credit (from the worksheet - see instructions)	50	80 00
	51	Nonrefundable Credits from Arizona Form 301, Part 2, line 60	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
Total Payments and Refundable Credits	53	2024 AZ income tax withheld	53	144 00
	54	2024 AZ estimated tax payments..54a ☐ 00 Claim of Right 54b ☐ 00 Add 54a and 54b.	54c	00
	55	2024 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	502 00
	58	Other refundable credits: Check the box(es) and enter the total amount.....581☐308-I 582☐334 583☐349	58	00
	59	**Total payments and refundable credits:** Add lines 53 through 58. Enter the total	59	696 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	696 00
	62	Amount of line 61 to be applied to 2025 estimated tax	62	0 00
	63	Balance of overpayment: Subtract line 62 from line 61. Enter the difference	63	696 00

Voluntary Gifts

64 - 74 Voluntary Gifts to:

				Solutions Teams Assigned to Schools	64		00	Arizona Wildlife	65		00
Child Abuse Prevention	66		00	Domestic Violence Services	67		00	Political Gift	68		00
Neighbors Helping Neighbors	69		00	Special Olympics	70		00	Veterans' Donations Fund	71		00
I Didn't Pay Enough Fund	72		00	Sustainable State Parks and Road Fund	73		00	Spay/Neuter of Animals	74		00

75 Political Party (if amount is entered on line 68 - check only one): 751☐ Democratic 752☐ Libertarian 753☐ Republican

Penalty	76	Estimated payment penalty	76	00
	77	771☐ Annualized/Other 772☐ Farmer or Fisherman 773☐ 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	696 00
		Direct Deposit of Refund: ***Check box 79A*** if your deposit will be ultimately placed in a **foreign account**; see instructions. 79A☐		
		98 C☐ Checking or S☐ Savings — ROUTING NUMBER ☐☐☐☐☐☐☐☐☐ ACCOUNT NUMBER ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐		
	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.

➔ YOUR SIGNATURE _____ DATE _____ OCCUPATION Legal consultant

➔ SPOUSE'S SIGNATURE _____ DATE _____ SPOUSE'S OCCUPATION Sales Consultant

PAID PREPARER'S SIGNATURE Self Prepared DATE _____ FIRM'S NAME (PREPARER'S IF SELF-EMPLOYED) _____

PAID PREPARER'S STREET ADDRESS _____ PAID PREPARER'S TIN _____

PAID PREPARER'S CITY _____ STATE _____ ZIP CODE _____ PAID PREPARER'S PHONE NUMBER _____

If you are sending a payment with this return, mail to Arizona Department of Revenue, PO Box 52016, Phoenix, AZ 85072-2016. Include the payment with Form 140.
If you are expecting a refund or owe no tax, or owe tax but are not sending a payment, mail to Arizona Department of Revenue, PO Box 52138, Phoenix, AZ 85072-2138.

DO NOT STAPLE ANY ITEMS TO THE CLAIM.

Arizona Form **140PTC** — **Property Tax Refund (Credit) Claim** — FOR CALENDAR YEAR **2024**

You must file this form or Arizona Form 204 by April 15, 2025.

82F ☐ **Check box 82F if filing under extension** 95 ☐ **Check box 95 if amending claim for tax year 2024**

1 Your First Name and Middle Initial: James K	Last Name: Lockett	Enter your SSN(s). Your Social Security Number
1 Spouse's First Name and Middle Initial (if a joint claim): Yuhui	Last Name: Liu	Spouse's Social Security No.
2 Current Home Address - number and street, rural route: 9850 East Windrose Drive	Apt. No.	Daytime Phone (with area code): 94 (619)405-5321
3 City, Town or Post Office: Scottsdale	State: AZ	ZIP Code: 85260
79 Your Date of Birth **(required)**: 11 | 11 | 1953		

REVENUE USE ONLY. DO NOT MARK IN THIS AREA.
88 89 X
81 PM 80 RCVD

QUALIFICATIONS FOR CREDIT (Check the boxes that apply):

		Rent	Own
4 On December 31, 2024, were you renting or did you own? If you own a mobile home but rent the space, check "Rent"	4	☐	☒
		Yes	**No**
5 Were you an Arizona resident for all of 2024? If "No", **STOP**. You do not qualify	5	☒	☐
6 Did you pay property taxes on your home, pay rent, or pay a combination of both in 2024? See instructions for qualifications. If "No", **STOP**. You do not qualify	6	☒	☐
7 Is this the only Property Tax Refund being claimed in your household? If "No", **STOP**. You do not qualify	7	☒	☐
8 Were you age 65 or older in 2024? ***Enter your birth date in box 79 above***	8	☒	☐
9 Did you receive Title 16, SSI payments in 2024? **If "Yes", *include proof*.** If you answered "No" to both 8 and 9, **STOP**. You do not qualify.	9	☐	☒

INCOME

10 Total Household Income: Enter the amount from page 2, Part 1, line J, column 4	10	0	00

CREDIT

11 a If you lived alone, enter the amount of credit from page 2, Part 1, Schedule 1, and check the box ... 11a ☐ Schedule 1			
b If you lived with your spouse or one or more other persons, enter the amount of credit from page 2, Part 1, Schedule 2, and check the box ... 11b ☒ Schedule 2	11	502	00
12 If you owned your property, enter property taxes actually paid during 2024. ***Include proof* of property taxes paid during 2024**	12	3,413	00
13 If you rented, enter property taxes paid by your landlord on your portion of rents. Include Form 201	13		00
14 Total property taxes paid in 2024. Add lines 12 and 13	14	3,413	00
15 **Amount of Property Tax Credit:** Enter the smaller of line 11 or line 14	15	502	00

16 If you have been claimed as a dependent on anyone else's tax return, complete the following:

Name Of Taxpayer Who Claimed You	Social Security Number
Address:	

If you are not claimed as a dependent on anyone else's tax return, turn the form over and complete Part 2.
If someone else claims you as a dependent, skip lines 17 and 18, and complete line 19.

17 Credit for increased excise taxes **from Form 140PTC, page 2, Part 2, line 6**	17	50	00
18 Enter the number from page 2, Part 2, line 2, here	18		
19 **Total Credit:** Add lines 15 and 17, and enter the total. See the instructions if you have to file Arizona Form 140 or Form 140A	19	552	00

Direct Deposit of Refund: ***Check box 19A*** if your deposit will be ultimately placed in a **foreign account**; see instructions. 19A ☐

98 C ☐ Checking or S ☐ Savings — ROUTING NUMBER — ACCOUNT NUMBER

If this is your first claim for 2024, STOP HERE AND GO TO THE SIGNATURE BOX ON PAGE 2. If this is an amended claim, complete lines 20 through 22, and *check box 95 at the top of the form.*

AMENDED

20 Enter the amount from line 5 of the worksheet on page 6 of the instructions	20		00
21 Additional refund: If line 19 is larger than line 20, subtract line 20 from line 19	21		00
22 Amount to pay: If line 19 is less than line 20, subtract line 19 from line 20. Make check payable to Arizona Department of Revenue; write your SSN on payment, and include your payment with Form 140PTC	22		00

Continued on page 2 ➔

Your Name (as shown on page 1)	Your Social Security Number
James K Lockett & Yuhui Liu	534-60-2998

Part 1 Schedule of Household Income

			(1) YOU	(2) YOUR SPOUSE	(3) OTHER PERSONS	(4) TOTAL (1+2+3)
A	Salaries, wages, tips, etc., received in 2024	A	0	18,056	0	18,056
B	Dividend and interest income received in 2024	B	31	0	0	31
C	Business and farm income	C	-967,460	0	0	-967,460
D	Gain or loss from sale or exchange of property	D	-1,500	0		-1,500
E	Pension and annuity income. Include Arizona state and local retirement benefits, civil service, and military retirement. Do not include social security or railroad retirement benefits	E	48,378	0	0	48,378
F	Rent and royalty income	F	0	0	0	0
G	S corporation, partnership, estate, and trust income	G	0	0	0	0
H	Alimony	H	0	0	0	0
I	Other Income: Specify source on separate sheet	I	0	0	0	0
J	Total household income: Add lines A through I in column (4). Enter here and on the front of this form, line 10	J				0

Use the amount on line J, column 4, to compute your credit from the proper schedule below.

2024 Schedule 1

If you live alone, use this Schedule.

Household Income	Tax Credit	Household Income	Tax Credit
$ 0 - 1,750	$502	$ 2,751 - 2,850	$256
1,751 - 1,850	479	2,851 - 2,950	234
1,851 - 1,950	457	2,951 - 3,050	212
1,951 - 2,050	435	3,051 - 3,150	189
2,051 - 2,150	412	3,151 - 3,250	167
2,151 - 2,250	390	3,251 - 3,350	145
2,251 - 2,350	368	3,351 - 3,450	123
2,351 - 2,450	345	3,451 - 3,550	100
2,451 - 2,550	323	3,551 - 3,650	78
2,551 - 2,650	301	3,651 - 3,750	56
2,651 - 2,750	279	3,751 and up	0

2024 Schedule 2

If you live with your spouse or another person, use this Schedule.

Household Income	Tax Credit	Household Income	Tax Credit
$ 0 - 2,500	$502	$ 4,001 - 4,150	$256
2,501 - 2,650	479	4,151 - 4,300	234
2,651 - 2,800	457	4,301 - 4,450	212
2,801 - 2,950	435	4,451 - 4,600	189
2,951 - 3,100	412	4,601 - 4,750	167
3,101 - 3,250	390	4,751 - 4,900	145
3,251 - 3,400	368	4,901 - 5,050	123
3,401 - 3,550	345	5,051 - 5,200	100
3,551 - 3,700	323	5,201 - 5,350	78
3,701 - 3,850	301	5,351 - 5,500	56
3,851 - 4,000	279	5,501 and up	0

Enter the amount of credit on the front of this form, line 11.

Part 2 Credit for Increased Excise Taxes

Do not complete Part 2 if you completed line 16 on page 1 of Form 140PTC. Do not complete Part 2 if you were sentenced for at least 60 days of 2024 to a county, state, or federal prison. **Note:** If you are filing a joint Property Tax Credit claim with your spouse, and you are also claiming the Excise Tax Credit on Form 140PTC, you cannot claim the Excise Tax Credit for your spouse if your spouse was sentenced for at least 60 days during 2024 to a county, state or federal prison.

1 List dependents. See the instructions.

	(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 2024
1a				
1b				
1c				

2	Enter total number of dependents listed on lines 1a through 1c. Also, enter this amount on Form 140PTC, page 1, line 18	2	
3	If you are married filing a joint claim, enter the number "2" here. Otherwise, enter the number "1"	3	2
4	Add the amount on line 2 and line 3, and enter the total	4	2
5	Multiply the amount on line 4 by $25, and enter the result	5	50 00
6	Enter the smaller of line 5 or $100. Also, enter this amount on Form 140PTC, page 1, line 17	6	50 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.

➔ YOUR SIGNATURE _____ DATE _____ OCCUPATION Legal consultant

➔ SPOUSE'S SIGNATURE _____ DATE _____ SPOUSE'S OCCUPATION Sales Consultant

PAID PREPARER'S SIGNATURE Self Prepared DATE _____ FIRM'S NAME (PREPARER'S IF SELF-EMPLOYED) _____

PAID PREPARER'S STREET ADDRESS _____ PAID PREPARER'S TIN _____

PAID PREPARER'S CITY _____ STATE _____ ZIP CODE _____ PAID PREPARER'S PHONE NUMBER _____

***Mail to* Arizona Department of Revenue, PO Box 52138, Phoenix, AZ 85072-2138**

SCHEDULE A (Form 1040)

Department of the Treasury
Internal Revenue Service

Itemized Deductions

Attach to Form 1040 or 1040-SR.
Go to *www.irs.gov/ScheduleA* for instructions and the latest information.
Caution: If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 16.

OMB No. 1545-0074
2024
Attachment Sequence No. **07**

Name(s) shown on Form 1040 or 1040-SR: James K Lockett & Yuhui Liu

Your social security number: 534-60-2998

Medical and Dental Expenses		**Caution:** Do not include expenses reimbursed or paid by others.			
	1	Medical and dental expenses (see instructions)	1	10,071	
	2	Enter amount from Form 1040 or 1040-SR, line 11 [2] -901,370			
	3	Multiply line 2 by 7.5% (0.075)	3	0	
	4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-			4 10,071
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 ☐	5a	144	
	b	State and local real estate taxes (see instructions)	5b	3,413	
	c	State and local personal property taxes	5c	598	
	d	Add lines 5a through 5c	5d	4,155	
	e	Enter the smaller of line 5d or $10,000 ($5,000 if married filing separately)	5e	4,155	
	6	Other taxes. List type and amount:	6		
	7	Add lines 5e and 6			7 4,155
Interest You Paid	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 ☐			
Caution: Your mortgage interest deduction may be limited. See instructions.	a	Home mortgage interest and points reported to you on Form 1098. See instructions if limited	8a	31,332	
	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		
	c	Points not reported to you on Form 1098. See instructions for special rules	8c		
	d	Reserved for future use	8d		
	e	Add lines 8a through 8c	8e	31,332	
	9	Investment interest. Attach Form 4952 if required. See instructions	9		
	10	Add lines 8e and 9			10 31,332
Gifts to Charity	11	Gifts by cash or check. If you made any gift of $250 or more, see instructions	11	0	
Caution: If you made a gift and got a benefit for it, see instructions.	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		
	13	Carryover from prior year	13		
	14	Add lines 11 through 13		Limited	14
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
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 12			17 45,558
	18	If you elect to itemize deductions even though they are less than your standard deduction, check this box ☐			

Arizona Schedule **A**

Itemized Deduction Adjustments

For Full-Year Residents Filing Form 140

2024

Include with your return.

Your Name as shown on Form 140	Your Social Security Number
James K Lockett	534 60 2998
Spouse's Name as shown on Form 140 (if filing joint)	Spouse's Social Security Number
Yuhui Liu	677 28 4731

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	10,071 00		
2	Medical expenses allowed to be taken as a federal itemized deduction	2	10,071 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	0 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 2024 that is equal to the amount of your 2024 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	0 00

Adjusted Itemized Deductions

9	Add the amounts on lines 3 and 5	9	0 00		
10	Add the amounts on lines 4, 6, 7, and 8	10	0 00		
11	Total federal itemized deductions allowed to be taken on federal return	11	45,558 00		
12	Enter the amount from line 9 above	12	0 00		
13	Add lines 11 and 12	13	45,558 00		
14	Enter the amount from line 10 above	14	0 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	45,558 00

IMPORTANT

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)	Your Social Security Number
James K Lockett	534-60-2998

2024 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

Form 140 **Family Income Tax Credit Worksheet** **2024**

► Keep for your records

Name as Shown on Return	Social Security Number
James K Lockett & Yuhui Liu	534-60-2998

Family Income Tax Credit Worksheet

A	Number of dependents listed as type "A", "D", or "E"	
B	If filing status is MFJ, enter the number 2 here. Otherwise, enter the number 1 here	2
C	Add lines A and B	2
D	Multiply line C by $40	80.
E	Enter $240 if MFJ or HOH; enter $120 if Single or MFS	240.
F	Lesser of line D or line E. Enter here and on Form 140, line 50	80.

Arizona Information Worksheet 2024

► Keep for your records

Part I - Personal Information

Taxpayer:

First Name . . . . . James
Middle Initial . . . . . K Suffix . . _____
Last Name . . . . . Lockett
Social Security No . 534-60-2998
Date of Birth 11/11/1953
Date of Death . . . . _____
Daytime Phone . . . (619)405-5321
Extension . . . . . _____

Spouse:

First Name . . . . . Yuhui
Middle Initial . . . . . __ Suffix . . _____
Last Name . . . . . Liu
Social Security No . . 677-28-4731
Date of Birth 03/25/1968
Date of Death . . . . . _____
Daytime Phone . . . . _____
Extension . . . . . _____

Home Phone . . . . _____
Print this daytime phone on forms . . . . . [X] Taxpayer daytime [ ] Spouse daytime [ ] Home
Street Address . 9850 East Windrose Drive Apt No. . _____
City . . . . . Scottsdale State . . . AZ ZIP Code 85260

Last name(s) in prior years if different from name(s) used in current year . . . . _____
_____

Part II - Main Form

[X] Form **140**: Resident Tax Return (Long form) . . . . . ► _____
[ ] Form **140NR**: Nonresident Tax Return . . . . . ► _____
Enter Nonresident income allocations on Form 140NR . . . . . ► _____
[ ] Form **140PY**: Part-Year Resident Tax Return . . . . . ► _____
Dates of Residency: From: _____ To: _____
Other states of residency: ___ ___ ___ ___
Other country of residency: ___ _____
Enter Part-Year Resident income allocations on Form 140PY . . . . . ► _____

Small Business Income Tax Returns:

[ ] Small Business Income Tax Return Election
Form 140-SBI: Resident Tax Return . . . . . ► _____
Form 140PY-SBI: Part-Year Tax Return . . . . . ► _____
Form 140NR-SBI: Nonresident Tax Return . . . . . ► _____

[ ] File a zero "0" SBI return if you made 2024 estimated tax payments and are **not** electing to report small business income on the SBI return for tax year 2024.

QuickZoom to Form **204-SBI**: Small Business Income Tax Extension Payment . . . . . ► _____

QuickZoom to Form **140X-SBI**: Small Business Amended Income Tax Return . . . . . ► _____

Estimated Tax Payments Allocated to Small Business Income Tax Return for 2024
Total Arizona estimated payments made (including overpayment from 2023 applied) . . . . _____

Amount of above total allocated to Small Business Income Tax . . . . . ► _____
Amount of estimated payments paid toward Personal Income Tax . . . . . _____

Military personnel and composite return filers:

- [ ] You were active duty in Arizona and are filing part-year or nonresident return (Form 140NR or 140PY)
- [ ] You are filing a composite return on Form 140NR

Part III - Filing Status

- [X] Married filing joint return
  - [ ] Injured spouse protection of joint overpayment (Form 203) . . . . . ► _____
- [ ] Head of household
  Child's First name _____ MI _____ Last Name _____ Suffix ____
  - [ ] Head of household and married in 2024
- [ ] Married filing separate return
  - [ ] Spouse itemized deductions
  - [ ] Married filing separate with one spouse claiming at least one dependent
- [ ] Single

Part IV - Other Information

- [ ] Your Arizona gross income for **2023** was in excess of $75,000 ($150,000 if MFJ)
- [ ] Someone (such as taxpayer's parent) can claim taxpayer as a dependent
- [ ] You qualify as a farmer or fisherman for federal tax purposes
- [ ] Itemize even if itemized deductions are less than standard deduction
- [ ] Take the standard deduction even if less than itemized deductions
- [ ] Check this box if you are a first time Arizona income tax filer

Increased Excise Tax Credit

- [ ] You were sentenced to 60 days or more in a county, state or federal prison during tax year 2024

Credit claimed by another member of the household . . . . . 0.

Voluntary Gifts

1	Solutions Teams Assigned to Schools Fund	**1**	
2	Arizona Wildlife Fund	**2**	
3	Child Abuse Prevention Fund	**3**	
4	Domestic Violence Services	**4**	
5	I Didn't Pay Enough Fund	**5**	
6	Neighbors Helping Neighbors Fund	**6**	
7	Special Olympics Fund	**7**	
8	Veterans' Donations Fund	**8**	
9	Sustainable State Parks and Road Fund	**9**	
10	Spay/Neuter of Animals	**10**	
11	Political Gift - select party below	**11**	

- [ ] Democratic
- [ ] Libertarian
- [ ] Republican

Part V - Electronic Filing Information

E-file consent disclosure:

By using a computer system and software to prepare and transmit return(s) electronically, I consent to the disclosure of all information pertaining to my use of the system and software to the Arizona Department

of Revenue, as applicable by law, and to the transmission of my tax return(s).

Yes	No	
☐	☐	Federal PIN(s) will be used (See help)

Part VI - Direct Deposit Information or Direct Debit Information

Yes	No	
☐	☐	Do you want to elect direct deposit of state tax refund?
☐	☐	Do you want direct debit of state tax payment (Electronic Filing Only)?

Name of Financial Institution (optional) . . . . _____

Account type . . . . . Checking ☐ Savings ☐

Routing number . . . . . _____

Account number. . . . . _____

Enter the payment date to withdraw from the account above . . . . . _____

State balance-due amount from this return . . . . . _____

International ACH Transactions

Yes	No	
☐	☐	Will the funds for this refund (or payment) go to (or come from) an account outside the U.S.?

Small Business Income Tax Returns

Yes	No	
☐	☐	Do you want to elect direct deposit of state tax refund?
☐	☐	Do you want direct debit of state tax payment (Electronic Filing Only)?

Name of Financial Institution (optional) . . . . _____

Account type . . . . . Checking ☐ Savings ☐

Routing number . . . . . _____

Account number. . . . . _____

Enter the payment date to withdraw from the account above . . . . . _____

State balance-due amount from this return . . . . . _____

International ACH Transactions for SBI Return

Yes	No	
		Will the funds for this refund (or payment) go to (or come from) an account outside the U.S.?

Part VII – Extension Status

Yes	No	
	X	Has the tax return due date been extended by filing IRS Form 4868?

Extended due date . . . . . .

QuickZoom to Form 204: Application for Filing Extension . . . . . ►

Part VIII – Amended Return

☐ You are filing an Arizona amended return for 2024 (See Tax Help)

Current tax year you are amending . . . . . .

Payment with original return . . . . . .

Overpayment from original return . . . . .

QuickZoom to Form 140X: Individual Amended Income Tax Return . . . . . ►

Tax Payments Worksheet 2024

► Keep for your records

Name	Social Security Number
James K Lockett & Yuhui Liu	534-60-2998

Tax Payments for the Current Year

		State	
		Date	Payment
1	First Payment		
2	Second Payment		
3	Third Payment		
4	Fourth Payment		
	Additional Payments		
5	Payment		
	Payment		
	Payment		
	Payment		
	Payment		

6	Overpayment from previous year applied to current year	6	
7	Amount paid with current year extension	7	
8	**Total tax payments**	8	

Income Taxes Withheld for the Current Year

9	State withholding on Forms W-2	9	144.
10	State withholding on Forms W-2G	10	
11	State withholding on Forms 1099-R	11	
12 a	State withholding on Forms 1099-MISC	12 a	
b	State withholding on Forms 1099-NEC	b	
c	State withholding on Forms 1099-G	c	
d	State withholding on Forms 1099-K	d	
13 a	State tax withholding on Form K-1 S-Corp	13 a	
b	State tax withholding on Form K-1 Partnership	b	
c	State tax withholding on Form K-1 Estate & Trusts	c	
d	Other state tax withholding	d	
e	Total lines 13a through 13d	e	
14	**Total income tax withheld**	14	144.
15	Date return will be filed and balance paid	15	

Smart Worksheets From 2024 Arizona Tax Return

Schedule A (140): Itemized Deductions -- Smart Worksheet

Adjustment to State Income Taxes	
Enter amount of state taxes deducted on federal Schedule A that are for contributions to charity for which an Arizona credit was received. If none, enter zero.	0.