

File by Mail Instructions for your 2021 Federal Tax Return

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



(If you prefer, you can still e-file. Go to the end of these instructions for more information.)

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

Balance Due/Refund	Your federal tax return (Form 1040-SR) shows you are due a refund of \$8,332.00. Do not expect your refund from the Internal Revenue Service. You have applied \$8,332.00 to your 2022 estimated taxes.	
What You Need to Mail	<p>Your tax return - The official return for mailing is included in this printout. Remember to sign and date the return.</p> <p>Attach the first copy or Copy B of Form(s) W-2 to the front of your Form 1040-SR.</p> <p>Mail your return and attachments to: Department of the Treasury Internal Revenue Service Austin, TX 73301-0002</p> <p>Deadline: Postmarked by Monday, April 18, 2022</p> <p>Note: Your state return may be due on a different date. Please review your state filing instructions.</p> <p>Don't forget correct postage on the envelope.</p>	
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.	
2021 Federal Tax Return Summary	Adjusted Gross Income	\$ -896,676.00
	Taxable Income	\$ 0.00
	Total Tax	\$ 0.00
	Total Payments/Credits	\$ 8,332.00
	Refund Applied to ES Tax	\$ 8,332.00
	No Refund or Amount Due	\$ 0.00
	Effective Tax Rate	0.00%
Changed Your Mind About e-filing?	You can still file electronically. Just go back to TurboTax, select the File tab, then select the E-file category. We'll walk you through the process. Once you file, we will let you know if your return is accepted (or rejected) by the Internal Revenue Service.	

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

Your first name and middle initial James K		Last name Lockett		Your social security number 534-60-2998	
If joint return, spouse's first name and middle initial Yuhui		Last name Liu		Spouse's social security number 677-28-4731	
Home address (number and street). If you have a P.O. box, see instructions. 9850 East Windrose Drive				Apt. no.	
City, town, or post office. If you have a foreign address, also complete spaces below. Scottsdale			State AZ	ZIP code 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

At any time during 2021, did you receive, sell, exchange, or otherwise dispose of any financial interest in any virtual currency? ▶ ☒ Yes ☐ No

Standard Deduction **Someone can claim:** ☐ You as a dependent ☐ Your spouse as a dependent
☐ Spouse itemizes on a separate return or you were a dual-status alien
Age/Blindness { **You:** ☒ Were born before January 2, 1957 ☐ Are blind
Spouse: ☐ Was born before January 2, 1957 ☐ Is blind

Dependents (see instructions):		(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) <input checked="" type="checkbox"/> if qualifies for (see instructions):	
						Child tax credit	Credit for other dependents
If more than four dependents, see instructions and check here ▶ <input type="checkbox"/>		Thomas	Lockett	721-99-3745	Son	<input checked="" type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

Attach Schedule B if required.	1	Wages, salaries, tips, etc. Attach Form(s) W-2	1	28,724.
	2a	Tax-exempt interest	2a	
	3a	Qualified dividends	3a	
	4a	IRA distributions	4a	
	5a	Pensions and annuities	5a	
	6a	Social security benefits	6a	
	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>	7	
	8	Other income from Schedule 1, line 10	8	-965,659.
	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income . . ▶	9	-896,606.
	10	Adjustments to income from Schedule 1, line 26	10	70.
	11	Subtract line 10 from line 9. This is your adjusted gross income . . ▶	11	-896,676.

Standard DeductionSee *Standard Deduction Chart* on the last page of this form.

12a	Standard deduction or itemized deductions (from Schedule A)	12a	38,815.		
b	Charitable contributions if you take the standard deduction (see instructions)	12b			
c	Add lines 12a and 12b	12c		38,815.	
13	Qualified business income deduction from Form 8995 or Form 8995-A	13		0.	
14	Add lines 12c and 13	14		38,815.	
15	Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-	15		0.	
16	Tax (see instructions). Check if any from: 1 <input type="checkbox"/> Form(s) 8814 2 <input type="checkbox"/> Form 4972 3 <input type="checkbox"/> _____	16		0.	
17	Amount from Schedule 2, line 3	17			
18	Add lines 16 and 17	18		0.	
19	Nonrefundable child tax credit or credit for other dependents from Schedule 8812	19			
20	Amount from Schedule 3, line 8	20		0.	
21	Add lines 19 and 20	21		0.	
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.	
25	Federal income tax withheld from:				
a	Form(s) W-2	25a		132.	
b	Form(s) 1099	25b			
c	Other forms (see instructions)	25c			
d	Add lines 25a through 25c	25d		132.	
26	2021 estimated tax payments and amount applied from 2020 return	26		1,000.	
27a	Earned income credit (EIC) Check here if you were born after January 1, 1998, and before January 2, 2004, and you satisfy all the other requirements for taxpayers who are at least age 18 to claim the EIC. See instructions ► <input type="checkbox"/> No	27a			
b	Nontaxable combat pay election	27b			
c	Prior year (2019) earned income	27c			
28	Refundable child tax credit or additional child tax credit from Schedule 8812	28		3,000.	
29	American opportunity credit from Form 8863, line 8	29			
30	Recovery rebate credit. See instructions	30		4,200.	
31	Amount from Schedule 3, line 15	31			
32	Add lines 27a and 28 through 31. These are your total other payments and refundable credits ►	32		7,200.	
33	Add lines 25d, 26, and 32. These are your total payments ►	33		8,332.	

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

Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	8,332.																
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	0.																
Direct deposit? See instructions.	b	Routing number <table border="1"><tr><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td></tr></table> c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	X	X	X	X	X	X	X	X	X	X								
	X	X	X	X	X	X	X	X	X	X										
d	Account number <table border="1"><tr><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td></tr></table>	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X		
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 2022 estimated tax 36		8,332.																
Amount You Owe	37	Amount you owe. Subtract line 33 from line 24. For details on how to pay, see instructions 37	37																	
	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.)
	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.)
	Phone no. (619) 405-5321	Email address		

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	PTIN	Check if: <input type="checkbox"/> Self-employed
Firm's name <input type="checkbox"/> Self-Prepared	Firm's address <input type="checkbox"/>			Phone no.
Firm's EIN <input type="checkbox"/>				

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

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

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

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

2021
Attachment
Sequence No. **01**

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

James K Lockett & Yuhui Liu

Your social security number

534-60-2998

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions) ►		
3	Business income or (loss). Attach Schedule C	3	-950,784.
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	(14,875.)
b	Gambling income	8b	
c	Cancellation of debt	8c	
d	Foreign earned income exclusion from Form 2555	8d	()
e	Taxable Health Savings Account distribution	8e	
f	Alaska Permanent Fund dividends	8f	
g	Jury duty pay	8g	
h	Prizes and awards	8h	
i	Activity not engaged in for profit income	8i	
j	Stock options	8j	
k	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property	8k	
l	Olympic and Paralympic medals and USOC prize money (see instructions)	8l	
m	Section 951(a) inclusion (see instructions)	8m	
n	Section 951A(a) inclusion (see instructions)	8n	
o	Section 461(l) excess business loss adjustment	8o	
p	Taxable distributions from an ABLE account (see instructions)	8p	
z	Other income. List type and amount ►	8z	0.
9	Total other income. Add lines 8a through 8z	9	-14,875.
10	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8	10	-965,659.

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

Schedule 1 (Form 1040) 2021

Part II Adjustments to Income

11	Educator expenses	11	70.
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 8k from the rental of personal property engaged in for profit	24b	
c	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8l	24c	
d	Reforestation amortization and expenses	24d	
e	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e	
f	Contributions to section 501(c)(18)(D) pension plans	24f	
g	Contributions by certain chaplains to section 403(b) plans	24g	
h	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)	24h	
i	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations	24i	
j	Housing deduction from Form 2555	24j	
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)	24k	
z	Other adjustments. List type and amount ▶	24z	
25	Total other adjustments. Add lines 24a through 24z	25	
26	Add lines 11 through 23 and 25. These are your adjustments to income . Enter here and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a	26	70.

**SCHEDULE A
(Form 1040)**Department of the Treasury
Internal Revenue Service (99)**Itemized Deductions**► Go to www.irs.gov/ScheduleA for instructions and the latest information.

► Attach to Form 1040 or 1040-SR.

OMB No. 1545-0074

2021Attachment
Sequence No. **07****Caution:** If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 16.

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) | 1,766. |
| 2 | Enter amount from Form 1040 or 1040-SR, line 11 | -896,676. |
| 3 | Multiply line 2 by 7.5% (0.075) | 0. |
| 4 | Subtract line 3 from line 1. If line 3 is more than line 1, enter -0- | 1,766. |

**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 | 305. |
| b | State and local real estate taxes (see instructions) | 1,704. |
| c | State and local personal property taxes | 352. |
| d | Add lines 5a through 5c | 2,361. |
| e | Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately) | 2,361. |
| 6 | Other taxes. List type and amount | |
| 7 | Add lines 5e and 6 | 2,361. |

**Interest
You Paid****Caution:** Your mortgage interest deduction may be limited (see instructions).

- | | | |
|----|---|---------|
| 8 | Home mortgage interest and points. If you didn't use all of your home mortgage loan(s) to buy, build, or improve your home, see instructions and check this box | |
| a | Home mortgage interest and points reported to you on Form 1098. See instructions if limited | 33,169. |
| 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 | |
| c | Points not reported to you on Form 1098. See instructions for special rules | |
| d | Mortgage insurance premiums (see instructions) | 1,519. |
| e | Add lines 8a through 8d | 34,688. |
| 9 | Investment interest. Attach Form 4952 if required. See instructions. | |
| 10 | Add lines 8e and 9 | 34,688. |

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

- | | | |
|----|---|----------|
| 11 | Gifts by cash or check. If you made any gift of \$250 or more, see instructions | 0. |
| 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. | |
| 13 | Carryover from prior year | |
| 14 | Add lines 11 through 13 | Limited. |

**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 | |
|----|--|--|

**Other
Itemized
Deductions**

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

**Total
Itemized
Deductions**

- | | | |
|----|---|---------|
| 17 | Add the amounts in the far right column for lines 4 through 16. Also, enter this amount on Form 1040 or 1040-SR, line 12a | 38,815. |
| 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 (99)

Interest and Ordinary Dividends

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

OMB No. 1545-0074

2021
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.

- 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 ►

Bank of America

Amount

227.65

1

- 2** Add the amounts on line 1
- 3** Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815
- 4** Subtract line 3 from line 2. Enter the result here and on Form 1040 or 1040-SR, line 2b ►

227.65

2

3

227.65

4

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

Amount

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.

- 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

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.

Yes No

Foreign Accounts and Trusts

Caution: If
required, failure
to file FinCEN
Form 114 may
result in
substantial
penalties. See
instructions.

- 7a** At any time during 2021, 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, enter the name of the foreign country where the financial account is located ►

- 8** During 2021, 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 (99)

Profit or Loss From Business
(Sole Proprietorship)

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

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

OMB No. 1545-0074

2021

Attachment
Sequence No. **09**

Name of proprietor James K Lockett		Social security number (SSN) 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) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) ►		
G Did you "materially participate" in the operation of this business during 2021? If "No," see instructions for limit on losses . <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
H If you started or acquired this business during 2021, check here <input type="checkbox"/>		
I Did you make any payments in 2021 that would require you to file Form(s) 1099? See instructions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
J If "Yes," did you or will you file required Form(s) 1099? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Part I Income

1 Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked <input type="checkbox"/>	1	86,380.
2 Returns and allowances	2	
3 Subtract line 2 from line 1	3	86,380.
4 Cost of goods sold (from line 42)	4	
5 Gross profit. Subtract line 4 from line 3	5	86,380.
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	86,380.

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

8 Advertising	8	668.	18 Office expense (see instructions)	18	297.
9 Car and truck expenses (see instructions)	9	3,035.	19 Pension and profit-sharing plans	19	
10 Commissions and fees	10	0.	20 Rent or lease (see instructions):		
11 Contract labor (see instructions)	11		a Vehicles, machinery, and equipment	20a	
12 Depletion	12		b Other business property	20b	
13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		21 Repairs and maintenance	21	89.
14 Employee benefit programs (other than on line 19)	14		22 Supplies (not included in Part III)	22	176.
15 Insurance (other than health)	15		23 Taxes and licenses	23	120.
16 Interest (see instructions):			24 Travel and meals:		
a Mortgage (paid to banks, etc.)	16a		a Travel	24a	24.
b Other	16b	60.	b Deductible meals (see instructions)	24b	
17 Legal and professional services	17	880.	25 Utilities	25	449.
			26 Wages (less employment credits)	26	
			27a Other expenses (from line 48)	27a	19,868.
			b Reserved for future use	27b	
28 Total expenses before expenses for business use of home. Add lines 8 through 27a	28			28	25,666.
29 Tentative profit or (loss). Subtract line 28 from line 7	29			29	60,714.
30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions. Simplified method filers only: Enter the total square footage of (a) your home: <u>2638</u> and (b) the part of your home used for business: <u>300</u> . Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30				30	1,500.
31 Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Schedule 1 (Form 1040), line 3 , and on Schedule SE, line 2 . (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3 . • If a loss, you must go to line 32.				31	59,214.
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 <input type="checkbox"/> Cost b <input type="checkbox"/> Lower of cost or market c <input type="checkbox"/> Other (attach explanation)
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation <input type="checkbox"/> Yes <input type="checkbox"/> No
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation 35
36	Purchases less cost of items withdrawn for personal use 36
37	Cost of labor. Do not include any amounts paid to yourself 37
38	Materials and supplies 38
39	Other costs 39
40	Add lines 35 through 39 40
41	Inventory at end of year 41
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4 42

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

43	When did you place your vehicle in service for business purposes? (month/day/year) ► 10/03/2018
44	Of the total number of miles you drove your vehicle during 2021, enter the number of miles you used your vehicle for:
a	Business 5,238 b Commuting (see instructions) 0 c Other 8,999
45	Was your vehicle available for personal use during off-duty hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
46	Do you (or your spouse) have another vehicle available for personal use? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
47a	Do you have evidence to support your deduction? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
b	If "Yes," is the evidence written? <input type="checkbox"/> Yes <input type="checkbox"/> No

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

SECTION 465(d) CARRYOVER	19,868.
48 Total other expenses. Enter here and on line 27a	48 19,868.

SCHEDULE C
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Profit or Loss From Business
(Sole Proprietorship)

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

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

OMB No. 1545-0074

2021

Attachment
Sequence No. **09**

Name of proprietor James K Lockett		Social security number (SSN) 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) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) ►		
G Did you "materially participate" in the operation of this business during 2021? If "No," see instructions for limit on losses . <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
H If you started or acquired this business during 2021, check here . <input type="checkbox"/>		
I Did you make any payments in 2021 that would require you to file Form(s) 1099? See instructions . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
J If "Yes," did you or will you file required Form(s) 1099? . <input type="checkbox"/> Yes <input type="checkbox"/> No		

Part I Income

1	Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked <input type="checkbox"/>	1	21,500.
2	Returns and allowances	2	
3	Subtract line 2 from line 1	3	21,500.
4	Cost of goods sold (from line 42)	4	
5	Gross profit. Subtract line 4 from line 3	5	21,500.
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	21,500.

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

8	Advertising	8	2,409.	18	Office expense (see instructions)	18	47.
9	Car and truck expenses (see instructions)	9		19	Pension and profit-sharing plans	19	
10	Commissions and fees	10		20	Rent or lease (see instructions):		
11	Contract labor (see instructions)	11	18,680.	a	Vehicles, machinery, and equipment	20a	
12	Depletion	12		b	Other business property	20b	
13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		21	Repairs and maintenance	21	255.
14	Employee benefit programs (other than on line 19)	14		22	Supplies (not included in Part III)	22	98.
15	Insurance (other than health)	15		23	Taxes and licenses	23	120.
16	Interest (see instructions):			24	Travel and meals:		
a	Mortgage (paid to banks, etc.)	16a		a	Travel	24a	568.
b	Other	16b		b	Deductible meals (see instructions)	24b	
17	Legal and professional services	17	1,865.	25	Utilities	25	
18				26	Wages (less employment credits)	26	
19				27a	Other expenses (from line 48)	27a	1,007,456.
20				b	Reserved for future use	27b	
21				28	Total expenses before expenses for business use of home. Add lines 8 through 27a	28	1,031,498.
22				29	Tentative profit or (loss). Subtract line 28 from line 7	29	-1,009,998.
23				30	Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions. Simplified method filers only: Enter the total square footage of (a) your home: <u>2638</u> and (b) the part of your home used for business: <u>300</u> . Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	30	
24				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	-1,009,998.
25				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.		
26						32a	<input checked="" type="checkbox"/> All investment is at risk.
27						32b	<input type="checkbox"/> Some investment is not at risk.

Part III Cost of Goods Sold (see instructions)

33	Method(s) used to value closing inventory: a <input type="checkbox"/> Cost b <input type="checkbox"/> Lower of cost or market c <input type="checkbox"/> Other (attach explanation)
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation <input type="checkbox"/> Yes <input type="checkbox"/> No
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation 35
36	Purchases less cost of items withdrawn for personal use 36
37	Cost of labor. Do not include any amounts paid to yourself 37
38	Materials and supplies 38
39	Other costs 39
40	Add lines 35 through 39 40
41	Inventory at end of year 41
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4 42

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

43	When did you place your vehicle in service for business purposes? (month/day/year) ▶
44	Of the total number of miles you drove your vehicle during 2021, enter the number of miles you used your vehicle for:
a	Business b Commuting (see instructions) c Other
45	Was your vehicle available for personal use during off-duty hours? <input type="checkbox"/> Yes <input type="checkbox"/> No
46	Do you (or your spouse) have another vehicle available for personal use? <input type="checkbox"/> Yes <input type="checkbox"/> No
47a	Do you have evidence to support your deduction? <input type="checkbox"/> Yes <input type="checkbox"/> No
b	If "Yes," is the evidence written? <input type="checkbox"/> Yes <input type="checkbox"/> No

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

ClickFunnels	435.
Mintbuilder Product Purchaes	420.
SECTION 465(d) CARRYOVER	1,006,601.
48	Total other expenses. Enter here and on line 27a 48 1,007,456.

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.

Name James K Lockett & Yuhui Liu Identifying number as shown on page 1 of your tax return 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.

- ☐ Section 951A category income ☐ Passive category income ☐ Section 901(j) income ☐ Lump-sum distributions
☐ Foreign branch category income ☒ General category income ☐ 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. possession, 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. possession, use a separate column and line for each country or possession.

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

		Foreign Country or U.S. Possession			Total (Add cols. A, B, and C.)
		A	B	C	
i	Enter the name of the foreign country or U.S. possession ▶	China			
1a	Gross income from sources within country shown above and of the type checked above (see instructions): <u>China</u>				
		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 . . . ▶ <input type="checkbox"/>				
Deductions and losses (Caution: See instructions.):					
2	Expenses definitely related to the income on line 1a (attach statement)				
3	Pro rata share of other deductions not definitely related: SEE STMT				
a	Certain itemized deductions or standard deduction (see instructions)	4,127.			
b	Other deductions (attach statement)	70.			
c	Add lines 3a and 3b	4,197.			
d	Gross foreign source income (see instructions)	0.			
e	Gross income from all sources (see instructions)	176,933.			
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				
5	Losses from foreign sources				
6	Add lines 2, 3g, 4a, 4b, and 5	0.			6 0.
7	Subtract line 6 from line 1a. Enter the result here and on line 15, page 2 ▶				7 0.

Part II Foreign Taxes Paid or Accrued (see instructions)

Country	Credit is claimed for taxes (you must check one) (j) <input checked="" type="checkbox"/> Paid (k) <input type="checkbox"/> 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		
A	12/31/2018									
B										
C										
8	Add lines A through C, column (u). Enter the total here and on line 9, page 2 ▶									8

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		
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 your income was section 951A category income (box a above Part I), leave line 10 blank.)	10	597,822.	
11	Add lines 9 and 10	11	597,822.	
12	Reduction in foreign taxes (see instructions)	12	()	
13	Taxes reclassified under high tax kickout (see instructions)	13		
14	Combine lines 11, 12, and 13. This is the total amount of foreign taxes available for credit	14		597,822.
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	0.	
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	0.	
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 2. Estates and trusts: Enter the amount from Form 1041, Schedule G, line 1a; or the total of Form 990-T, Part II, lines 2, 3, 4, and 6. Foreign estates and trusts should enter the amount from Form 1040-NR, line 16	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))	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)**

(December 2021)

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 **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 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 6 of the worksheet in the instructions)	112,582.	0.	57,715.	45,611.	78,674.	99,461.	394,043.
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)	112,582.	0.	57,715.	45,611.	78,674.	99,461.	394,043.
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)	-112,582.						-112,582.
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-	0.	57,715.	45,611.	78,674.	99,461.	281,461.

For Paperwork Reduction Act Notice, see the separate instructions.

BAA

REV 09/09/22 TTW

Schedule B (Form 1116) (12-2021)

Foreign Tax Carryover Reconciliation (<i>continued</i>)		(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 6 of the worksheet in the instructions)	394,043.	147,653.	56,126.	0.	0.		597,822.
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.	394,043.	147,653.	56,126.	0.	0.		597,822.
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)	-112,582.						-112,582.
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.	281,461.	147,653.	56,126.	0.	0.	0.	485,240.

BAA

REV 09/09/22 TTW

Schedule B (Form 1116) (12-2021)

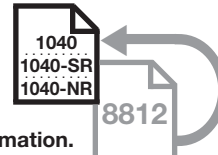
SCHEDULE 8812
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

**Credits for Qualifying Children
and Other Dependents**

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

► Go to www.irs.gov/Schedule8812 for instructions and the latest information.



OMB No. 1545-0074

2021

Attachment
Sequence No. **47**

Name(s) shown on return

James K Lockett & Yuhui Liu

Your social security number

534-60-2998

Part I-A Child Tax Credit and Credit for Other Dependents

1	Enter the amount from line 11 of your Form 1040, 1040-SR, or 1040-NR	1	-896,676.
2a	Enter income from Puerto Rico that you excluded	2a	
b	Enter the amounts from lines 45 and 50 of your Form 2555	2b	0.
c	Enter the amount from line 15 of your Form 4563	2c	
d	Add lines 2a through 2c	2d	0.
3	Add lines 1 and 2d	3	-896,676.
4a	Number of qualifying children under age 18 with the required social security number	4a	1.
b	Number of children included on line 4a who were under age 6 at the end of 2021	4b	0.
c	Subtract line 4b from line 4a	4c	1.
5	If line 4a is more than zero, enter the amount from the Line 5 Worksheet ; otherwise, enter -0-	5	3,000.
6	Number of other dependents, including any qualifying children who are not under age 18 or who do not have the required social security number	6	0.
Caution: Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. resident alien. Also, do not include anyone you included on line 4a.			
7	Multiply line 6 by \$500	7	
8	Add lines 5 and 7	8	3,000.
9	Enter the amount shown below for your filing status. • Married filing jointly—\$400,000 } • All other filing statuses—\$200,000 }	9	400,000.
10	Subtract line 9 from line 3. • If zero or less, enter -0-. • If more than zero and not a multiple of \$1,000, enter the next multiple of \$1,000. For example, if the result is \$425, enter \$1,000; if the result is \$1,025, enter \$2,000, etc. }	10	0.
11	Multiply line 10 by 5% (0.05)	11	0.
12	Subtract line 11 from line 8. If zero or less, enter -0-	12	3,000.
13	Check all the boxes that apply to you (or your spouse if married filing jointly). A Check here if you (or your spouse if married filing jointly) had a principal place of abode in the United States for more than half of 2021 <input checked="" type="checkbox"/> B Check here if you (or your spouse if married filing jointly) were a bona fide resident of Puerto Rico for 2021 <input type="checkbox"/>		

Part I-B Filers Who Check a Box on Line 13

Caution: If you did not check a box on line 13, do not complete Part I-B; instead, skip to Part I-C.

14a	Enter the smaller of line 7 or line 12	14a	0.
b	Subtract line 14a from line 12	14b	3,000.
c	If line 14a is zero, enter -0-; otherwise, enter the amount from the Credit Limit Worksheet A	14c	0.
d	Enter the smaller of line 14a or line 14c	14d	0.
e	Add lines 14b and 14d	14e	3,000.
f	Enter the aggregate amount of advance child tax credit payments you (and your spouse if filing jointly) received for 2021. See your Letter(s) 6419 for the amounts to include on this line. If you are missing Letter 6419, see the instructions before entering an amount on this line. If you didn't receive any advance child tax credit payments for 2021, enter -0-	14f	0.
Caution: If the amount on this line doesn't match the aggregate amounts reported to you (and your spouse if filing jointly) on your Letter(s) 6419, the processing of your return will be delayed.			
g	Subtract line 14f from line 14e. If zero or less, enter -0- on lines 14g through 14i and go to Part III	14g	3,000.
h	Enter the smaller of line 14d or line 14g. This is your credit for other dependents. Enter this amount on line 19 of your Form 1040, 1040-SR, or 1040-NR	14h	0.
i	Subtract line 14h from line 14g. This is your refundable child tax credit. Enter this amount on line 28 of your Form 1040, 1040-SR, or 1040-NR	14i	3,000.

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

BAA

REV 09/09/22 TTW

Schedule 8812 (Form 1040) 2021

Part I-C Filers Who Do Not Check a Box on Line 13**Caution:** If you checked a box on line 13, do not complete Part I-C.

15a	Enter the amount from the Credit Limit Worksheet A	15a	
b	Enter the smaller of line 12 or line 15a	15b	
Additional child tax credit. Complete Parts II-A through II-C if you meet each of the following items.			
1. You are not filing Form 2555.			
2. Line 4a is more than zero.			
3. Line 12 is more than line 15a.			
c	If you completed Parts II-A through II-C, enter the amount from line 27; otherwise, enter -0-	15c	
d	Add lines 15b and 15c	15d	
e	Enter the aggregate amount of advance child tax credit payments you (and your spouse if filing jointly) received for 2021. See your Letter(s) 6419 for the amounts to include on this line. If you are missing Letter 6419, see the instructions before entering an amount on this line. If you didn't receive any advance child tax credit payments for 2021, enter -0-	15e	
Caution: If the amount on this line doesn't match the aggregate amounts reported to you (and your spouse if filing jointly) on your Letter(s) 6419, the processing of your return will be delayed.			
f	Subtract line 15e from line 15d. If zero or less, enter -0- on lines 15f through 15h and go to Part III	15f	
g	Enter the smaller of line 15b or line 15f. This is your nonrefundable child tax credit and credit for other dependents. Enter this amount on line 19 of your Form 1040, 1040-SR, or 1040-NR.	15g	
h	Subtract line 15g from line 15f. This is your additional child tax credit. Enter this amount on line 28 of your Form 1040, 1040-SR, or 1040-NR	15h	

Part II-A Additional Child Tax Credit (use only if completing Part I-C)**Caution:** If you file Form 2555, do not complete Parts II-A through II-C; you cannot claim the additional child tax credit.**Caution:** If you checked a box on line 13, do not complete Parts II-A through II-C; you cannot claim the additional child tax credit.

16a	Subtract line 15b from line 12. If zero, skip Parts II-A and II-B and enter -0- on line 27	16a	
b	Number of qualifying children under 18 with the required social security number: _____ x \$1,400. Enter the result. If zero, skip Parts II-A and II-B and enter -0- on line 27	16b	
TIP: The number of children you use for this line is the same as the number of children you used for line 4a.			
17	Enter the smaller of line 16a or line 16b	17	
18a	Earned income (see instructions)	18a	
b	Nontaxable combat pay (see instructions)	18b	
19	Is the amount on line 18a more than \$2,500? <input type="checkbox"/> No. Leave line 19 blank and enter -0- on line 20. <input type="checkbox"/> Yes. Subtract \$2,500 from the amount on line 18a. Enter the result	19	
20	Multiply the amount on line 19 by 15% (0.15) and enter the result	20	
Next. On line 16b, is the amount \$4,200 or more? <input type="checkbox"/> No. If line 20 is zero, enter -0- on line 15c. Otherwise, skip Part II-B and enter the smaller of line 17 or line 20 on line 27. <input type="checkbox"/> Yes. If line 20 is equal to or more than line 17, skip Part II-B and enter the amount from line 17 on line 27. Otherwise, go to line 21.			

Part II-B Certain Filers Who Have Three or More Qualifying Children

21	Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, see instructions	21	
22	Enter the total of the amounts from Schedule 1 (Form 1040), line 15; Schedule 2 (Form 1040), line 5; Schedule 2 (Form 1040), line 6; and Schedule 2 (Form 1040), line 13	22	
23	Add lines 21 and 22	23	
24	1040 and 1040-SR filers: Enter the total of the amounts from Form 1040 or 1040-SR, line 27a, and Schedule 3 (Form 1040), line 11. 1040-NR filers: Enter the amount from Schedule 3 (Form 1040), line 11. }	24	
25	Subtract line 24 from line 23. If zero or less, enter -0-	25	
26	Enter the larger of line 20 or line 25	26	
Next, enter the smaller of line 17 or line 26 on line 27.			

Part II-C Additional Child Tax Credit

27	Enter this amount on line 15c	27	
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Part III Additional Tax (use only if line 14g or line 15f, whichever applies, is zero)

28a	Enter the amount from line 14f or line 15e, whichever applies	28a	
b	Enter the amount from line 14e or line 15d, whichever applies	28b	
29	Excess advance child tax credit payments. Subtract line 28b from line 28a. If zero, stop; you do not owe the additional tax	29	
30	Enter the number of qualifying children taken into account in determining the annual advance amount you received for 2021. See your Letter 6419 for this number. If you are missing your Letter 6419, you are filing a joint return, or you received more than one Letter 6419, see the instructions before entering a number on this line Caution: If the amount on this line doesn't match the number of qualifying children reported to you (and your spouse if filing jointly) on your Letter(s) 6419, the processing of your return will be delayed.	30	
31	Enter the smaller of line 4a or line 30	31	
32	Subtract line 31 from line 30. If zero, skip to line 40 and enter the amount from line 29; otherwise, continue to line 33	32	
33	Enter the amount shown below for your filing status. <ul style="list-style-type: none"> • Married filing jointly or Qualifying widow(er)—\$60,000 • Head of household—\$50,000 • All other filing statuses—\$40,000 	33	
34	Subtract line 33 from line 3. If zero or less, enter -0-	34	
35	Enter the amount from line 33	35	
36	Divide line 34 by line 35. Enter the result as a decimal (rounded to at least three places). If the result is 1.000 or more, enter 1.000	36	
37	Multiply line 32 by \$2,000	37	
38	Multiply line 37 by line 36	38	
39	Subtract line 38 from line 37	39	
40	Subtract line 39 from line 29. If zero or less, enter -0-. This is your additional tax. If more than zero, enter this amount on Schedule 2 (Form 1040), line 19	40	

**Qualified Business Income Deduction
Simplified Computation**► **Attach to your tax return.**► **Go to www.irs.gov/Form8995 for instructions and the latest information.****2021**Attachment
Sequence No. **55**

Name(s) shown on return

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 \$164,900 (\$164,925 if married filing separately; \$329,800 if married filing jointly), and you aren't a patron of an agricultural or horticultural cooperative.

1	(a) Trade, business, or aggregation name	(b) Taxpayer identification number	(c) Qualified business income or (loss)
i	Global One2One LLC	47-1316219	-3,397.
ii	Lockett International LLC	47-1829657	79,082.
iii			
iv			
v			
2	Total qualified business income or (loss). Combine lines 1i through 1v, column (c)	2 75,685.	
3	Qualified business net (loss) carryforward from the prior year	3 ()	
4	Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0-	4 75,685.	
5	Qualified business income component. Multiply line 4 by 20% (0.20)		5 15,137.
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 15,137.
11	Taxable income before qualified business income deduction (see instructions)	11 0.	
12	Net capital gain (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 (0.)
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than zero, enter -0-		17 (0.)

Residential Energy Credits

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

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

OMB No. 1545-0074

2021
Attachment
Sequence No. **158**

Name(s) shown on return

James K Lockett & Yuhui Liu

Your social security number

534-60-2998

Part I Residential Energy Efficient Property Credit (See instructions before completing this part.)

Note: Skip lines 1 through 11 if you only have a **credit carryforward from 2020**.

1	Qualified solar electric property costs	1	
2	Qualified solar water heating property costs	2	
3	Qualified small wind energy property costs	3	
4	Qualified geothermal heat pump property costs	4	
5	Qualified biomass fuel property costs	5	
6a	Add lines 1 through 5	6a	
b	Multiply line 6a by 26% (0.26)	6b	
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	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Caution: If you checked the "No" box, you cannot take a credit for qualified fuel cell property. Skip lines 7b through 11.			
b	Print the complete address of the main home where you installed the fuel cell property.		
	Number and street	Unit No.	
	City, State, and ZIP code		
8	Qualified fuel cell property costs	8	
9	Multiply line 8 by 26% (0.26)	9	
10	Kilowatt capacity of property on line 8 above	10	
11	Enter the smaller of line 9 or line 10	11	
12	Credit carryforward from 2020. Enter the amount, if any, from your 2020 Form 5695, line 16	12	14,640.
13	Add lines 6b, 11, and 12	13	14,640.
14	Limitation based on tax liability. Enter the amount from the Residential Energy Efficient Property Credit Limit Worksheet (see instructions)	14	0.
15	Residential energy efficient property credit. Enter the smaller of line 13 or line 14. Also include this amount on Schedule 3 (Form 1040), line 5	15	0.
16	Credit carryforward to 2022. If line 15 is less than line 13, subtract line 15 from line 13	16	14,640.

Part II Nonbusiness Energy Property Credit

17a Were the qualified energy efficiency improvements or residential energy property costs for your main home located in the United States? (see instructions) ►	17a	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Caution: If you checked the "No" box, you cannot claim the nonbusiness energy property credit. Do not complete Part II.		
b Print the complete address of the main home where you made the qualifying improvements.		
Caution: You can only have one main home at a time.		
9850 East Windrose Drive		
Number and street		Unit No.
Scottsdale AZ 85260		
City, State, and ZIP code		
c Were any of these improvements related to the construction of this main home? ►	17c	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Caution: If you checked the "Yes" box, you can only claim the nonbusiness energy property 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 Lifetime limitation. Enter the amount from the Lifetime Limitation Worksheet (see instructions) . . .	18	14,640.
19 Qualified energy efficiency improvements (original use must begin with you and the component must reasonably be expected to last for at least 5 years; do not include labor costs) (see instructions).		
a Insulation material or system specifically and primarily designed to reduce heat loss or gain of your home that meets the prescriptive criteria established by the 2009 IECC	19a	
b Exterior doors that meet or exceed the version 6.0 Energy Star program requirements	19b	
c Metal or asphalt roof that meets or exceeds the Energy Star program requirements and has appropriate pigmented coatings or cooling granules which are specifically and primarily designed to reduce the heat gain of your home	19c	
d Exterior windows and skylights that meet or exceed the version 6.0 Energy Star program requirements	19d	9,000.
e Maximum amount of cost on which the credit can be figured	19e	\$2,000
f If you claimed window expenses on your Form 5695 prior to 2021, enter the amount from the Window Expense Worksheet (see instructions); otherwise enter -0-	19f	0.
g Subtract line 19f from line 19e. If zero or less, enter -0-	19g	2,000.
h Enter the smaller of line 19d or line 19g	19h	2,000.
20 Add lines 19a, 19b, 19c, and 19h	20	2,000.
21 Multiply line 20 by 10% (0.10)	21	200.
22 Residential energy property costs (must be placed in service by you; include labor costs for onsite preparation, assembly, and original installation) (see instructions).		
a Energy-efficient building property. Do not enter more than \$300	22a	0.
b Qualified natural gas, propane, or oil furnace or hot water boiler. Do not enter more than \$150 . . .	22b	0.
c Advanced main air circulating fan used in a natural gas, propane, or oil furnace. Do not enter more than \$50	22c	0.
23 Add lines 22a through 22c	23	0.
24 Add lines 21 and 23	24	200.
25 Maximum credit amount. (If you jointly occupied the home, see instructions)	25	500.
26 Enter the amount, if any, from line 18	26	14,640.
27 Subtract line 26 from line 25. If zero or less, stop ; you cannot take the nonbusiness energy property credit	27	0.
28 Enter the smaller of line 24 or line 27	28	0.
29 Limitation based on tax liability. Enter the amount from the Nonbusiness Energy Property Credit Limit Worksheet (see instructions)	29	0.
30 Nonbusiness energy property credit. Enter the smaller of line 28 or line 29. Also include this amount on Schedule 3 (Form 1040), line 5	30	0.

Foreign Tax Credit Carryover Statement

2021

COPY 1

Name(s) Shown on Return

James K Lockett & Yuhui Liu

Social Security No.

534-60-2998

Foreign Tax Credit Carryovers from 2020

a ☐ Passive category income
b ☒ General category income
c ☐ Section 901(j) income

d ☐ Certain income re-sourced by treaty
e ☐ Lump-sum distributions
f ☐ Foreign branch category income

Regular Tax	Foreign Taxes	Disallowed	Utilized	Carryover
2011	135,992.		23,410.	112,582.
2012	0.		0.	0.
2013	66,615.		8,900.	57,715.
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				
2020				
Carryover to 2021				597,822.

Alternative Minimum Tax	Foreign Taxes	Disallowed	Utilized	Carryover
2011	135,992.		25,294.	110,698.
2012	0.		0.	0.
2013	66,615.		1,884.	64,731.
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.
Carryover to 2021				651,029.

Section 1.263(a)-1(f)

▶ Attach to your income tax return

Name(s) Shown on Return

James K Lockett & Yuhui Liu

Identification Number

534-60-2998Tax Year: 2021**Section 1.263(a)-1(f)**
De Minimis Safe Harbor Election

The taxpayer elects to make the de minimis safe harbor election under the Regulation 1.263(a)-1(f)

Name:

James K Lockett & Yuhui Liu

Address:

9850 East Windrose Drive, Scottsdale AZ 85260

Identification Number:

534-60-2998

Form 1099-NEC
Nonemployee Compensation Worksheet

2021

Name(s) Shown on Return
James K Lockett

Social Security Number
534-60-2998

Payer's EIN 26-3240433 or SSN _____
Payer's Name Arbiter Sports LLC
Account number (for your records only). _____

☐ Spouse's 1099-NEC ☐ Do not transfer this 1099-NEC to next year

Box 1 Nonemployee compensation 3,165.00
Double click to link to: Schedule C . ▶ Legal and Strategic Counseling
Schedule F . ▶ _____
☐ Report on line 1 of Form 1040 or Form 1040-NR and Form 8919
If checked, enter Reason Code for Form 8919 (see Help) _____
If Reason Code A or C, enter determination date _____
☐ Other Income
☐ Back Wages from Lawsuit. Amount: _____

Box 2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale ☐

Box 4 Federal income tax withheld _____

First state
Box 5 State tax withheld _____
Box 6 State . _____ Payer's state no.. _____
Box 7 State income. _____
Second state
Box 5 State tax withheld _____
Box 6 State . _____ Payer's state no.. _____
Box 7 State income. _____
I confirm that the state withholding identification number(s) are accurate ☐

Additional Payer and Recipient Information

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 _____

Qualified Business Income Component Worksheet

2021

► Keep for your records

Name(s) Shown on Return James K Lockett & Yuhui Liu	Social Security Number 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 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	-3,397.	0.	0.

1	Qualified business income (QBI)	-3,397.
	If using Simplified Worksheet, stop here.	
2	Taxable Income	
3	Threshold Amount. \$329,800 if MFJ, \$164,925 if MFS, otherwise \$164,900	
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) <input type="checkbox"/>	
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

2021

► Keep for your records

Name(s) Shown on Return James K Lockett & Yuhui Liu	Social Security Number 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 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	79,082.	0.	0.

1	Qualified business income (QBI)	79,082.
If using Simplified Worksheet, stop here.		
2	Taxable Income	
3	Threshold Amount. \$329,800 if MFJ, \$164,925 if MFS, otherwise \$164,900	
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) <input type="checkbox"/>		
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

2021

► Keep for your records

Name(s) Shown on Return James K Lockett & Yuhui Liu	Social Security Number 534-60-2998
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QuickZoom to QBI Component Worksheet ► _____

QuickZoom to Form 8995. ► _____

QuickZoom to Form 8995-A ► _____

1	Trade or business name	Net QBI
	Global One2One LLC	-3,397.
	Lockett International LLC	79,082.

2	Net qualified business income (QBI) from qualified trades or businesses	75,685.
3	Loss from previous year	
4	Sum of activities with gains (only positive amounts from table on line 1)	79,082.
5	Sum of activities with losses (only negative amounts from table on line 1)	-3,397.

6 Check if using Simplified Computation (Form 8995) ☒ X

7	QBI component from Form 8995 line 5 or Form 8995A line 16	15,137.
8	QBI loss carryover from Form 8995 line 16 or Form 8995A Schedule C line 6	0.

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).	15,137.
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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.
	<i>Lesser of Combined QBI Amount or 20% of taxable income minus cap gains</i>	

24	Section 199A(g) deduction for domestic production activities	
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25	Total 199A (QBI) deduction (sum of lines 23 and 24)	0.
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2021

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

Social Security Number
534-60-2998

	Federal		State			Local		
	Date	Amount	Date	Amount	ID	Date	Amount	ID
1	04/15/21		04/15/21			04/15/21		
2	06/15/21		06/15/21			06/15/21		
3	09/15/21		09/15/21			09/15/21		
4	01/18/22		01/18/22			01/18/22		
5								
Tot Estimated Payments . . .								

Tax Payments Other Than Withholding (If multiple states, see Tax Help)		Federal	State	ID	Local	ID
6	Overpayments applied to 2021	1,000.	75.	AZ		
7	Credited by estates and trusts					
8	Totals Lines 1 through 7	1,000.	75.			
9	2021 extensions					

Taxes Withheld From:					Federal	State	Local
10	Forms W-2				132.	230.	
11	Forms W-2G						
12	Forms 1099-R						
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				132.	230.	
20	Total Tax Payments for 2021				1,132.	305.	

Prior Year Taxes Paid In 2021 (If multiple states or localities, see Tax Help)		State	ID	Local	ID
21	Tax paid with 2020 extensions				
22	2020 estimated tax paid after 12/31/2020				
23	Balance due paid with 2020 return				
24	Other (amended returns, installment payments, etc) . .				

25 Amount paid with 2020 federal extension _____ Date paid. . . . _____
(If blank, 5/17/2021 will be used)

Schedule A
Line 5

State and Local Tax Deduction Worksheet

2021

► Keep for your records

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

Social Security Number
534-60-2998

State and Local Income Taxes

State income taxes:		
1	State income tax withheld	230.
2	2021 state estimated taxes paid in 2021	
3	2020 state estimated taxes paid in 2021	
4	Amount paid with 2020 state application for extension	
5	Amount paid with 2020 state income tax return	
6	Overpayment on 2020 state income tax return applied to 2021 tax	75.
7	Other amounts paid in 2021 (amended returns, installment payments, etc.)	
8	State estimated tax from Schedule(s) K-1 (Form 1041)	
Local income taxes:		
9	Local income tax withheld	
10	2021 local estimated taxes paid in 2021	
11	2020 local estimated taxes paid in 2021	
12	Amount paid with 2020 local application for extension	
13	Amount paid with 2020 local income tax return	
14	Overpayment on 2020 local income tax return applied to 2021 tax	
15	Other amounts paid in 2021 (amended returns, installment payments, etc.)	
16	Local estimated tax from Schedule(s) K-1 (Form 1041)	
Other:		
17		
18	Total Add lines 1 through 17	305.
19	State and local refund allocated to 2021	
20	Nondeductible state income tax from line 28	
21	Total reductions Add lines 19 and 20.	
22	Total state and local income tax deduction Line 18 less line 21	305.

Nondeductible State Income Tax (Hawaii Only)

23	Nontaxable federal employee cost of living allowance	
24	Adjusted gross income	
25	Add lines 23 and 24	
26	Nondeductible percent. Line 23 divided by line 25	%
27	Hawaii state income tax included in line 18	
28	Nondeductible Hawaii state income tax. Multiply line 26 by line 27.	

Charitable Deduction Limits Worksheet For Current Year Contributions

2021

► Keep for your records

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

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

1	Enter your cash contributions to 100% limit organizations	1	2,580.
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	

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	-896,676.
---	--	---	-----------

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	
10	Deductible amount. Enter the smaller of line 7 or line 9.	10	
11	Carryover. Subtract line 10 from line 7.	11	

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	0.	
39	Add lines 10, 14, 21, 27, and 36	39		
40	Subtract line 39 from line 38	40	0.	
41	Deductible amount. Enter the smaller of line 1 or line 40	41	0.	
42	Carryover. Subtract line 41 from line 1	42		2,580.

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.	43	0.	
44	Carryover to next year. Add lines 11, 15, 22, 28 and 37	44		2,580.

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

► Keep for your records

2021

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

Name of Charitable Organization	(a) Total	(b) 60% Limit	(c) 30% Limit	(d) 100% Limit
City of Grace	2,580.			2,580.
Totals:	2,580.			2,580.

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 2022

	Total	Cash and Other Non-Capital Gain Property				Capital Gain Property	
	(a) Total	(b) 100% Limit	(c) 60% Limit	(d) 50% Limit	(e) 30% Limit	(f) 30% Limit	(g) 20% Limit
1 2021 contributions .	2,580.	2,580.					
2 2021 contributions allowed	0.	0.					
3 Carryovers from:							
a 2020 tax year . . .		N/A					
b 2019 tax year . . .		N/A					
c 2018 tax year . . .		N/A					
d 2017 tax year . . .		N/A					
e 2016 tax year . . .		N/A					
4 Carryovers allowed in 2021		N/A					
5 Carryovers disallowed in 2021		N/A					
6 Carryovers to 2022:							
a From 2021.	2,580.	2,580.					
b From 2020.		N/A					
c From 2019.		N/A					
d From 2018.		N/A					
e From 2017.		N/A					
f From 2016.		N/A					

Part IV Special Situations in Your Return for Current Year Donations

- Was the **entire interest** given for all property donated to all charities? ☒ Yes ☐ No
- Were **restrictions** attached to any charities' right to use or dispose of any property donated to any charity? ☐ Yes ☒ No
- 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 ☒ No
- Was any charity other than a 60%/50% charity? ☐ Yes ☒ No

Foreign Tax Credit Computation Worksheet

2021

COPY 1

Name(s) Shown on Return James K Lockett & Yuhui Liu	Social Security Number 534-60-2998
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- ☐ a Section 951A income ☐ e Section 901(j) income
☐ b Foreign branch income ☐ f Certain income re-sourced by treaty
☐ c Passive category income ☐ g Lump-sum distribution
☒ d General category income
 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. possession ►		China		
1 Gross income:				
a <u>China</u>	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				
Codes for line 2b ► I/J ABCUO				
b Other _____				
c _____				
d _____				
e _____				
Total expenses definitely related to gross income ►				
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	1,704.	1,704.		
(3) Medical expenses	1,766.	1,766.		
(4) Gifts to charity (See tax help)	0.	0.		
(5) Other a Remaining itemized dedns . .	657.	657.		
b _____				
c _____				
Total itemized deductions not definitely related ►	4,127.	4,127.		

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 . . .	70.	70.		
(2) _____				
(3) _____				
Total other deductions not definitely related ▶	70.	70.		
4 Interest expense:				
a Home mortgage interest: <u>All U.S.</u>				
(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. . . <u>All U.S.</u>				
b Adjusted basis of investment assets generating foreign income				
c Adjusted basis of total investment assets				
d Allocation ratio				
Investment interest allocable to foreign income ▶				
(2) a Trade/business interest expense . . .				
b Adjusted basis for business assets generating foreign income				
c Adjusted basis for total business assets				
d Allocation ratio				
Business interest allocable to foreign income ▶				
(3) a Passive activities interest expense . .				
b Adjusted basis for passive activity assets generating foreign source income				
c Adjusted basis for total passive activity assets				
d Allocation ratio				
Passive activities interest allocable to foreign source ▶				
Total allocable share of other interest expense ▶				
5 a Foreign losses for this category				
b Foreign losses from K-1 Worksheets.				

Part II – Foreign Taxes Paid/Accrued, Line 8

Paid <input checked="" type="checkbox"/> / Accrued <input type="checkbox"/>	Date (mm/dd/yy)	o Dividend	p Rent/Royalties	q Interest	r (1) Other	r (2) K-1's
Country A	12/31/2018					
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	597,822.
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	12b	
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	
13	Taxes reclassified under high tax kickout	13	
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 2020				
*Enter "Adjustments" in table on page 4				
Regular Tax	Foreign Taxes	Adjustments*	Utilized	Carryover
2011	135,992.		23,410.	112,582.
2012	0.		0.	0.
2013	66,615.		8,900.	57,715.
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				
2020				
Carryover to 2021				597,822.
Alternative Minimum Tax				
*Enter "Adjustments" in table on page 4				
Alternative Minimum Tax	Foreign Taxes	Adjustments*	Utilized	Carryover
2011	135,992.		25,294.	110,698.
2012	0.		0.	0.
2013	66,615.		1,884.	64,731.
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.
AMT Carryover to 2021				651,029.

Foreign Tax Credit Carryover Adjustments

Enter any adjustments to foreign taxes carryover amounts here. Positive adjustments will 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.

Regular	Section 905(c)	c	d	e	f	g
2011 . .						
2012 . .						
2013 . .						
2014 . .						
2015 . .						
2016 . .						
2017 . .						
2018 . .						
2019 . .						
2020 . .						
2020 carryback adjustment						
2022 carryback to 2021			0.			

AMT	Section 905(c)	c	d	e	f	g
2011 . .						
2012 . .						
2013 . .						
2014 . .						
2015 . .						
2016 . .						
2017 . .						
2018 . .						
2019 . .						
2020 . .						
2020 carryback adjustment						
2022 carryback to 2021			0.			

Foreign Tax Credit Carryovers to 2022

Regular Tax	Foreign Taxes	Adjustments	Utilized	Carryover
2012	0.			0.
2013	66,615.		8,900.	57,715.
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				
2020				
2021				
		Carryback to 2020		
Carryover to 2022				485,240.
Alternative Minimum Tax	Foreign Taxes	Adjustments	Utilized	Carryover
2012	0.			0.
2013	66,615.		1,884.	64,731.
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				
		Carryback to 2020		
AMT Carryover to 2022				540,331.

Federal Carryover Worksheet

2021

► Keep for your records

Name(s) Shown on Return James K Lockett & Yuhui Liu	Social Security Number 534-60-2998
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2020 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						75.
Totals . .						75.

2020 State Extension Information

(a) State	(b) Paid With Extension

2020 Locality Extension Information

(a) Locality	(b) Paid With Extension

2020 State Estimates Information

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

2020 Locality Estimates Information

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

2020 State Taxes Due Information

(a) State	(e) Paid With Return

2020 Locality Taxes Due Information

(a) Locality	(e) Paid With Return

2020 State Refund Applied Information

(a) State	(g) Applied Amount
AZ	75.

2020 Locality Refund Applied Information

(a) Locality	(g) Applied Amount

2020 State Tax Refund Information

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

2020 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			2020	2021
1	Filing status	1		2 MFJ
2	Number of exemptions for blind or over 65 (0 - 4)	2		1
3	Itemized deductions	3		38,815.
4	Check box if required to itemize deductions	4	<input type="checkbox"/>	<input type="checkbox"/>
5	Adjusted gross income	5		-896,676.
6	Tax liability for Form 2210 or Form 2210-F	6		0.
7	Alternative minimum tax	7		
8 a	Federal overpayment applied to next year estimated tax	8 a	1,000.	8,332.
b	Federal extension payment for 2020 return	b		

QuickZoom to the IRA Information Worksheet for IRA information ►

Excess Contributions			2020	2021
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			2020	2021
Note: Enter all entries as a positive amount				
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	14,875.	
b	AMT Net operating loss available to carry forward	b	14,875.	
15 a	Investment interest expense disallowed	15 a		
b	AMT Investment interest expense disallowed	b		
16	Nonrecaptured net Section 1231 losses from:	16 a		
	a 2021	a		
	b 2020	b		
	c 2019	c		
	d 2018	d		
	e 2017	e		
	f 2016	f		
17	AMT Nonrecap'd net Sec 1231 losses from:	17 a		
	a 2021	a		
	b 2020	b		
	c 2019	c		
	d 2018	d		
	e 2017	e		
	f 2016	f		

Credit Carryovers				2020	2021
18	General business credit			18	
19	Adoption credit from:	a	2021	19 a	
		b	2020	b	
		c	2019	c	
		d	2018	d	
		e	2017	e	
		f	2016	f	
20	Mortgage interest credit from:	a	2021	20 a	
		b	2020	b	
		c	2019	c	
		d	2018	d	
21	Credit for prior year minimum tax			21	
22	District of Columbia first-time homebuyer credit			22	
23	Residential energy efficient property credit			23	14,640.
					14,640.
Other Carryovers				2020	2021
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	2020 Carryover of charitable contributions from:	Other Property		Capital Gain		Cash
		(a) 50%	(b) 30%	(c) 30%	(d) 20%	(e) 60/100%
a	2020					
b	2019					
c	2018					
d	2017					
e	2016					
27	2021 Carryover of charitable contributions from:	Other Property		Capital Gain		Cash
		(a) 50%	(b) 30%	(c) 30%	(d) 20%	(e) 60/100%
a	2021					2,580.
b	2020					
c	2019					
d	2018					
e	2017					
28	Amount overpaid less earned income credit					

Qualified Business Income Deduction (Section 199A) carryovers

Qualified Business Income Deduction (Section 199A) carryovers				2020	2021
29	Qualified business loss carryforward			29	
30	Qualified PTP loss carryforward			30	
31	Applicable percentage	2018	31 a		
		2019	b		
		2020	b		

2020 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

Depreciation and Amortization Report

Tax Year 2021

- Keep for your records

2021

James K Lockett & Yuhui Liu

Sch C - Legal and Strategic Counseling

534-60-2998

[illegible]

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

534-60-2998

[illegible]

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

2021

Social Security No.
534-60-2998

<p>1 Can you be claimed as a dependent on another person's 2021 return?</p> <p><input checked="" type="checkbox"/> No. Go to line 2</p> <p><input type="checkbox"/> Yes. Stop. You can't take the credit. Don't complete the rest of this worksheet</p> <p>2 Does your 2021 return include a social security number that was issued on or before the due date of your 2021 return (including extensions) for you and, if filing a joint return, your spouse?</p> <p><input checked="" type="checkbox"/> Yes. Go to line 6</p> <p><input type="checkbox"/> No. If you are filing a joint return, go to line 3.</p> <p style="padding-left: 40px;">If you aren't filing a joint return, go to line 5.</p> <p>3 Was at least one of you a member of the U.S. Armed Forces at any time during 2020, and does at least one of you have a social security number that was issued on or before the due date of your 2021 return (including extensions)?</p> <p><input type="checkbox"/> Yes. Your credit is not limited. Go to line 6.</p> <p><input type="checkbox"/> No. Go to line 4.</p> <p>4 Does one of you have a social security number that was issued on or before the due date of your 2021 return (including extensions)?</p> <p><input type="checkbox"/> Yes. Your credit is limited. Go to line 6.</p> <p><input type="checkbox"/> No. Go to line 5</p> <p>5 Do you have any dependents listed in the Dependents section on page 1 of Form 1040 or 1040-SR for whom you entered a social security number that was issued on or before the due date of your 2021 return (including extensions) or an adoption taxpayer identification number?</p> <p><input type="checkbox"/> Yes. Enter 0 on line 6 and go to line 7.</p> <p><input type="checkbox"/> No. Stop. You can't take the credit. Don't complete the rest of this worksheet and don't enter any amount on Form 1040, line 30.</p> <p>6 Enter:</p> <ul style="list-style-type: none"> • \$1,400 if single, head of household, married filing separately, qualifying widow(er). • \$1,400 if married filing jointly and you answered "Yes" to question 4, or • \$2,800 if married filing jointly and you answered "Yes" to question 2 or 3 <p>7 Multiply \$1,400 by the number of dependents listed in the Dependents section on page 1 of Form 1040 or 1040-SR for whom you entered a social security number that was issued on or before the due date of your 2021 return (including identification number</p> <p>8 Add lines 6 and 7</p> <p>9 Is the amount on line 11 of Form 1040 or 1040-SR more than the amount shown below for your filing status?</p> <ul style="list-style-type: none"> • Single or married filing separately-\$75,000 • Married filing jointly or qualifying widow(er)-\$150,000 • Head of household-\$112,500 <p><input type="checkbox"/> Yes. Enter the amount from line 11 of Form 1040 or 1040-SR and go to line 10</p> <p><input checked="" type="checkbox"/> No. Enter the amount from line 8 on line 12 and skip lines 10 and 11</p> <p>10 Is line 9 more than the amount shown below for your filing status?</p> <ul style="list-style-type: none"> • Single or married filing separately-\$80,000 • Married filing jointly or qualifying widow(er)-\$160,000 • Head of household-\$120,000 <p><input type="checkbox"/> Yes. Stop. You can't take the credit. Don't complete the rest of this worksheet and don't enter any amount on Form 1040, line 30.</p> <p><input type="checkbox"/> No. Subtract line 9 from the amount shown above for your filing status.</p> <p>11 Divide line 10 by the amount shown below for your filing status. Enter the result as a decimal (rounded to at least 2 places).</p> <ul style="list-style-type: none"> • Single or married filing separately-\$5,000 • Married filing jointly or qualifying widow(er)-\$10,000 • Head of household-\$7,500 <p>12 Multiply line 8 by line 11.</p> <p>13 Enter the amount, if any, of EIP 3 that was issued to you. If filing a joint return, include the amount, if any, of your spouse's EIP 3. You may refer to Notice 1444-C or your tax account information at IRS.gov/Account for the amount to enter here</p> <p>14 Recovery rebate credit. Subtract line 13 from line 12. If zero or less, enter -0-. If line 13 is more than line 12, you don't have to pay back the difference. Enter the result here and, if more than zero, on line 30 of Form 1040 or 1040-SR.</p>	<p>6 2,800.</p> <hr/> <p>7 1,400.</p> <hr/> <p>8 4,200.</p> <hr/> <p>9</p> <hr/> <p>10</p> <hr/> <p>11</p> <hr/> <p>12 4,200.</p> <hr/> <p>13 0.</p> <hr/> <p>14 4,200.</p>
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Additional information from your 2021 Federal Tax Return

Schedule 1: Additional Income and Adjustments to Income

Line 8a

Explanation Statement

Net Operating Loss Carryforward
From Line 31 of Schedule C (2020) for Lockett International LLC

Form 1116: Foreign Tax Credit

Foreign Taxes (A)

Line 3

Explanation Statement

Other Deduction Statement
Balance of deductions from income not claimed as definitely related on line 2

File by Mail Instructions for your 2021 Arizona Tax Return

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



(If you prefer, you can still e-file. Go to the end of these instructions for more information.)

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 \$380.00. Do not expect your refund from the Arizona Department of Revenue. You have applied \$380.00 to your 2022 estimated taxes.		
What You Need to Mail	<p>Your tax return - The official return for mailing is included in this printout. Remember to sign and date the return.</p> <p>Attach the Form(s) W-2 and 1099-R to the back of your return.</p> <p>Do not staple your return.</p> <p>Do not staple any documents, schedules, or payments to your return.</p> <p>Mail your return and attachments to: Arizona Department of Revenue P.O. Box 29205 Phoenix, AZ 85038-9205</p> <p>Deadline: Postmarked by April 18, 2022</p> <p>Don't forget correct postage on the envelope.</p>		
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.		
2021 Arizona Tax Return Summary	Taxable Income	\$	0.00
	Total Tax	\$	0.00
	Total Payments/Credits	\$	380.00
	Refund Applied to ES Tax	\$	380.00
	No Refund or Amount Due	\$	0.00
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.		
Changed Your Mind About e-filing?	You can still file electronically. Just go back to TurboTax, select the File tab, then select the E-file category. We'll walk you through the process. Once you file, we will let you know if your return is accepted (or rejected) by the state taxing agency.		

DO NOT STAPLE ANY ITEMS TO THE RETURN.
Place any required federal and AZ schedules or other documents after Form 140.

82F ☐ Check box 82F if filing under extension OR FISCAL YEAR BEGINNING 12 0 2 1 AND ENDING 12 0 2 1 **66F**

Your First Name and Middle Initial **1** James K Last Name Lockett Enter your SSN(s) 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 Apt. No. Daytime Phone (with area code)
2 9850 East Windrose Drive **94** (619) 405-5321

City, Town or Post Office State ZIP Code Last Names Used in Last Four Prior Year(s) (if different)
3 Scottsdale AZ 85260 **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

↓ Enter the number claimed. Do not put a check mark.
8 **1** Age 65 or over (you and/or spouse) If completing lines 8, 9, and 11a, also complete lines 38, 39, and 41. For lines 10a and 10b, also complete line 49.
9 Blind (you and/or spouse)
10a Dependents: Under age of 17. **10b** **1** Dependents: Age 17 and over.
11a Qualifying parents and grandparents

1, and 11a - Dependents 10

(Box 10a and 10b): Dependent Information. See instructions. For more space, check the box <input type="checkbox"/> and complete page 4, Part 1.								
	(a) FIRST AND LAST NAME (Do not list yourself or spouse.)		(b) SOCIAL SECURITY NO.	(c) RELATIONSHIP	(d) NO. OF MONTHS LIVED IN YOUR HOME IN 2021	(e) ✓ Dependent Age included in:		(f) ✓ if you did not claim this person on your federal return due to educational credits
						1 (Box 10a)	2 (Box 10b)	
10c	Thomas	Lockett	721-99-3745	Son	12	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10d						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10e						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Exemptions 8, 9, 10e

(Box 11a): Qualifying parents and grandparents. See instructions. For more space, check the box <input type="checkbox"/> and complete page 4, Part 2.						
	(a) FIRST AND LAST NAME (Do not list yourself or spouse.)	(b) SOCIAL SECURITY NO.	(c) RELATIONSHIP	(d) NO. OF MONTHS LIVED IN YOUR HOME IN 2021	✓ (e) IF AGE 65 OR OVER	✓ (f) IF DIED IN 2021
11b					<input type="checkbox"/>	<input type="checkbox"/>
11c					<input type="checkbox"/>	<input type="checkbox"/>

12	Federal adjusted gross income (from your federal return)	12	-896,676	00
13	Small Business Income: 13S <input type="checkbox"/> check the box if you are filing Arizona Form 140-SBI and enter the amount from Form 140-SBI, line 10.	13		00
14	Modified federal adjusted gross income. Subtract line 13 from line 12.	14	-896,676	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 <i>Other Additions to Arizona Gross Income</i> schedule on page 5.	18	718,487	00
19	Subtotal: Add lines 14 through 18 and enter the total	19	-178,189	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

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

Your Name (as shown on page 1)	Your Social Security Number
James K Lockett & Yuhui Liu	534-60-2998

Exemptions	35	Subtract lines 24 through 34c from line 19.....	35	-178,189	00
	36	Other Subtractions from Income. Complete <i>Other Subtraction from Arizona Gross Income</i> schedule on page 6.....	36	0	00
	37	Subtract line 36 from line 35. Enter the difference	37	-178,189	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
Balance of Tax	40	Other Exemptions. See instructions.....40E <input type="checkbox"/> Multiply the number in box 40E by \$2,300.....	40		00
	41	Qualifying parents and grandparents: Multiply the number in box 11a by \$10,000.....	41		00
	42	Arizona adjusted gross income: Subtract lines 38 through 41 from line 37. If less than zero, enter "0".....	42	0	00
	43	Deductions: Check box and enter amount. See instructions.....43I <input checked="" type="checkbox"/> ITEMIZED ...43S <input type="checkbox"/> STANDARD	43	38,815	00
	44	If you checked box 43S and claim charitable contributions, check 44C <input type="checkbox"/> Complete page 3. See instructions.....	44		00
	45	Arizona taxable income: Subtract lines 43 and 44 from line 42. If less than zero, enter "0".....	45	0	00
	46a	Compute the tax using amount on line 45 and Tax Tables X and Y or Optional Tax Tables.....	46a	0	00
	46b	Reserved.....	46b		
	47	Tax from recapture of credits from Arizona Form 301, Part 2, line 30	47		00
	48	Subtotal of tax: Add lines 46a and 47. Enter the total.....	48	0	00
Total Payments and Refundable Credits	49	Dependent Tax Credit. See instructions	49	25	00
	50	Family income tax credit (from the worksheet - see instructions)	50	120	00
	51	Nonrefundable Credits from Arizona Form 301, Part 2, line 61.....	51		00
	52	Balance of tax: Subtract lines 49, 50 and 51 from line 48. If the sum of lines 49, 50 and 51 is greater than line 48, enter "0"	52	0	00
	53	2021 AZ income tax withheld.....	53	230	00
	54	2021 AZ estimated tax payments..54a <input type="text" value="75"/> <input type="text" value="00"/> Claim of Right 54b <input type="text" value=""/> <input type="text" value="00"/> Add 54a and 54b..	54c	75	00
	55	2021 AZ extension payment (Form 204)	55		00
	56	Increased Excise Tax Credit (from the worksheet - see instructions)	56	75	00
	57	Property Tax Credit from Arizona Form 140PTC	57		00
	58	Other refundable credits: Check the box(es) and enter the total amount.....581 <input type="checkbox"/> 308-I 582 <input type="checkbox"/> 349	58		00
Tax Due or Overpayment	59	Total payments and refundable credits: Add lines 53 through 58. Enter the total.....	59	380	00
	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
Voluntary Gifts	61	OVERPAYMENT: If line 59 is larger than line 52, subtract line 52 from line 59. Enter amount of overpayment.....	61	380	00
	62	Amount of line 61 to be applied to 2022 estimated tax.....	62	380	00
	63	Balance of overpayment: Subtract line 62 from line 61. Enter the difference	63	0	00
Penalty	64 - 74 Voluntary Gifts to:				
	Solutions Teams Assigned to Schools.....64 <input type="text" value=""/> <input type="text" value="00"/> Arizona Wildlife.....65 <input type="text" value=""/> <input type="text" value="00"/>				
	Child Abuse Prevention.....66 <input type="text" value=""/> <input type="text" value="00"/> Domestic Violence Services.....67 <input type="text" value=""/> <input type="text" value="00"/>				
	Neighbors Helping Neighbors..69 <input type="text" value=""/> <input type="text" value="00"/> Special Olympics.....70 <input type="text" value=""/> <input type="text" value="00"/>				
	I Didn't Pay Enough Fund.....72 <input type="text" value=""/> <input type="text" value="00"/> Sustainable State Parks and Road Fund.....73 <input type="text" value=""/> <input type="text" value="00"/>				
	Veterans' Donations Fund.....71 <input type="text" value=""/> <input type="text" value="00"/>				
	Spay/Neuter of Animals..74 <input type="text" value=""/> <input type="text" value="00"/>				
	75 Political Party (if amount is entered on line 68 - check only one): 751 <input type="checkbox"/> Democratic 752 <input type="checkbox"/> Libertarian 753 <input type="checkbox"/> Republican				
Refund or Amount Owed	76	Estimated payment penalty	76		00
	77	771 <input type="checkbox"/> Annualized/Other 772 <input type="checkbox"/> Farmer or Fisherman 773 <input type="checkbox"/> Form 221 included			
	78	Add lines 64 through 74 and 76; enter the total.....	78		00
	79	REFUND: Subtract line 78 from line 63. If less than zero, enter amount owed on line 80	79		00
	Direct Deposit of Refund: Check box 79A if your deposit will be ultimately placed in a foreign account ; see instructions. 79A <input type="checkbox"/>				
ROUTING NUMBER ACCOUNT NUMBER					
98 <input type="checkbox"/> C <input type="checkbox"/> Checking or <input type="checkbox"/> S <input type="checkbox"/> Savings					
Refund or Amount Owed	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	0	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	Legal consultant OCCUPATION
	SPOUSE'S SIGNATURE		DATE	Teacher SPOUSE'S OCCUPATION
	Self Prepared PAID PREPARER'S SIGNATURE		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

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

Your Name (as shown on page 1)	Your Social Security Number
James K Lockett & Yuhui Liu	534-60-2998

2021 Form 140 Dependent and Other Exemption Information

Include page 4 with your return if:

- You are listing additional dependents (for box 10a and 10b) from page 1.
- You are listing additional qualifying parents and grandparents (for box 11a) from page 1.
 - You are claiming *Other Exemptions* on page 2, line 40.

Part 1: Dependents (Box 10a and 10b) continued from page 1

Information used to compute your allowable **Dependent Tax Credit** on page 2, line 49.

NOTE: If you have more than three qualifying dependents, you **must** complete Part 1 and the worksheet in the instructions, to compute your Dependent Tax Credit on line 49.

	(a) FIRST AND LAST NAME (Do not list yourself or spouse.)	(b) SOCIAL SECURITY NO.	(c) RELATIONSHIP	(d) NO. OF MONTHS LIVED IN YOUR HOME IN 2021	(e) ✓ Dependent Age included in:		(f) ✓ IF YOU DID NOT CLAIM THIS PERSON ON YOUR FEDERAL RETURN DUE TO EDUCATIONAL CREDITS
					1 (Box 10a)	2 (Box 10b)	
10f					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10g					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10h					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10i					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10j					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10k					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10l					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10m					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10n					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10o					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10p					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part 2: Qualifying parents and grandparents (Box 11a) continued from page 1

Additional qualifying parents and grandparents information used to compute your allowable exemption on page 2, line 41.

	(a) FIRST AND LAST NAME (Do not list yourself or spouse.)	(b) SOCIAL SECURITY NO.	(c) RELATIONSHIP	(d) NO. OF MONTHS LIVED IN YOUR HOME IN 2021	(e) ✓ IF AGE 65 OR OVER	(f) ✓ IF DIED IN 2021
11d					<input type="checkbox"/>	<input type="checkbox"/>
11e					<input type="checkbox"/>	<input type="checkbox"/>
11f					<input type="checkbox"/>	<input type="checkbox"/>
11g					<input type="checkbox"/>	<input type="checkbox"/>
11h					<input type="checkbox"/>	<input type="checkbox"/>
11i					<input type="checkbox"/>	<input type="checkbox"/>

Part 3: Other Exemptions

Information used to compute your allowable **Other Exemptions** on page 2, line 40.

	(a) FIRST AND LAST NAME (Do not list yourself or spouse.)	(b) SOCIAL SECURITY NO.	(c) ✓ AGE 65 OR OVER (see instructions)		(d) ✓ STILLBORN CHILD IN 2021
			C1	C2	
1			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Enter the total number of individuals listed in Part 3 in box 40E on page 2, line 40.

Your Name (as shown on page 1) James K Lockett & Yuhui Liu	Your Social Security Number 534-60-2998
---	--

2021 Form 140 - Other Additions to Arizona Gross Income

Complete and include this schedule with your tax return **only** if you are making any adjustments **increasing** your Arizona Gross Income.

Note: If you are making any adjustments **reducing** your Arizona Gross Income complete page 6.

Other Additions to Arizona Gross Income - Line 18 (see instructions for more information)

A	Married Persons Filing Separate Returns.....	A		00
B	Arizona Form 141AZ Schedule K-1 - Fiduciary Adjustment.....	B		00
C	Ordinary Income Portion of Lump-Sum Distributions Excluded on Your Federal Return.....	C		00
D	Items Previously Deducted for Arizona Purposes.....	D		00
E	Claim of Right Adjustment for Amounts Repaid in 2021.....	E		00
F(a)	Claim of Right Adjustment for Amounts Repaid in Prior Taxable years.....	F(a)		00
F(b)	Adjustment for Net Operating Loss due to Claim of Right.....	F(b)		00
G	Addition to S Corporation Income Due to Claiming Pass-Through Credit (Forms 312 and 315).....	G		00
H	Adjusted Basis in Property for Which You Have Claimed a Credit for Investment in Qualified Small Businesses (Form 338).....	H		00
I	Nonqualified Withdrawals from 529 College Savings Plans.....	I		00
J	Sole Proprietorship Loss of an Arizona Nonprofit Medical Marijuana Dispensary Included in Federal Adjusted Gross Income. Sole Proprietorship loss of an Arizona dual licensee that has not elected to operate on a for profit-basis must also add back the portion of their loss that is from the medical marijuana portion of the business that is included in their federal adjusted gross income.....	J		00
K	Federal Net Operating Loss (NOL) Carryforward from Non-Arizona Sources Accrued While a Nonresident...	K	718,487	00
L	Federal Capital Loss Carryforward Deduction Incurred from Non-Arizona Sources Prior to Arizona Residency.....	L		00
M	Americans with Disabilities Act - Access Expenditures.....	M		00
N	Amortization or Depreciation for Child Care Facility before 1990.....	N		00
O	Net Capital Loss Derived From the Exchange of One Kind of Legal Tender for Another Kind of Legal Tender: See instructions.....	O		00
P	Other Adjustments Related to Tax Credits. See instructions.....	P		00
Q	Other Adjustments - see instructions.....	Q	0	00
R	Total Other Additions: Add all amounts and enter the total here and on page 1, line 18.....	R	718,487	00

SCHEDULE A
(Form 1040)Department of the Treasury
Internal Revenue Service (99)**Itemized Deductions**► Go to www.irs.gov/ScheduleA for instructions and the latest information.

► Attach to Form 1040 or 1040-SR.

OMB No. 1545-0074

2021Attachment
Sequence No. **07****Caution:** If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 16.

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 | 1,766 |
| 2 | Enter amount from Form 1040 or 1040-SR, line 11 | 2 | -896,676 |
| 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 | 1,766 |

**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 305

b State and local real estate taxes (see instructions)

5b 1,704

c State and local personal property taxes

5c 352

d Add lines 5a through 5c

5d 2,361

e Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately)

5e 2,361

6 Other taxes. List type and amount ►

6

7 Add lines 5e and 6

7 2,361

**Interest
You Paid****Caution:** Your mortgage interest deduction may be limited (see instructions).8 Home mortgage interest and points. If you didn't use all of your home mortgage loan(s) to buy, build, or improve your home, see instructions and check this box ☐

a Home mortgage interest and points reported to you on Form 1098. See instructions if limited

8a 33,169

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 Mortgage insurance premiums (see instructions)

8d 1,519

e Add lines 8a through 8d

8e 34,688

9 Investment interest. Attach Form 4952 if required. See instructions.

9

10 Add lines 8e and 9

10 34,688

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

11 Gifts by cash or check. If you made any gift of \$250 or more, see instructions

11 0

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

14 Limited

**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 12a

17 38,815

18 If you elect to itemize deductions even though they are less than your standard deduction, check this box ☐

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

Cat. No. 17145C

Schedule A (Form 1040) 2021

1555

REV 05/20/22 TTW

Include with your return.

Your Name as shown on Form 140 James K Lockett	Your Social Security Number 534 60 2998
Spouse's Name as shown on Form 140 (if filing joint) Yuhui Liu	Spouse's Social Security Number 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	1,766	00
2 Medical expenses allowed to be taken as a federal itemized deduction	2	1,766	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 2021 that is equal to the amount of your 2021 federal credit.....	5		00
---	---	--	----

Adjustments to Charitable Contributions

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

Adjustment to State Income Taxes

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

Other Adjustments

8 Amount allowed as a federal itemized deduction that relates to income not subject to Arizona tax	8	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	38,815	00
12 Enter the amount from line 9 above	12	0	00
13 Add lines 11 and 12	13	38,815	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	38,815	00



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

Your Name (as shown on page 1) James K Lockett	Your Social Security Number 534 60 2998
---	--

2021 Form 140 Schedule A Adjustment to State Income Taxes

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

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

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

Additional Dependents Worksheet**2017**

Keep for your records

Name

James K Lockett & Yuhui Liu

Social Security Number

534-60-2998

Type of Dep	First Name	Last Name	Date of birth (mm/dd/yyyy)	Social security number	Relationship	No. mos in home
	Stillborn Certificate Number		Deceased			
D	Thomas	Lockett	11/30/2004	721-99-3745	Son	12

Enter additional dependents below

Type of Dep	First Name	Last Name	Date of birth (mm/dd/yyyy)	Social security number	Relationship	No. mos in home
	Stillborn Certificate Number		Deceased			

Dependent Information:

In the 'Type of Dep' column above, select the appropriate code for each dependent listed:

- D — Dependent (Default)
- A — Parent/Ancessor (65 or over, lived 12 months in taxpayer home)
- O — Dependent on AZ only (65 or older, not claimed on federal return)
- E — Dependent on AZ only (student not claimed on federal return to allow federal education credits)
- S — Dependent on AZ only (Stillborn)
- N — N/A (Not a qualified dependent), exclude dependent from tax return

See the government instructions on a main form, dependent section, for more information.

Keep for your records

Name

James K Lockett & Yuhui Liu

Social Security Number

534-60-2998

Type of Dep	First Name	Last Name	Date of birth (mm/dd/yyyy)	Social security number	Relationship	No. mos in home
	Stillborn Certificate Number		Deceased	C1	C2	
D	Thomas	Lockett	11/30/2004	721-99-3745	Son	12

Enter additional dependents below

Type of Dep	First Name	Last Name	Date of birth (mm/dd/yyyy)	Social security number	Relationship	No. mos in home
	Stillborn Certificate Number		Deceased	C1	C2	

Dependent Information:

In the 'Type of Dep' column above, select the appropriate code for each dependent listed:

D — Dependent (Default)

A — Parent/Ancessor (65 or over, lived 12 months in taxpayer home)

O — Dependent on AZ only (65 or older, not claimed on federal return) (Check box C1 or C2)

C1 Check this box if you paid more than 1/4th of the cost of keeping this person in an Arizona nursing care institution, an Arizona residential care institution, or an Arizona assisted living facility. The cost must be more than \$800.

C2 Check this box if you paid more than \$800 for either Arizona Health Care or other medical costs for the person during the taxable year.

E — Dependent on AZ only (student not claimed on federal return to allow federal education credits)

S — Dependent on AZ only (Stillborn)

N — N/A (Not a qualified dependent), exclude dependent from tax return

See the government instructions on a main form, dependent section, for more information.

► Keep for your records

Name as Shown on Return

James K Lockett & Yuhui Liu

Social Security Number

534-60-2998

Family Income Tax Credit Worksheet

A	Number of dependents listed as type "A", "D", or "E"	<u>1</u>
B	If filing status is MFJ, enter the number 2 here. Otherwise, enter the number 1 here	<u>2</u>
C	Add lines A and B	<u>3</u>
D	Multiply line C by \$40	<u>120.</u>
E	Enter \$240 if MFJ or HOH; enter \$120 if Single or MFS	<u>240.</u>
F	Lesser of line D or line E. Enter here and on Form 140, line 50	<u>120.</u>