

# Selk Dawson Tax Services, LLC

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Acorn Financial Group

Name: \_\_\_\_\_ Soc. Sec. #: \_\_\_\_\_ Birthday: \_\_\_\_\_  
Your Occupation: \_\_\_\_\_ Legally Blind: Yes \_\_\_ No \_\_\_

Spouse's Name: \_\_\_\_\_ Soc. Sec. #: \_\_\_\_\_ Birthday: \_\_\_\_\_  
Your Occupation: \_\_\_\_\_ Legally Blind: Yes \_\_\_ No \_\_\_

Name: \_\_\_\_\_ Spouse's Name: \_\_\_\_\_  
Driver's Lic #: \_\_\_\_\_ Driver's Lic #: \_\_\_\_\_  
Issue Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Issue Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Telephone** Home: \_\_\_\_\_ Your Work: \_\_\_\_\_ Spouse Work: \_\_\_\_\_  
**Cellular** Your: \_\_\_\_\_ Spouse: \_\_\_\_\_

**E-mail** (that you check regularly)  
Your: \_\_\_\_\_  
Spouse: \_\_\_\_\_

**Dependents** (child, parent, other who lived with you)

Name (first and last)	Social Security Number	Birthday	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Do you want to donate toward the Presidential Election Campaign Fund? It is \$3.00 and will not affect your refund. You are earmarking your tax dollars to use for a presidential campaign.  
You \_\_\_ Yes \_\_\_ No Spouse \_\_\_ Yes \_\_\_ No

**We e-file all returns** as your refund will be directly deposited in your account, generally, within 2 weeks of our e-filing. By our e-filing your return it also reduces your chances of an audit.

Name of Financial Institution: \_\_\_\_\_ Checking:   
Routing Number: \_\_\_\_\_ Savings:   
Account Number: \_\_\_\_\_

**If we did not prepare your tax return last year please provide a copy of the return, both federal and state.**

**End-of-Year Statements Needed (Please provide statements)**

- W-2's
- Non-employee Compensation statements
- Social Security statements
- Pension/IRA statements
- Sales of stocks/bond statement
- 1095-A, B and/or C, Health Ins. Coverage forms
- Were you in or out of "Virtual Currency" this year?
- Brokerage statements (non-retirement)
- Did you have money in a foreign institution?
- Bank/Credit Union statements
- Union Strike Benefits
- Unemployment statements
- Investment statements
- Gambling/lottery/prize Winning statement(s) (if you have any winning statements provide amount of losses for all forms of gambling.) Amount: \_\_\_\_\_
- **How much "Stimulus Money" received for 2020?**  
Stimulus 1: \_\_\_\_\_ Stimulus 2: \_\_\_\_\_

**Alimony** (date divorce was final \_\_\_\_\_)

Alimony Received: \_\_\_\_\_ S.S. Number of Who Paid the Alimony: \_\_\_\_\_

Alimony You Paid: \_\_\_\_\_

**Debt Forgiven or Cancelled during the Year Provide Statements (1099-C)**

**Child Care** (if in a flex program at work you still must provide this information)

Provider Name:	Address:	Social Security #/ Federal ID #:	Amount:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Contribution to an IRA**

Your Traditional: \_\_\_\_\_

Spouse's Traditional: \_\_\_\_\_

Your Roth: \_\_\_\_\_

Spouse's Roth: \_\_\_\_\_

**Contribution to a Health Savings Account**

Your Amount: \_\_\_\_\_

Spouse's Amount: \_\_\_\_\_

**Interest paid on student loan(s)**

Paid to:	Yours/Spouse/Dependent:	Amount:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Moved 50 miles or more closer to a job (must be military):**

Mileage to move personal vehicle(s): \_\_\_\_\_

Cost of moving van/truck: \_\_\_\_\_

Cost of gas for moving van/truck: \_\_\_\_\_

Cost of lodging during move: \_\_\_\_\_

Cost of storage of household goods: \_\_\_\_\_

**Estimated Tax Payments**

Federal Amount	Date Paid	State Amount	Date Paid
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

# DEDUCTIONS

## Medical

Amount you paid to all doctor(s): \_\_\_\_\_ Amount you paid for all prescriptions: \_\_\_\_\_  
 Amount you paid to all dentist(s): \_\_\_\_\_ Amount you paid for glasses: \_\_\_\_\_  
 Amount you paid to all Chiropractor(s): \_\_\_\_\_ Amount you paid to hospital(s): \_\_\_\_\_  
 Amount you paid for medical supplies: \_\_\_\_\_ Amount you paid for ambulance(s): \_\_\_\_\_  
 Number of medical miles: \_\_\_\_\_ Amount you paid to nursing home(s): \_\_\_\_\_  
 Amount paid for lodging because of medical appoints: \_\_\_\_\_

## Health Insurance:

Paid to:	Amount:	How Paid (Check, payroll deduction, pension, etc.)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

## Long Term Nursing Care Insurance:

You: \_\_\_\_\_  
 Spouse: \_\_\_\_\_

## Taxes

Property Taxes Paid: \_\_\_\_\_

Amount Paid for License Plates:  
 (Need Year, Make, and Model)

Amount you paid for any large purchase(s)  
 (\$1,000 or more):

Vehicle	Amount	Item	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## Interest

Home Mortgage Interest: Paid To: \_\_\_\_\_ Amount: \_\_\_\_\_  
 Home Mortgage Interest: Paid To: \_\_\_\_\_ Amount: \_\_\_\_\_  
 Home Improvement Interest (to buy/improve): Paid To: \_\_\_\_\_ Amount: \_\_\_\_\_  
 Home Equity Loan Interest (to buy/improve): Paid To: \_\_\_\_\_ Amount: \_\_\_\_\_

**If you refinanced last year, please provide us with the whole refinancing packet you received at the time you refinanced.**

Qualified Mortgage Insurance: \_\_\_\_\_

Interest you paid on money you borrowed to invest:

Paid to: \_\_\_\_\_ Amount: \_\_\_\_\_  
 Paid to: \_\_\_\_\_ Amount: \_\_\_\_\_

**Donations** (starting August 2006, all cash contributions must be documented by check or receipt)

Church: _____	Charitable Mileage: _____	Salvation Army: _____
United Way: _____		Good Will: _____
Other: _____		St Vincent DePaul: _____

**Casualty Loss**

A casualty loss is a financial loss due to a fire, flood, storm, theft, or vandalism. It must be a **business casualty loss** or in a **Presidential declared disaster area**.

Cause of Loss: \_\_\_\_\_  
 Amount of Loss: \_\_\_\_\_ Amount of Insurance Reimbursement: \_\_\_\_\_  
 Description of Property Lost: \_\_\_\_\_

**College Credits/Deductions**, if you, your spouse or a dependent are in college you must provide us with **Form 1098-T** that the school issues for each person in school.

Cost of Books/supplies: _____	Student's Name: _____
Cost of Books/supplies: _____	Student's Name: _____
Cost of Books/supplies: _____	Student's Name: _____
Cost of Books/supplies: _____	Student's Name: _____

Aside from scholarships, grants and student loans, if you are you receiving money for school please tell us.

Amount Reimbursed from Work: \_\_\_\_\_ Amount Reimbursed Under GI Bill: \_\_\_\_\_  
 Other Amount: \_\_\_\_\_ From Who: \_\_\_\_\_  
 Other Amount: \_\_\_\_\_ From Who: \_\_\_\_\_

If you receive money from a qualified education program you must provide us with each **Form 1099-Q**.

## Iowa Information

If you have/had children in kindergarten through grade 12 during the year:

Amount Paid for Registration: _____	Amount Paid for Books: _____
Amount Paid for Uniforms: _____	Amount Paid for <u>School</u> Sport's Equip: _____
Amount Paid for Backpacks: _____	Amount Paid for School Supplies: _____
Amount Paid for Band/Choir: _____	Amount Paid to Rent Musical Instruments: _____
Amount Paid for Cheer Leading: _____	Amount paid for masks: _____
Amount paid for hand sanitizer: _____	
Other (Explain): _____	Amount: _____
Other (Explain): _____	Amount: _____

Do you have a disabled person in your home?  Yes  No

Are you or your spouse a volunteer Firefighter, EMS, or Peace Officer (we will need a signed certificate from the head of the department ie: Fire Chief)?

You:  Yes  No

Spouse:  Yes  No



**If you have your business in your home.**

Square footage of space used in home “regular and exclusively” for office      Square Footage: \_\_\_\_\_

Square footage of whole home used in business      Square Footage: \_\_\_\_\_

Date Office Set Up in Home: \_\_\_\_\_

Rent of Home: \_\_\_\_\_      Cost of Utilities - gas, water, lights (not telephone): \_\_\_\_\_

Maintenance on home: \_\_\_\_\_      Maintenance on Specific Office Space: \_\_\_\_\_

House/Rental Insurance: \_\_\_\_\_      Total Cost of Home if Purchasing: \_\_\_\_\_

**Other Information:**

## Daycare Business Located in Home

### Gross Income

- Money received directly from parents Amount: \_\_\_\_\_
- Money received from any state program that pays for children of a low-income family Amount: \_\_\_\_\_
- Money received from HACAP Amount: \_\_\_\_\_
- Grants received Amount: \_\_\_\_\_

### Expenses

- Supplies purchased due to daycare, i.e. craft supplies, band aids, wipes, etc. Amount: \_\_\_\_\_
- Presents purchased for their birthdays and/or Christmas Amount: \_\_\_\_\_
- Paper products used for daycare, i.e. paper towels, toilet paper, paper plates, Kleenex, etc. Amount: \_\_\_\_\_
- Mileage due to daycare, i.e. taking the kids to activities, taking and picking up at school, etc. Amount: \_\_\_\_\_
- Toys Amount: \_\_\_\_\_
- Cost of cell phone and what % is used for daycare. Amount: \_\_\_\_\_
- Cost of field trips Amount: \_\_\_\_\_
- **See page 6 for other possible expenses**

Cost of food – to do this give me the number of children you provided breakfasts, snacks, lunches, and dinners for each type

- Number of Meals: Breakfast: \_\_\_\_\_ Lunch: \_\_\_\_\_ Dinner: \_\_\_\_\_ Snacks (up to 2/day/child): \_\_\_\_\_

To deduct expenses related to the home and having a business in it, provide the number of hours daycare was done in your home last year. Start the hour clock when the first child arrives and stop it when the last child leaves. To this number we can add .25 hours for preparation time before first child comes and .50 hours for clean up after the last child leaves for each day. In addition, if you are doing special cleaning of the home on the weekend or preparing meals on the weekend to have available during the week for the children track these hours and add to the hour total.

- Daycare Hrs/Yr: \_\_\_\_\_ Prep. Hrs/Yr: \_\_\_\_\_ Clean up Hrs/Yr: \_\_\_\_\_
- Special Cleaning, Meal Prep.: \_\_\_\_\_
- Cost of utilities, i.e. gas, water and lights, not telephone Amount: \_\_\_\_\_
- House insurance Amount: \_\_\_\_\_
- Cost of any maintenance you did on your home Amount: \_\_\_\_\_
- Utilities (not telephone)
  - Gas Amount: \_\_\_\_\_
  - Water Amount: \_\_\_\_\_
  - Lights Amount: \_\_\_\_\_
- Supplies to run home (bed linen, wash clothes, light bulbs, etc.) Amount: \_\_\_\_\_
- Rent (if renting your home, lot rent for mobile home) Amount: \_\_\_\_\_

Total cost of your home

- Purchase Price of Home: \_\_\_\_\_ Cost of All Improvements Made to Home: \_\_\_\_\_



# Rental Property (for multiple properties use a separate copy for each property)

Property Description: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## Income

Rent Collected Amount: \_\_\_\_\_  
 Deposits Collected Amount: \_\_\_\_\_  
 Deposits Refunded Amount: \_\_\_\_\_  
 Other Income  
 Describe: \_\_\_\_\_ Amount: \_\_\_\_\_  
 Describe: \_\_\_\_\_ Amount: \_\_\_\_\_

## Expenses

Advertising	Business cards, websites, ads – radio, newspaper, online, etc.	Amount: _____
Fees	Bank, license and registration fees	Amount: _____
Mileage	Miles driven in your vehicle (do not keep track of gas, insurance, maintenance or repairs)	Amount: _____
Labor	Hired help	Amount: _____
Insurance	Insurance on property	Amount: _____
Mortgage Insurance	Cost of P & I insurance	Amount: _____
Interest Paid		
	Mortgage: _____ Home Equity: Amount: _____ 2nd Mortgage: Amount: _____	
	Credit Card: Amount: _____	
Legal/Prof. Fees	Tax preparation, any accounting fees or legal fees	Amount: _____
Cleaning/Maint.	Cost to maintain property (not improve)	Amount: _____
Supplies	Items purchased (light bulbs, fertilizer, etc.)	Amount: _____
Taxes	Property taxes	Amount: _____
Fees	Inspection fees, registration costs, licenses, etc.	Amount: _____
Mileage	Mileage to collect rent, make repairs, show house, etc. Mileage: _____	
Utilities	Utilities you paid on the property	Amount: _____
Cell phone	Cost of purchase of cell phone and monthly cost	Amount: _____
Rubbish/Dump	Cost of dump fees	Amount: _____
Office Expense	Paper, pens, pencils, postage, invoices, staples, files, etc.	Amount: _____
Repairs	For repairing property including tools purchased	Amount: _____
Management Fees	Fees you paid to a company to manage the property	Amount: _____
Pest Control	Paid to a pest control company or supplies to do yourself	Amount: _____
Deposit Refund	When a renter leaves and you refund all or partial deposit	Amount: _____
Security System	Cost to purchase and maintain a security system	Amount: _____

If property was refinanced this year provide the entire refinancing packet.

If first year you own property provide a copy of the closing statement from purchase.

If this is the first year, we are preparing your tax return and you have had the income property prior to this year provide us with the support statement for your depreciation schedule. Call us, we can help you with this.

# Farm

Principal Crop or Activity: \_\_\_\_\_ Federal ID # (If available) \_\_\_\_\_

## Income

Sales of Livestock Amount: \_\_\_\_\_  
 Cost of Livestock Sold Amount: \_\_\_\_\_

Sales of Livestock, Produce, Grains Raised Amount: \_\_\_\_\_  
 Cooperative Distributions (Form(s) 1099-PATR) Amount: \_\_\_\_\_  
 Agricultural Program Payments Amount: \_\_\_\_\_  
 Corp Insurance Proceeds Amount: \_\_\_\_\_  
 Custom Hire (machine work) Income Amount: \_\_\_\_\_  
 Gas Tax Credit (Prior Yr) Federal Amount: \_\_\_\_\_ State Amount: \_\_\_\_\_  
 Other Income  
 Describe: \_\_\_\_\_ Amount: \_\_\_\_\_  
 Describe: \_\_\_\_\_ Amount: \_\_\_\_\_

## Expenses

Mileage Miles driven in your vehicle (do not keep track of gas, insurance, maintenance or repairs) Amount: \_\_\_\_\_

Chemicals Chemicals applied to fields Amount: \_\_\_\_\_  
 Custom Hire Machine work Amount: \_\_\_\_\_  
 Feed Cost of feed purchased Amount: \_\_\_\_\_  
 Fertilizers and Lime Cost of fertilizers and lime Amount: \_\_\_\_\_  
 Trucking Cost of trucking paid during year Amount: \_\_\_\_\_  
 Fuel Gasoline Gals: \_\_\_\_\_ Amount: \_\_\_\_\_  
 Diesel Gals: \_\_\_\_\_ Amount: \_\_\_\_\_  
 Oil Amount: \_\_\_\_\_

Insurance Property Amount: \_\_\_\_\_  
 Crop Amount: \_\_\_\_\_  
 Equipment Amount: \_\_\_\_\_

Interest Mortgage Amount: \_\_\_\_\_  
 Operating Amount: \_\_\_\_\_  
 Other- Describe: \_\_\_\_\_ Amount: \_\_\_\_\_  
 Other- Describe: \_\_\_\_\_ Amount: \_\_\_\_\_  
 Other- Describe: \_\_\_\_\_ Amount: \_\_\_\_\_  
 Other- Describe: \_\_\_\_\_ Amount: \_\_\_\_\_

Labor Cost of labor, other than custom hire Amount: \_\_\_\_\_  
 Rent Land: \_\_\_\_\_ Bull: \_\_\_\_\_ Equipment: \_\_\_\_\_ Other: \_\_\_\_\_  
 Repairs/Maintenance Cost to repair buildings, fence, equipment, driveways, etc. Amount: \_\_\_\_\_  
 Seeds and Plants Cost of seeds for corn, grain, beans and plants Amount: \_\_\_\_\_  
 Taxes Property Tax: \_\_\_\_\_ Check Off: \_\_\_\_\_ Other: \_\_\_\_\_  
 Utilities Describe formula used: \_\_\_\_\_ Amount: \_\_\_\_\_  
 Veterinary Cost of veterinary bills, medications, breeding, etc. Amount: \_\_\_\_\_  
 Misc. Describe: \_\_\_\_\_ Amount: \_\_\_\_\_  
 Describe: \_\_\_\_\_ Amount: \_\_\_\_\_  
 Describe: \_\_\_\_\_ Amount: \_\_\_\_\_  
 Describe: \_\_\_\_\_ Amount: \_\_\_\_\_

Larger Tools/Equip. Purchased      Tools/ Equip. (greater than \$100/tools or equip.)  
Name: \_\_\_\_\_ Date Purchased: \_\_\_\_\_ Amount: \_\_\_\_\_  
Name: \_\_\_\_\_ Date Purchased: \_\_\_\_\_ Amount: \_\_\_\_\_  
Name: \_\_\_\_\_ Date Purchased: \_\_\_\_\_ Amount: \_\_\_\_\_

Larger Tools/Equip. Sold      Tools/ Equip. (greater than \$100/tools or equip.)  
Name: \_\_\_\_\_ Date Sold: \_\_\_\_\_ Amount: \_\_\_\_\_  
Name: \_\_\_\_\_ Date Sold: \_\_\_\_\_ Amount: \_\_\_\_\_  
Name: \_\_\_\_\_ Date Sold: \_\_\_\_\_ Amount: \_\_\_\_\_

Building Built      Describe: \_\_\_\_\_ Date Built: \_\_\_\_\_ Cost to Build: \_\_\_\_\_  
Describe: \_\_\_\_\_ Date Built: \_\_\_\_\_ Cost to Build: \_\_\_\_\_  
Describe: \_\_\_\_\_ Date Built: \_\_\_\_\_ Cost to Build: \_\_\_\_\_

**Other Information:**