

Selk Dawson Tax Services, LLC

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Acorn Financial Group

Taxpayer's Name: Soc. Sec. #: Birthday:
 Driver's Lic #: Issued: Expires:
 Spouse's Name: Soc. Sec. #: Birthday:
 Driver's Lic #: Issued: Expires:
 Address: City: State: Zip:

What school district did you live in on December 31st:

Taxpayer's Cellular #: Spouse's Cellular #:

Home Telephone #:

Taxpayer's E-Mail: Spouse's E-Mail:

Dependents --- child, parent, other who lived with you

Name (first and last)	Soc. Sec. #	Birthday	Relationship

Child Care --- if in a flex program at work you still must provide this information

Provider's Name	Address	Soc. Sec. # or EIN	Amount

Statements Needed

- W-2's
- Social Security statements
- Pension/IRA statements
- Sales of stocks/bond statement
- Health Savings Account distributions
- Unemployment statements
- Gambling winning statements
- 1099's NEC / DIV / INT statements
- 1099-K Credit Card or 3rd Party Income
- 1095-A Health Insurance Form
- Prior Year State refund
- Prior Year Federal refund
- Alimony received
- Any K-1's

Interest Earned

Financial Institution	Amount

Dividends Earned --- bring these statements

Financial Institution	Amount

Did you get into or out of a **digital asset** (ie: Virtual currency, NFT's, Ect.) this year?

Do you want to earmark any of your taxes to help run a presidential campaign? Checking "Yes" will not change your tax owed or your refund. You are just telling them how to use your tax dollars. **Taxpayer** **Yes** **Spouse** **Yes**

On your state return do you want to donate to any of Iowa's special projects? If you indicate you do, this will reduce your refund or increase what you owe.

Fish/Wildlife: amount ____ **State Fair: amount** ____ **Firefighters/Keep Iowa: amount** ____ **Veterans: amount** ____

DEDUCTIONS/CREDITS

Medical

Doctors/Dentists	Amount

Pharmacy	Amount

Other Medical Expenses	Amount
Glasses	
Crutches	

Health Insurance: _____
 Long Term Care Insurance _____
 Hospital: _____
 Medical Mileage: _____

Taxes

Cost of License Plates

Vehicle (Year, Make, and Model):	Amount

Property Taxes:
 Did you pay Federal Estimated Taxes?
 If "Yes", amount and dates paid:
 Did you pay State Estimated Taxes?
 If "Yes", amount and dates paid:

Did you make any large purchases?
 over a \$1,000? What amount of sales
 tax did you pay

Item	Sales Tax

Interest

Home Mortgage Interest:
 Home Improvement Interest (to buy/improve home):
 Home Equity Loan Interest (to buy/improve home):

Did you refinance this year? "Yes" "No"
 Interest paid on student loans? "Yes" "No"
 Did you borrow money to invest? "Yes" "No"

Donations: All contributions should be documented

Church:	Salvation Army:	St. Vincent DePaul:
Good Will:	United Way:	Other:
Other:	Other:	Other:

Miscellaneous

Did you contribute to a 529 Plan?	Did you make payments on Student Loans?
Did you pay for tuition/school expenses (K-12 th grade)?	Did you pay alimony? When was divorce final?
Did you or a dependent pay college tuition (1098-T's and 1098-Q's)?	Did you move last year (military)?
Did you put money into an IRA (traditional or Roth)?	Are you claimed as a dependent by another person on their taxes?
Did you have a casualty loss (fire/flood) (Presidentially declared)?	Did you have money in a foreign account?
Did you have any debt forgiven or canceled (1099-C)?	

Bank Information

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