

# Selk Dawson Tax Services, LLC

975 5<sup>th</sup> Avenue S.W.  
Cedar Rapids, Iowa 52404  
Telephone: 319.363.2387 Fax: 319.363.8610  
www.selkdawsonstax.com



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: \_\_\_\_\_

**Cell Phone:** Yours: \_\_\_\_\_  
Spouses: \_\_\_\_\_

**Home Telephone:** \_\_\_\_\_

**E-mail:**  
Yours: \_\_\_\_\_  
Spouses: \_\_\_\_\_

**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 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:** your refund will be directly deposited, generally, within 2 weeks of our e-filing.

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
- 1099 NEC / DIV / INT statements
- Social Security statements
- Pension/IRA statements
- Sales of stocks/bond statement
- 1095-A Health Ins. Coverage form
- Did you receive any K-1's
- Brokerage statements (non-retirement)
- Did you have money in a foreign institution?
- Did you receive any K-1's
- 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: \_\_\_\_\_
- Were you in or out of "Digital Assets" this year? (i.e.: Virtual currency, NFT's, Etc.)

**Alimony Paid/Received:**

Date the divorce was final: \_\_\_\_\_  
Ex-spouses S.S. Number: \_\_\_\_\_  
Alimony Received: \_\_\_\_\_  
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 – Other than work contributions**

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) – Please provide statements when possible**

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 doctor(s): \_\_\_\_\_ Amount you paid for prescriptions: \_\_\_\_\_  
 Amount you paid to dentist(s): \_\_\_\_\_ Amount you paid for glasses: \_\_\_\_\_  
 Amount you paid to 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 Care Insurance:

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

## Taxes

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

Amount Paid for License Plates: (Need Year, Make, and Model)		Sales Tax paid on large purchases (\$1000 or more)	
Vehicle	Amount	Item	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## Interest (Form 1098)

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: \_\_\_\_\_  
 Qualified Mortgage Insurance (PMI): \_\_\_\_\_

**If you refinanced last year, please provide us with your whole refinancing**

## Investment Interest:

Interest you paid on money you borrowed to invest:  
 Paid to: \_\_\_\_\_ Amount: \_\_\_\_\_  
 Paid to: \_\_\_\_\_ Amount: \_\_\_\_\_

**Donations (All contributions should be documented)**

Church: \_\_\_\_\_

Charitable Mileage: \_\_\_\_\_

Salvation Army: \_\_\_\_\_

United Way: \_\_\_\_\_

Good Will: \_\_\_\_\_

Other: \_\_\_\_\_

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.

Student's Name: \_\_\_\_\_

Cost of Books/supplies: \_\_\_\_\_

Student's Name: \_\_\_\_\_

Cost of Books/supplies: \_\_\_\_\_

Student's Name: \_\_\_\_\_

Cost of Books/supplies: \_\_\_\_\_

Aside from scholarships, grants and student loans, please tell us about any other school aid.

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 School 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 Sports: \_\_\_\_\_

Amount Paid for Sports: \_\_\_\_\_

Amount paid for masks & 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

Do you contribute to a Iowa 529 Plan:

You: \_\_\_ Yes Amount: \_\_\_\_\_ \_\_\_ No

Spouse: \_\_\_ Yes Amount: \_\_\_\_\_ \_\_\_ No

**Business** (for multiple businesses use a separate copy for each business)

Name of Business: \_\_\_\_\_ Federal ID # (if available): \_\_\_\_\_  
 Address of Business: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Nature of Business: \_\_\_\_\_

**Gross Income** (including Sales tax if collected): \_\_\_\_\_

**Expenses**

Cost of Goods Sold

Inventory      Beginning Inventory January 1<sup>st</sup>      \_\_\_\_\_  
                          Purchases      \_\_\_\_\_  
                          Ending Inventory December 31<sup>st</sup>      \_\_\_\_\_

Advertising      Business cards, websites, ads – radio, newspaper, online, etc.      \_\_\_\_\_

Fees      Bank fees, registration fees and commissions      Amount: \_\_\_\_\_

Mileage      Business miles driven in your vehicle      Jan-June      Miles: \_\_\_\_\_  
 (You do not need gas, insurance, maintenance or repairs)      July-Dec      Miles: \_\_\_\_\_  
 Year \_\_\_\_\_      Make \_\_\_\_\_      Model \_\_\_\_\_

Contract labor      Hired help (reported on a 1099-NEC not a W-2)      Amount: \_\_\_\_\_

Insurance      Liability insurance for your business      Amount: \_\_\_\_\_  
 product insurance, like service contracts sold for computers, etc.

Interest Paid      For a bank loan, credit card debt, vehicle loan, etc.      Amount: \_\_\_\_\_

Legal/Prof. Fees      Our tax bill, any accounting fees or legal fees      Amount: \_\_\_\_\_

Office Expense      Paper, pens, pencils, postage, invoices, staples, files, etc.      Amount: \_\_\_\_\_

Rent      For space – like a storage unit or off-site shop for tools or machinery      Amount: \_\_\_\_\_

Self-Employed Health Insurance      Health insurance set up through the business for you and your family      Amount: \_\_\_\_\_

Repairs/Maint.      For tools, or anything business related except your vehicle      Amount: \_\_\_\_\_

Supplies      Anything you buy for work that gets used up during the year      Amount: \_\_\_\_\_

Taxes/Licenses      Taxes paid (including sales tax), work permits, professional licenses, etc.      Amount: \_\_\_\_\_

Travel      Airfare, hotels, parking, vehicle rental, gas for a rental vehicle      Amount: \_\_\_\_\_

Meals      If away overnight or a business meeting during meal      Amount: \_\_\_\_\_

Utilities      Not those paid on your home. They get reported elsewhere      Amount: \_\_\_\_\_

Cell phone      Monthly cost \_\_\_\_\_      Percentage of business use: %: \_\_\_\_\_

Internet      Cost of your business internet usage      Amount: \_\_\_\_\_

Rubbish/Dump Fees      Fees due to business use      Amount: \_\_\_\_\_

Small Tools      Smaller tools (under \$100/tool)      Amount: \_\_\_\_\_

Security System      Cost to purchase and maintain a security system      Amount: \_\_\_\_\_

Misc.      Anything that does fit into its own category      Amount: \_\_\_\_\_

Fuel:      Used in equipment and tools – not vehicles      Amount: \_\_\_\_\_

Larger Tools/Equip.      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: \_\_\_\_\_

**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: \_\_\_\_\_  
 Mileage Business miles driven in your vehicle Jan-June Miles: \_\_\_\_\_  
 (You do not gas, insurance, maintenance or repairs) July-Dec Miles: \_\_\_\_\_  
 Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_  
 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 Bank fees Inspection fees, registration costs, licenses, etc. Amount: \_\_\_\_\_  
 Utilities Utilities you paid on the property Amount: \_\_\_\_\_  
 Cell phone Monthly cost and Percentage of business use 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: \_\_\_\_\_  
 Security Fees Cost to maintain a security system / monthly fee 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.

**Larger Purchases / Repairs.**

Item: \_\_\_\_\_ Date Purchased: \_\_\_\_\_ Amount: \_\_\_\_\_  
 Item: \_\_\_\_\_ Date Purchased: \_\_\_\_\_ Amount: \_\_\_\_\_  
 Item: \_\_\_\_\_ Date Purchased: \_\_\_\_\_ Amount: \_\_\_\_\_  
 Item: \_\_\_\_\_ Date Purchased: \_\_\_\_\_ Amount: \_\_\_\_\_  
 Item: \_\_\_\_\_ Date Purchased: \_\_\_\_\_ Amount: \_\_\_\_\_



Rents Paid            Land: \_\_\_\_\_  
                           Equipment: \_\_\_\_\_  
                           Other:    \_\_\_\_\_

Cost of seeds        Crops \_\_\_\_\_  
                           Replants \_\_\_\_\_  
                           Cover \_\_\_\_\_

Taxes                Property Tax: \_\_\_\_\_ Other:    \_\_\_\_\_

Utilities            Describe formula used: \_\_\_\_\_  
                           Water                    Amount: \_\_\_\_\_  
                           Electric                Amount: \_\_\_\_\_  
                           Gas                      Amount: \_\_\_\_\_  
                           Other                    Amount: \_\_\_\_\_  
                           Other                    Amount: \_\_\_\_\_

**Larger Tools/Equipment:    Cost more than \$100**

Purchased            Name: \_\_\_\_\_    Date Purchased: \_\_\_\_\_    Amount: \_\_\_\_\_  
                           Name: \_\_\_\_\_    Date Purchased: \_\_\_\_\_    Amount: \_\_\_\_\_  
                           Name: \_\_\_\_\_    Date Purchased: \_\_\_\_\_    Amount: \_\_\_\_\_  
                           Name: \_\_\_\_\_    Date Purchased: \_\_\_\_\_    Amount: \_\_\_\_\_  
                           Name: \_\_\_\_\_    Date Purchased: \_\_\_\_\_    Amount: \_\_\_\_\_

**Larger Tools/Equipment:    Sold for more than \$100**

Sold                 Name: \_\_\_\_\_    Date Sold: \_\_\_\_\_    Amount: \_\_\_\_\_  
                           Name: \_\_\_\_\_    Date Sold: \_\_\_\_\_    Amount: \_\_\_\_\_  
                           Name: \_\_\_\_\_    Date Sold: \_\_\_\_\_    Amount: \_\_\_\_\_

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

**Other Information:**