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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: _____

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

Long Term Care Insurance:

You: _____
 Spouse: _____

Taxes

Property Taxes Paid - Main Home: _____ Other Property: _____

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

Vehicle	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

COGS	Beginning Inventory January 1 st	_____
	Purchases for Inventory	_____
	Ending Inventory December 31 st	_____
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	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: _____
Subscriptions	Apps, maintaining a security system, software, etc.	Amount: _____
Misc.	Anything that does fit into its own category	Amount: _____
Fuel:	Used in equipment and tools – not vehicles	Amount: _____
Larger Tools/Equip. Bought	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, electricity (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 (provide the 1099) Amount: _____
pays for children of a low-income family (provide the 1099)
- Money received from HACAP (provide the 1099) Amount: _____
- Grants received (provide the 1099) 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 electric, not telephone Amount: _____
- House insurance Amount: _____
- Cost of any maintenance you did on your home Amount: _____
- Utilities (not telephone)
 - Gas Amount: _____
 - Water Amount: _____
 - Electricity 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: \$ _____ 2nd Mortgage: \$ _____	
Interest Paid	Credit Card: \$ _____ Credit Card: \$ _____	
Legal/Prof. Fees	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, 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: _____

Farm

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

Income

Sales of Livestock Amount: _____
 Cost of Livestock Sold Amount: _____
 Sales of Raised Livestock, Produce, Grains Amount: _____
 Cooperative Distributions (Form(s) 1099-PATR) Amount: _____
 Agricultural Program Payments Amount: _____
 Corp Insurance Proceeds Amount: _____
 Custom Hire (machine work) Income Amount: _____
 Land Rent Received Amount: _____
 Crop Insurance Proceeds Amount: _____ Deferred: Y____ N____
 Other Income
 Describe: _____ Amount: _____
 Describe: _____ Amount: _____
 Gas Tax Credit (Prior Year) Federal Amount: _____
 State Amount: _____

Expenses

Mileage & Vehicle Expense: Year _____ Make _____ Model _____
 Farm miles driven in your vehicle Jan-June: Miles: _____
 July-Dec: Miles: _____

Vehicles Expense: If you are depreciating your vehicle

Gas / Fuel: Amount: _____
 Repairs: Amount: _____
 Insurance: Amount: _____
 License & Registration: Amount: _____
 Other: Amount: _____
 Chemicals Chemicals applied to fields Amount: _____
 Custom Hire Machine work Amount: _____
 Labor Cost of labor, other than custom hire Amount: _____
 Feed Cost of feed purchased Amount: _____
 Fertilizers Cost of fertilizers Amount: _____
 Trucking Cost of trucking paid during year Amount: _____
 Equipment Fuel Gasoline Gals: _____ Amount: _____
 Diesel Gals: _____ Amount: _____
 Insurance Property Amount: _____
 Crop Amount: _____
 Equipment Amount: _____
 Interest Mortgage Amount: _____
 Operating Amount: _____
 Other- Describe: _____ Amount: _____
 Other- Describe: _____ Amount: _____
 Repairs/Maintenance Cost to repair buildings, fence, equipment, driveways, etc. Amount: _____
 Veterinary Cost of veterinary bills, medications, breeding, etc. Amount: _____
 Misc. Describe: _____ Amount: _____
 Describe: _____ Amount: _____
 Describe: _____ Amount: _____
 Describe: _____ Amount: _____
 Describe: _____ 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: