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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 #: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone

Home: _____ Your: _____

Your Work: _____ Spouse: _____

Spouse Work: _____

Cellular

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. If you have a refund the money will be directly deposited into a savings or checking account of your choice.

Name of Financial Institution: _____

Routing Number: _____

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	--- Bank/Credit Union statements
--- Non-employee Compensation statements	--- Union Strike Benefits
--- Social Security statements	--- Unemployment statements
--- Pension/IRA statements	--- Investment statements
--- Sales of stocks/bond statement	--- Gambling/lottery/prize Winning statement(s) (if you
--- 1095-A,B and/or C, Health Ins. Coverage forms	have any winning statements provide amount of losses
	for all forms of gambling.) Amount: _____

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

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

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

Amount Paid for License Plates:

Type of (car, pickup,
trailer, motorcycle, etc.)

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: _____
United Way: _____
Other: _____

Charitable Mileage: _____

Salvation Army: _____
Good Will: _____
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 deaster area. For the loss to be deductible it must exceed 10% of your income plus \$100 after any insurance reimbursement.

Cause of Loss: _____
Amount of Loss: _____ Amount of Insurance Reimbursement: _____

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**.

State Information

If you have children under age 18, how many were covered by health insurance: _____

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: _____

Other (Explain): _____ Amount: _____

Other (Explain): _____ Amount: _____

Do you have a disabled person in your home? ____ Yes ____ 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	If you sell a product in your business	Amount: _____
Inventory	If you sell a product, cost to you of any product you have on December 31 st	Cost: _____
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: _____
Contract labor	Hired help (report on a 1099-misc.) that does not get a W-2	Amount: _____
Insurance	Liability insurance for your business product insurance, like service contracts sold for computers, etc.	Amount: _____
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 you vehicle	Amount: _____
Supplies	Anything you buy for your work that gets used up during the year	Amount: _____
Taxes/Licenses	Any taxes (including sales tax) paid, 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	Cost of purchase of cell phone and monthly cost	Amount: _____
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: _____
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: _____

Refunds Received 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: _____
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Larger Tools/Equip. Sold	Tools/ Equip. (greater than \$100/tools or equip.) Name: _____ Date Sold: _____ Amount: _____ Name: _____ Date Sold: _____ Amount: _____ Name: _____ Date Sold: _____ Amount: _____
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Building Built	Describe: _____ Date Built: _____ Cost to Build: _____ Describe: _____ Date Built: _____ Cost to Build: _____ Describe: _____ Date Built: _____ Cost to Build: _____
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Other Information:

TAX WORKBOOK

Contains: worksheets for personal information, e-filing, income, child care, moving expense, itemizing deductions, college credits, state information, business, day care business located in home, rental property and farm schedules

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