

**Rohlik's Tax Service**  
**Charles P. Rohlik, Owner/Practitioner**  
**PO Box 97 Vesta, MN 56292**

Phone: 507-762-2741 • Fax: 507-762-2123 • rohlikstaxservice@redred.com

**Personal Information**

	Full Name	Social Security Number	Date of Birth	Occupation
Taxpayer (T)				
Spouse (S)				

Your marital status at the end of the year Single Married Married, but filing separately  
Please remember to bring your Driver's License to your appointment.

\_\_\_\_\_

Mailing Address City State Zip Code

Daytime Phone Cell Phone Email Address

**Dependents**

Full Name	Social Security Number	Date of Birth

If you have a tax refund, would you like it directly deposited to your account? Yes No  
If the account is different from last year please provide bank information:

\_\_\_\_\_

Routing Number Account Number

**Wages**

	W-2 Wages	Social Security	Unemployment	Welfare	Veterans Payments
Taxpayer					
Spouse					

**Interest & Dividends**

Received from & Tax ID Number	Type (Interest or Dividend)	Amount

**Estimated Tax Paid During the Year**

Date Paid	Amount Paid to Federal	Amount Paid to State
Total Amount Paid		

**Refunds Received**

Federal Refunds			State Refunds		
For Year	Tax	Interest	For Year	Tax	Interest

Would you like to make a donation to the State Wildlife Fund? Yes No

**Information needed for Minnesota**

	Long Term Insurance Company & Policy Number	Cost
Taxpayer		
Spouse		

**Itemized Deductions**

Note: The current standard deduction may not allow you to itemize, but it is still good practice to record your expenses just in case you are able to itemize.

	Amount	Primary Home	Amount
<b>Medical Expenses</b>		Tax Paid	
Medical Insurance		Mortgage Interest Paid <small>(shown on 1098)</small>	
Medicare Insurance		Financial Institution Paid to	
Prescription		Mortgage Insurance Paid	
Doctors & Dentists			
Glasses & Contacts			
Hearing Aids		<b>Second Home</b>	<b>Amount</b>
Nursing Help		Tax Paid	
Hospital Care Costs		Mortgage Interest Paid <small>(shown on 1098)</small>	
Medical Parking		Financial Institution Paid to	
Medical Lodging		Mortgage Insurance Paid	
Medical Calls			
Medical Miles	@\$.20/mile=		
Other Medical		<b>Child &amp; Dependent Care Service</b>	
<b>Auto License</b>		Name of Provider	Address
<b>Charity/Donations</b>			Tax ID # or SS#
<b>Other</b>			Amount
<b>Work Tools</b>			
<b>Education</b>			
<b>Journals</b>			
<b>Moving Exp</b> <small>(over 50 miles)</small>			
<b>Education Expense</b>			

**Additional Data/Questions** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_