

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

Additional Data/Questions _____
