

Rohlik's Tax Service
Charles P. Rohlik, Owner/Practitioner
PO Box 97 Vesta, MN 56292
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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 | | Mortgage Insurance Paid | |
| Doctors & Dentists | | | |
| Glasses & Contacts | | | |
| Hearing Aids | | | |
| Nursing Help | | | |
| Hospital Care Costs | | | |
| Medical Parking | | | |
| Medical Lodging | | | |
| Medical Calls | | | |
| Medical Miles | @\$.20/mile= | | |
| Other Medical | | | |
| Auto License | | | |
| Charity/Donations | | | |
| Other | | | |
| Work Tools | | | |
| Education | | | |
| Journals | | | |
| Moving Exp (over 50 miles) | | | |
| Education Expense | | | |
| | | | |
| | | | |

| Child & Dependent Care Service | | | |
|--------------------------------|---------|-----------------|--------|
| Name of Provider | Address | Tax ID # or SS# | Amount |
| | | | |
| | | | |

Additional Data/Questions _____
