

# LARSON TAX SERVICE, INC.

## 2024 TAX SEASON INFORMATION FORM

### CLIENT INFORMATION

FIRST NAME(S): \_\_\_\_\_ LAST NAME: \_\_\_\_\_

BEST PHONE #: \_\_\_\_\_ EMAIL: \_\_\_\_\_

PREFERRED METHOD OF CONTACT: ☐ PHONE CALL ☐ EMAIL

STREET ADDRESS: \_\_\_\_\_ APT/UNIT #: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

DID YOU MOVE IN 2024?: ☐ YES ☐ NO

DO YOU OWN OR RENT YOUR HOME?: ☐ OWN ☐ RENT

(If renting please list amount paid for 2024, Massachusetts residents only)

### DRIVERS LICENSE/IDENTIFICATION

(This information is mandatory for electronic filing. Please fill out both if married.)

1. LICENSE OR DOCUMENT #: \_\_\_\_\_ STATE OR ISSUER: \_\_\_\_\_

ISSUE DATE: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

2. LICENSE OR DOCUMENT #: \_\_\_\_\_ STATE OR ISSUER: \_\_\_\_\_

ISSUE DATE: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

### FAMILY INFORMATION

ANY BIRTHS OF DEPENDENTS IN 2024?: ☐ YES ☐ NO

(If you checked yes, please list name, date of birth and social security number)

PLEASE LIST THE NAMES OF DEPENDENTS BEING CLAIMED FOR 2024: \_\_\_\_\_

(If you are including any family members' tax information please make sure it is separated from your tax information.)

### HEALTH INSURANCE INFORMATION

DID YOU HAVE HEALTH INSURANCE FOR ALL OF 2024? ☐ YES ☐ NO

(If you checked no, please list the months you were not covered by health insurance)

### DIRECT DEPOSIT INFORMATION

WOULD YOU PREFER DIRECT DEPOSIT? ☐ YES ☐ NO (If yes, banking information is required)

BANK NAME: \_\_\_\_\_ ACCOUNT TYPE: ☐ CHECKING ☐ SAVINGS

ROUTING #: \_\_\_\_\_ ACCOUNT #: \_\_\_\_\_

### ADDITIONAL INFORMATION

WERE THERE ANY CHANGES FROM THE PRIOR YEAR? ☐ YES ☐ NO

(If you checked yes, please list the changes from the prior year)

**PLEASE HAVE PAPERWORK TO US BY SATURDAY, MARCH 15, 2025  
OTHERWISE YOU MAY BE PLACED ON EXTENSION**

CONTINUE ONTO THE REVERSE SIDE FOR OUR 2024 TAX SEASON CHECKLIST