

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

2024 TAX INFORMATION CHECKLIST

TO HELP YOU ORGANIZE YOUR TAX INFORMATION

SOME MAY APPLY TO YOU, SOME MAY NOT.

- ☐ Copies of all W-2(s) and 1099(s) reporting wages, gambling winnings, interest, dividends, pension/retirement distributions, unemployment compensation, social security benefits and any miscellaneous income
- ☐ Brokerage statements regarding the sale of stock, original cost and purchase date of stock (many of these statements are issued online only)
- ☐ Copies of K-1 forms from investment in a business entity
- ☐ Names, social security numbers and dates of birth for all dependents and any changes regarding these dependents in 2024
- ☐ Names, address, tax ID numbers and amounts paid to all childcare providers
- ☐ Documentation for college tuition paid and amounts for books for classes, and/or student loan interest paid (must have Form 1098-T for tuition deduction)
- ☐ Real estate taxes, town vehicle taxes, sales tax on motor vehicles
- ☐ For MA residents age 65 or older who rent or pay real estate taxes: water and sewer bills
- ☐ Mortgage interest paid and any closing documents if you bought, sold or refinanced
- ☐ Medical insurance, prescriptions, doctors, dentists, glasses and medical mileage amounts only if you itemize (please write down totals rather than bringing in all of your prescription papers)
- ☐ Charitable donations: church, cash, noncash, etc. and charitable mileage with receipts
- ☐ For all MA residents who rent: list the amount of rent paid
- ☐ Contribution amounts to an IRA, ROTH, 401k, 403B
- ☐ For self-employed clients: records of income and expenses from self-employment activity (please provide a prepared profit and loss)
- ☐ For self-employed clients: copies of all 1099s issued to others (subcontractors, etc.)
- ☐ For self-employed clients: business use of vehicle mileage amount (total miles, commuting miles and business miles driven) and auto expenses. Please provide a mileage log. One is available on our website www.larsontaxservice.com.
- ☐ Record of the dates and amounts of estimated tax payments made for 2024
- ☐ Theft or casualty loss information
- ☐ For clients with rental properties: records of rent collected and expenses involving the rental activity
- ☐ Records of any alimony paid or received
- ☐ Proof of health insurance: if you acquired health insurance through the Marketplace a form 1095-A is required to file your tax return
- ☐ Any notable changes: purchase/sale of a property, births, marriages, changes in employment, etc.
- ☐ For new clients: please bring a copy of your 2023 tax return and a government issued ID