



2025 BUSINESS INFORMATION FORM

Today's date:		Tax Year(s):	
Legal Business Name:		Federal Identification Number:	If LLC how are you taxable (circle one): Sole Prop / Corp / S-Corp / Partnership
Type of Business:	Date Business Started:		
Business address:		Business Phone:	Website:
P.O. Box/Suite Number:		()	
City:	State:	ZIP Code:	Email Address:
State(s) Where Registered:		State(s) Where Income Is Earned:	% of Income for Each State:
State Tax ID(s):		Local Tax ID (if applicable) :	
SHAREHOLDER OR PARTNER(S) INFORMATION			
(Please skip this section if no Shareholder or Partners)			
Name:	Social Security Number:	Address:	% of Ownership
Name:	Social Security Number:	Address:	% of Ownership
Name:	Social Security Number:	Address:	% of Ownership
Name:	Social Security Number:	Address:	% of Ownership
PLEASE PROVIDE A COPY OF PREVIOUS FILED RETURN IF NEW FST CLIENT			
The above information is true to the best of my knowledge. I understand that I am legally responsible for all information presented on this form and I understand that this information will be used to prepare the business tax return.			
Taxpayer Signature & Title:			Date

Items Needed to Complete Return

- ☐ Did Five Star File 2024 Business Tax Return? If not, a copy of the return is required.
- ☐ Income Statement (Profit & Loss Statement) 01-01-25 to 12-31-25
- ☐ Balance Sheet Report as of 12/31/2025
- ☐ Asset details for purchases in 2025. **Did the business sell, exchange or dispose of any digital assets?** Yes ☐ No ☐
- ☐ Form 1098-INT- Interest Income
- ☐ Form 1099-Misc- Additional Untaxed Income
- ☐ Form 1099-DIV- Dividend Income
- ☐ Number of 2025 W-2s (if applicable): _____
- ☐ Number of 2025 1099s (if applicable): _____
- ☐ If you are requesting an extension and anticipate having a balance due, the balance due must be paid with the extension. Your initials will serve as documentation that you have been informed of this requirement.

Tax prep fees include one revision. Additional revisions are \$175.00 each.

Business Owners Initials: _____ Date: _____

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