



New or Existing Client: \_\_\_\_\_  
If New, Referred By: \_\_\_\_\_

## 2025 TAXPAYER INFORMATION FORM

FST office Address: 600 Broadway Blvd Ste 680 KCMO 64105

Today's date:		Tax Year(s):			
<p><b>If you are due a refund, how would you like to receive it? (Circle one):</b></p> <p><b>DIRECT DEPOSIT / CHECK TO ADDRESS OF RECORD / ELECTRONIC REFUND CHECK / ELECTRONIC REFUND DEPOSIT</b></p>					
Taxpayer's Name:		Social Security Number:		Marital status (circle one):	
				Single / Mar / Div / Sep / Widow	
Is this your legal name? Check Y or N below	If not, what is your legal name as printed on Social Security Card?	Occupation:		Birth date:	Blind: <input type="checkbox"/> Y <input type="checkbox"/> N
<input type="checkbox"/> Yes	<input type="checkbox"/> No			/ /	<input type="checkbox"/> Y <input type="checkbox"/> N
Are there any restrictions on your SS Card? If yes, provide copy. <input type="checkbox"/> Y <input type="checkbox"/> N			Home Phone:	Cell/Work Phone:	
Street Address:			( )	( )	
City:	State:	ZIP Code:	Email Address:		
Spouse Name & SSN:		Are you or your spouse a Disabled Vet w/Honorable Discharge?: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is this their legal name? Check Y or N below	If not, what is their legal name as printed on Social Security Card?	Occupation:		Birth date:	Blind: <input type="checkbox"/> Y <input type="checkbox"/> N
<input type="checkbox"/> Yes	<input type="checkbox"/> No			/ /	<input type="checkbox"/> Y <input type="checkbox"/> N
Check if parent (or someone else) can claim you as a dependent: <input type="checkbox"/> Yes <input type="checkbox"/> No			Check if you lived apart from your spouse for all of tax year: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Please Indicate Filing Status:		<input type="checkbox"/> Single	<input type="checkbox"/> Married Filing Joint	<input type="checkbox"/> Married Filing Separate	<input type="checkbox"/> Head of Household <input type="checkbox"/> Qualifying Widow(er)
Head of Household: if the person is a child but not a dependent: Name: SSN:					
Did you receive any tip or overtime wages in 2025? (Need last pay stub if yes) <input type="checkbox"/> Yes <input type="checkbox"/> No			Did you start or own a business in 2025? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Did you, your spouse, or dependents attend a college/university with the purpose of obtaining a degree in 2025? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Did you receive any of these sources of income in 2025: <b>1099-Misc (Contract Labor), Interest, Retirement, Gambling or Alimony, Foreign or Non-US Bank Account Income?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No					
Did any household member have health insurance in 2025 through the Marketplace/Healthcare.gov? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide form 1095A.					
Did you have a Health Savings Account (HSA) or Flexible Spending Account (FSA) in place during 2025? <input type="checkbox"/> Yes <input type="checkbox"/> No					
At any time during 2025, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset) <input type="checkbox"/> Yes <input type="checkbox"/> No					
Did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency in 2025? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Did you receive an Identity Protection PIN (Notice CP01A) in 2025? <input type="checkbox"/> Yes If yes, please provide to Five Star <input type="checkbox"/> No			Did you have a balance due on your 2024 tax return? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you anticipate a balance due for 2025? <input type="checkbox"/> Yes <input type="checkbox"/> No		
DEPENDENT INFORMATION					
(Please skip this section if no dependents. Please Attach 2 <sup>nd</sup> Page for Additional Dependents) Did you provide 50% or more of each dependents' expenses? Please circle <b>YES</b> or <b>NO</b> in the last column. <b>Did you have an adoption in 2025? If so, what was the cost?</b>					
Dependent Name:	Social Security Number:	Birth date:	Relationship	#of months lived with you in 2025:	Expenses: <input type="checkbox"/> YES <input type="checkbox"/> NO
Dependent Name:	Social Security Number:	Birth date:	Relationship	#of months lived with you in 2025:	Expenses: <input type="checkbox"/> YES <input type="checkbox"/> NO
Dependent Name:	Social Security Number:	Birth date:	Relationship	#of months lived with you in 2025:	Expenses: <input type="checkbox"/> YES <input type="checkbox"/> NO
Dependent Name:	Social Security Number:	Birth date:	Relationship	#of months lived with you in 2025:	Expenses: <input type="checkbox"/> YES <input type="checkbox"/> NO
BANK ACCOUNT INFORMATION					
(For Direct Deposit of Tax Refunds. Please skip if you prefer to have tax refunds mailed to home address.)					
Institution Name:	Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	Account Number:		Routing Number:	
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 I am engaging Five Star Tax & Business Solutions to use this information to prepare my tax return.					
Taxpayer Signature			Date		
Spouse's Signature			Date		

## Items Needed to Complete Return

\*All forms must include amount, name, address, and federal ID number where applicable

- Copy of 2024 tax return if Five Star did not prepare your return
- W-2s: How many - \_\_\_\_\_ Company Name(s) - \_\_\_\_\_  
Company Name(s) - \_\_\_\_\_
- Clear copy of each taxpayer's ID plus copies of each dependent's social security card
- Identity Protection PIN Assigned by IRS
- Daycare Statement\*
- Mortgage Interest Statement (Form 1098) OR Vehicle Interest Loan\*
- Tuition Statement (Form 1098-T) and/or Student Loan Interest Paid (Form 1098-E)\*
- Form 1098-INT- Interest Income
- Form 1099-Misc- Additional Untaxed Income
- Form 1099-DIV- Dividend Income
- Form 1099-G- State Refund Document
- Form 1099-G- Unemployment
- Form 1099-B- Capital Gains Transactions
- Form 1099-R- Retirement Income
- Form 1099-SA Social Security Retirement Income
- Form K-1- Partnership or S-Corporation
- Charitable Contributions Statements – How many? \_\_\_\_\_
  - If property was donated must include value of property and document from donation facility
- Property/Real Estate Tax Payment Receipts
- Profit & Loss for Business.
- If you lived in multiple states in 2025, please provide the dates you lived in each state.
- 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 you have been informed of this requirement.

**Tax prep fees include one revision. Additional revisions are \$50.00 each.**

Taxpayer Initials: \_\_\_\_\_ Date: \_\_\_\_\_

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**TRY OUR EXPRESS SERVICE! FAX OR EMAIL YOUR TAX DOCUMENTS TO REDUCE WAIT TIME & GET YOUR TAXES DONE**

**FAST!**