Tax Payer Information Sheet 2027 (Tax Year 2026)

Kindly complete the form with all required information and print it upon completion.
If you have any questions or require assistance, please contact us at (816) 690-7997.

TAX PAYER INFORMATION

YOUR NAME: _____

SSN# or ITIN#: _____

BIRTHDATE: _____

PRIMARY PHONE: _____

SECONDARY PHONE: _____

OCCUPATION: _____

DRIVER'S LICENSE #: _____

ISSUE DATE: _____

EXPIRATION DATE: _____

STATE DRIVER'S LICENSE ISSUED: _____

EMAIL ADDRESS: _____

SPOUSE'S INFORMATION

SPOUSE'S NAME: _____

SSN# or ITIN#: _____

BIRTHDATE: _____

PRIMARY PHONE: _____

SECONDARY PHONE: _____

OCCUPATION: _____

DRIVER'S LICENSE #: _____

ISSUE DATE: _____

EXPIRATION DATE: _____

STATE DRIVER'S LICENSE ISSUED: _____

EMAIL ADDRESS: _____

ADDRESS SECTION

STREET: _____

CITY: _____

STATE: _____

ZIP CODE: _____

FILING STATUS

☐ Single ☐ Married Filing Jointly ☐ Married Filing Separately ☐ Head of Household ☐ Qualifying Widow(er)

IF SPOUSE DECEASED after 1/1/2026 INPUT DATE HERE: _____

IF DIVORCED after 1/1/2020 INPUT DATE HERE: _____

IF HEAD OF HOUSEHOLD NEED 1 OF THE FOLLOWING IN YOUR NAME: _____

IF DIVORCED, COPY OF DIVORCE DECREE IF CHILDREN ARE BEING CLAIMED: _____

DEPENDENTS (YOU ARE CLAIMING) INFORMATION (IF MORE THAN 4 DEPENDENTS, PRINT AND FILL IN ON BACK)

NAME:	SOCIAL SECURITY #:	RELATIONSHIP:	BIRTHDATE:	DAYCARE EXPENSE:
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No

PROOF OF RESIDENCY OF DEPENDENT(S) (Example: HEALTH FORM, SCHOOL DOCUMENT): _____

IS DEPENDENT A STUDENT: ☐ Yes ☐ No

IS DEPENDENT A COLLEGE STUDENT: (IF YES, WILL NEED 1098T FORM) ☐ Yes ☐ No

DID YOU BUY OR SELL ANY VIRTUAL CURRENCY IN 2026: ☐ Yes ☐ No

DID YOU HAVE AN IRS ISSUES IDENTITY PROTECTION PIN NUMBER: ☐ Yes ☐ No

IF YES, PLEASE PROVIDE: _____

DO YOU HAVE HEALTH INSURANCE THROUGH THE MARKETPLACE(OBAMA CARE)?: ☐ Yes ☐ No

IF YOU HAVE HEALTH INSURANCE THROUGH THE MARKETPLACE, PLEASE PROVIDE FORM 1095A (CAN'T FIND YOUR FORM? CALL MARKETPLACE @ 1-800-318-2596 AND ASK FOR A REPLACEMENT)

REFUND DIRECT DEPOSIT INFORMATION

BANK NAME: _____

TYPE OF ACCOUNT (CHECKING OR SAVINGS): _____

ROUTING NUMBER: ACCOUNT NUMBER: