Next Step Enterprises Taxpayer Information

PERSONAL INFORMATION **TAXPAYER SPOUSE** Last name..... First name Middle Initial..... Social security number Occupation..... Work phone/extension Cell phone E-mail address..... Birthdate MM/DD/YYYY MM/DD/YYYY..... No Contribute to Presidential Election Yes No Yes Campaign Fund Eligible to be claimed as a No Yes No Yes dependent on another return Street address..... __ Apartment number City.....___ State..... ZIP code.....___ Home phone...... **FILING STATUS** Single Married filing jointly Married filing separately Check this box if you did not live with spouse at any time during the year..... Head of household **5** Qualifying widow(er) Check the box for the year the spouse died ▶ 2020 ☐ 2021 **DEPENDENT INFORMATION** Social Security Number Date of Birth Full Name (first name, middle initial, last name, suffix) Relationship *Not Citizen Direct Deposit Bank Account Information Account # Routing # Checking Savings Webfile # XT _____ (for LLC's, Partnerships and Corporations ONLY)