# Next Step Enterprises Taxpayer Information

## PERSONAL INFORMATION

| | TAXPAYER | | SPOUSE | |
|---|---|---|---|---|
| Last name | | | | |
| First name | | | | |
| Middle Initial | | | | |
| Social security number | | | | |
| Occupation | | | | |
| Cell phone | | | | |
| E-mail address | | | | |
| Birthdate | MM/DD/YYYY | | MM/DD/YYYY | |
| Blind | Yes ☐ | No ☐ | Yes ☐ | No ☐ |
| Contribute to Presidential Election Campaign Fund | Yes ☐ | No ☐ | Yes ☐ | No ☐ |
| Eligible to be claimed as a dependent on another return | Yes ☐ | No ☐ | Yes ☐ | No ☐ |

Street address ______________________ Apartment number ________

City ______________________ State ____ ZIP code ____________

## FILING STATUS

☐ **1** Single

☐ **2** Married filing jointly

☐ **3** Married filing separately
Check this box if you **did not** live with spouse at any time during the year ► ☐

☐ **4** Head of household

☐ **5** Qualifying widow(er)
Check the box for the year the spouse died ► 2021 ☐ 2022 ☐

## DEPENDENT INFORMATION

| Full Name (first name, middle initial, last name, suffix) | | | | Social Security Number / Relationship | | Date of Birth / *Not Citizen | |
|---|---|---|---|---|---|---|---|
| | | | | | | ☐ | ☐ |
| | | | | | | ☐ | ☐ |
| | | | | | | ☐ | ☐ |
| | | | | | | ☐ | ☐ |

## Direct Deposit Bank Account Information

Routing #____________________ Account #____________________ Checking ☐ Savings ☐

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