

Langley and Associates LLC

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Dependent Information Form

Your Name: _____ MI: ____ Last Name: _____

Spouse Name: _____ MI: ____ Last Name: _____

Dependent Information

You can repeat this form if you have more than 3 dependents

1. Name: _____

a. SS#: _____

b. IPPIN (if applicable): _____

c. Date of Birth: _____

d. Relation to you: _____

e. Can anyone else claim? _____

2. Name: _____

a. SS#: _____

b. IPPIN (if applicable): _____

c. Date of Birth: _____

d. Relation to you: _____

e. Can anyone else claim? _____

3. Name: _____

a. SS#: _____

b. IPPIN (if applicable): _____

c. Date of Birth: _____

d. Relation to you: _____

e. Can anyone else claim? _____

Did you have any education or childcare expenses in 2022?

Yes

No

Other Notes: _____
