Langley and Associates LLC

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Existing Individual Client Intake Form

First Name: ______ **MI:** ___ **Last Name:** ______

SSN/ITIN: ______ **Date of Birth:** ______

IPPIN (if applicable): ______

***The IRS issues new IPPIN's every year, they are not valid for multiple years.**

If married, do you plan to file jointly with your spouse? Yes ___ **No** ___ **Unsure** ___

If not filing jointly with your spouse, we still need your spouse's name and SSN/ITIN

Spouse First Name: ______ **MI:** ___ **Last Name:** ______

Spouse SSN/ITIN: ______ **Date of Birth:** ______

Spouse IPPIN (if applicable): ______

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Refunds & Tax Owed

If due a refund, do you want it direct deposited? **Yes** ___ **No** ___

If tax is owed, do you want it direct debited from your bank account? **Yes** ___ **No** ___

It depends on the amount ___

If you are opting for direct debit, what date would you like the payment to be made?

- **Same day as the return is filed** ___
- **This specific date:** ______
  - ***If this date is after April 15th, a later date will delay filing of your return. Langley and Associates will not accept responsibility for any interest, penalties, fees, etc. incurred as a result.***

For Direct Deposit and/or Direct Debit, please provide bank account information and indicate account preferences.

Information Update Questions

Did you (or your spouse) renew your Driver's License or State ID since we last filed a return for you?

Yes ___ **No** ___

If yes, please provide updated information and a copy of the updated License/ID

Has your bank account information changed, or are you changing your bank accounts on file, since the last time we filed a return for you? Yes____ No____

Has your address or contact information changed? Yes____ No____

Updated Address & Contact Information

Current Address: ____________________ Apt # ______

City ______________ State ____ Zip Code ____________

Cell Phone Number: ______________ Email: ______________

Spouse Phone Number: ______________ Email: ______________

Return Preparation Questions

Did you Buy/Sell/Exchange/Dispose of any cryptocurrency or NFT? Yes____ No____

Did you, your spouse, and/or dependents have Marketplace (Exchange) Health Insurance (through healthcare.gov or a third-party)? Yes____ No____

Has your dependent information changed? Yes____ No____

Did you have any child or dependent care expenses? Yes____ No____

Did you make any estimated tax payments during the tax year? Yes____ No____

Did anyone on the return have any higher education expenses? Yes____ No____

Do you have any business mileage associated with any of your income or activities (including W2 income when unreimbursed)? Yes____ No____

Do you have a home office, or use a portion of your home for business or rental income uses (including W2 income when unreimbursed)? Yes____ No____

If needed or recommended, would you like to make estimated tax payments for the current year? Yes____ No____

Did you have any rental income activity for properties not already on file from the last time we filed a return for you? Yes____ No____

Did you start a new business or have an existing business that is not already on file from the last time we filed a return for you? Yes____ No____

- Business Name (if applicable): ______
- Is this Self-Employment/a Schedule C business, or is this a business that has or requires it's own separate income tax return?
  - Self-Employment/Sch. C Business ____
  - Has/Requires a separate tax return ____
  - I do not know ____

Do any of the following expenses or contributions apply?

- **Student loan interest paid ____**
- **Educator expenses paid ____**
- **Health savings account contributions ____**
- **Retirement contributions ____**

Other Questions

Do you have an IRS online account? Yes____ No____

Do you have a MAT (My Alabama Taxes) account? Yes____ No____

Special Return Situations

Select all that apply

- **I and/or my spouse are clergy/are a minister at a church/religious organization ____**
- **I and/or my spouse are an educator ____**
- **I and/or my spouse are a statutory employee (indicated on W2, is most common for insurance or outdoor sales employment) ____**
- **I and/or my spouse have non-US income or assets ____**
- **I am unable to obtain one or more tax forms from an employer or other entity ____**
- **A person on this return is deceased ____**
- **I need tax one or more returns prepared for prior years ____**
- **I will/may have multiple states on my return ____**

If there is anything else that we should note about the return that is not covered by this and other forms you fill out, please provide a written note or email us about those things.

Client Signature: ______ **Date: ______**