

# Langley and Associates LLC

6580 Spanish Fort Blvd. Suite A • Spanish Fort, Alabama 36527

Phone 251.345.4800 • Fax 888.756.1590

---

## New Individual Client Intake Form

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

SSN/ITIN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

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: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Spouse IPPIN (if applicable): \_\_\_\_\_

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

Current Address: \_\_\_\_\_ Apt # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

## 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 15<sup>th</sup>, 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.*

### Return Preparation Questions

Do you have dependents? Yes \_\_\_\_\_ No \_\_\_\_\_

Did you Buy/Sell/Exchange/Dispose of any cryptocurrency or NFT? Yes \_\_\_\_\_ No \_\_\_\_\_

Did you make any estimated tax payments during the tax year? Yes \_\_\_\_\_ No \_\_\_\_\_

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

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 \_\_\_\_\_

Did you have any rental income activity? Yes \_\_\_\_\_ No \_\_\_\_\_

Did you start a new business or have an existing business? 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 \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

**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: \_\_\_\_\_