**DROP OFF/PAPERWORK SUBMISSION SLIP**

**RETURNING CLIENTS ONLY**

**If you have any self – employment /rental property/ multiple state activity, besides AZ, we request you please make an appointment.**

**NAME: \_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_**

**Address to be used on return \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Were you a full year AZ Resident? Y or N if N, move date To Az\_\_\_\_\_\_\_\_\_\_ Moved From\_\_\_\_\_\_\_\_\_**

**Filing Status: Single \_\_\_\_\_\_ Married \_\_\_\_\_\_\_ Head of Household\_\_\_\_\_\_**

**If Head of Household: What time period did dependent live with you in 2023 or please explain \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Who are we claiming as dependents? Clarify dependents between 17-24, are they full-time**

 **students? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**If during this year you had healthcare.gov medical insurance, we need form 1095A.**

**Any charity donations? Cash amt: \_\_\_\_\_\_\_\_ Non Cash amt:\_\_\_\_\_\_\_\_**

**Was your driver’s license new this year? Yes or No (We will need copies of any NEW ID’s)**

**For refunds, will you be doing a direct deposit \_\_\_\_\_or paper check \_\_\_\_\_**

**Acct #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Routing # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Checking \_\_\_ Savings\_\_\_**

**How do you want to receive your return? Email\_\_\_\_\_\_\_ Pick up\_\_\_\_\_\_\_\_**

**(Additional copies requested at a later date may incur a nominal charge)**

**Relevant tax changes to note:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**