# **Converted Items – 1040 Individual: TaxSlayer to Lacerte**



#### **Client Information**

Taxpayer Last Name

Taxpayer First Name and

Taxpayer Initial and Title

Taxpayer Social Security Number

**Taxpayer Occupation** 

Taxpayer Date of Birth

Taxpayer Date of Death

Taxpayer is Blind

Taxpayer E-Mail Address

Taxpayer Work Phone

Taxpayer Cell Phone

Taxpayer Home Phone

Spouse Last Name

Spouse First Name

Spouse Initial

Spouse Social Security Number

**Spouse Occupation** 

Spouse Date of Birth

Spouse Date of Death

Spouse is Blind

Spouse: E-mail Address

Street Address

**Apartment Number** 

City

State

ZIP Code

### **Authentication Information**

Taxpayer's Identification Type

Taxpayer driver's license information

Spouse Identification Type

Spouse driver's license information

Filing Status

#### **Dependent Information**

First Name

Last Name

Social Security Number

Relationship

Age or Date of Birth

Months Lived at Home

## Direct Deposit/EF

Financial Institution: RTN number Financial Institution: Account number Financial Institution: Savings or Checking