Converted Items – 1040 Individual: Crosslink to ProSeries

Client Information

Taxpayer Last Name
Taxpayer First Name and
Taxpayer Initial and Title
Taxpayer Social Security Number
Taxpayer Occupation
Taxpayer Age or Date of Birth
Taxpayer Date of Death
Was Taxpayer claimed as dependant
Taxpayer: 1=Blind
Taxpayer E-Mail Address
Taxpayer Work Phone
Taxpayer Cell Phone
Taxpayer Home Phone
Taxpayer Driver's License information
Spouse Last Name
Spouse First Name
Spouse Initial and Title
Spouse Social Security Number
Spouse Occupation
Spouse Age or Date of Birth
Spouse Date of Death
Spouse 1=Blind
Spouse E-mail Address
Spouse Work Phone
Spouse Cell Phone
Spouse Driver's License information
Street Address
Apartment Number
City
State
ZIP Code
Foreign Address – Country
Filing Status

Dependent Information

First Name
Last Name
Title / Suffix
Social Security Number
Relationship
Age or Date of Birth
Earned Income Credit
Months Lived at Home

Direct Deposit/EF

Financial Institution: Savings, 2=Checking
Financial Institution: Account number
Financial Institution: Bank Name