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