

# Converted Items – 1040 Individual: TaxAct to PTO

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## **Client Information**

Taxpayer Last Name  
Taxpayer First Name and  
Taxpayer Initial  
Taxpayer Social Security Number  
Taxpayer Occupation  
Taxpayer Date of Birth  
Taxpayer Date of Death  
Taxpayer is Blind  
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  
Street Address  
Apartment Number  
City  
State  
ZIP Code

## **Filing Status**

Single  
Married Filing Jointly  
Married Filing Separately  
Head of household  
Qualifying Widow(er)

## **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