Converted Items - 1040 Individual: TaxSlayer to ProSeries

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 **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

