Converted Items - 1040 Individual: TaxSlayer to ProSeries

ΙΠΤUΙΤ

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