# List of Converted Items: 1040 Individual: TaxAct to Lacerte

#### **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