

List of Converted Items: 1040 Individual: CrossLink

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
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
Street Address
Apartment Number
City
State
ZIP Code
Foreign Address – Country

Filing Status

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

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 1,2,3: 1= Savings, 2=Checking
Financial Institution 1,2,3: Account number
Financial Institution 1,2,3: Bank Name