# Individual Converted Items (1040)

The <u>underlined and bolded</u> titles in the following list correspond to the titles in the enter data screen of the Intuit Tax Online tax program. All calculated carryover amounts are indicated in UPPERCASE format.

# **Client Information**

Filing Status

Year Spouse Died, if Qualifying Widow(er)

1 Spouse lived with you after June 30 (Current Year), If

Married Filing Separate

Taxpayer First Name and Initial

Taxpayer Last Name

Taxpayer Title/suffix

**Taxpayer Social Security Number** 

**Taxpayer Occupation** 

Taxpayer Date of Birth (m/d/y)

Taxpayer Date of Death (m/d/y)

Taxpayer can be claimed on another return

Taxpayer 1=Blind

Spouse First Name and Initial

Spouse Last Name

Spouse Social Security Number

Spouse Occupation

Spouse Date of Birth (m/d/y)

Spouse Date of Death (m/d/y)

Spouse 1=Blind

1=Use Foreign Format

Street Address

City

State

ZIP Code

Country

Taxpayer E-Mail Address

#### **Dependent Information**

First Name

Last Name

Date of Birth (m/d/y)

Social Security Number

Relationship

Months Lived at Home

Type of Dependent

Earned Income Credit

Child Tax Credit

**Miscellaneous Information** 

Presidential Campaign: 1=Self, 2=Spouse, 3=Both,

4=Neither, 5=Blank

Allow Preparer / IRS Discussion: 1=Yes, 2=No, 3=Blank

Designee's Name

Designee's Phone Number

Designee's PIN

#### **Direct Deposit of Refund/Electronic Refund**

1=Direct Deposit of Refund

Name of Bank (memo only)

Routing Transit Number

Depositor Account Number

#### **Current YearEstimated Tax Payments**

OVERPAYMENT APPLIED FROM PRIOR YEAR

 $\mathbf{1}^{\mathsf{ST}}$  QUARTER VOUCHER AMOUNT (MEMO ONLY)

 $2^{\text{ND}}$  QUARTER VOUCHER AMOUNT (MEMO ONLY)

3<sup>RD</sup> QUARTER VOUCHER AMOUNT (MEMO ONLY)

4<sup>TH</sup> QUARTER VOUCHER AMOUNT (MEMO ONLY)

1<sup>ST</sup> Quarter Amount Paid

1<sup>ST</sup> Quarter Date Paid

2<sup>nd</sup> Quarter Amount Paid

2<sup>nd</sup> Quarter Date Paid

3<sup>rd</sup> Quarter Amount Paid

3<sup>rd</sup> Quarter Date Paid

4<sup>th</sup> Quarter Amount Paid

4th Quarter Date Paid

Additional Amount Paid

Additional Date Paid

#### **Current Year Estimated Tax (1040 ES)**

Apply Overpayment to Next Year

Checkbox for Prior Year income tax balance due

Checkbox for Current Year estimated tax payment

# Penalties & Interest

PRIOR YEAR ADJUSTED GROSS INCOME

PRIOR YEAR TAX LIABILITY (-1 IF NONE)

1=Form 2210F

#### Wages, Salaries, Tips

Name of Employer

1=Spouse

Wages, Tips, Other Compensation

Federal Income Tax Withheld

Social Security Tax Withheld

Medicare Tax Withheld

Box 12 Code

Box 12 Amount

Statutory Employee: 1=Statutory Employee

1=retirement plan

State Income Tax Withheld

Local Income Tax Withheld

1=Ministers Wages Subject to SE Tax

#### Electronic Filing (W-2)

Control Number

Name of in Care of Addressee

**Employer Identification Number** 

Employer Name Control

Employer Address
Employer City
Employer State
Employer ZIP Code
Employee Name
Employee Address
Employee City
Employee State
Employee ZIP Code
State Name

**Employer State Identification Number** 

State Wages, Tips, Etc. Local Wages, Tips, Etc.

Locality Name
Interest Income

Name of Payer

Seller-Financed Mortgage: Seller-Financed Mortgage: Name of payer, Address, Social Security Number

Social Security Number 1=Taxpayer, 2=Spouse

Interest Income: Banks, Savings & Loans, Credit Unions,

Etc.

Interest Income: Seller-Financed Mortgage Interest Income: U.S. Bonds, T-Bills, Etc. Tax-Exempt Interest: Total Municipal Bonds

<u>Dividend Income</u> Name of Payer

1=Taxpayer, 2=Spouse

Dividend Income: Total Ordinary Dividends Dividend Income: Qualified Dividends

Dividend Income: Total Capital Gain Distributions

Dividend Income: U.S. Bonds

Tax Exempt Interest: Total Municipal Bonds

Pensions, IRA Distributions, W-2G

Payer Name 1=Spouse

1=IRA/SEP/SIMPLE, 2=W-2G 1=Rollover of any Part of Distribution

Gross Distribution
Taxable Amount

Federal Income Tax Withheld

Cost in Plan at Annuity Starting Date (Plus Death Benefit

Exclusion)

Amount Recovered Tax Free After 1986

Electronic Filing (1099-R, W-2G):

Payer Name of in Care of Addressee

Payer Identification Number Payer Name Control

Payer Address
Payer City
Payer State
Payer ZIP Code
Recipient Name

Recipient Address

Recipient City
Recipient State
Recipient ZIP Code

Form 1099-R: Account Number
Form 1099-R: Primary State Name
Form 1099-R: Primary State ID Number
Form 1099-R: Primary Locality Name
Form 1099-R: Secondary State ID Number
Form 1099-R: Secondary State ID Number
Form 1099-R: Secondary Locality Name

Form W-2G: State name

Form W-2G: State identification number

Business Income (Schedule C)

Principal Business or Profession

Principal Business Code

Business Name, if Different from Form 1040 Business Address, if Different from Form 1040 City, State, ZIP Code, if Different from Form 1040

**Employer ID Number** 

If Accounting Method not Cash or Accrual, Specify

Accounting Method: 1=Cash, 2=Accrual Inv. Method: 1=Cost, 2=Lower C/M, 3=Other

1=Spouse, 2=Joint

1=W-2 Earnings as Statutory Employee [O]

1=Did Not "Materially Participate"

Gross Receipts or Sales Returns and Allowances

Other Income

Inventory at Beginning of Year

Advertising Commissions Contract Labor

Employee Benefit Programs
Insurance (Other Than Health)

Interest: Mortgage Interest: Other Legal and Professional Office Expense

Pension and Profit Sharing Plans: Contributions Rent or Lease: Vehicles, Machinery, Equipment

Rent or Lease: Other

Repairs Supplies Travel

Meals and Entertainment in Full (50%)

DOT Meals in Full (70%)

Utilities Total Wages Other Expenses

PRIOR YEAR UNALLOWED PASSIVE LOSSES-

OPERATING (REGULAR TAX)

PRIOR YEAR UNALLOWED PASSIVE LOSSES-

OPERATING (AMT)

Dispositions (Schedule D, 4797, etc.)

Description of Property

Date Acquired (m/d/y or -m/d/y)
Date Sold (m/d/y or -m/d/y)

1=Taxpayer, 2=Spouse, Blank=Joint Gross Profit Ratio (.xxx or 1=100%)

Prior years' payments [O]

Ordinary Income (-1 if None, Triggers 4797)

Related Party Name Related Party Address

Related Party City, State, and Zip

1=Marketable Security

**Dispositions (Miscellaneous)** 

CAPITAL LOSS CARRYOVER: REGULAR SHORT-TERM CAPITAL LOSS CARRYOVER: REGULAR LONG-TERM

Rental & Royalty Income (Schedule E)

Kind of Property Location of Property 1=Spouse, 2=Joint

1=Did not actively participate 1=Real Estate Professional Expenses: Other Expenses

PRIOR YEAR UNALLOWED PASSIVE LOSSES-

OPERATING (REGULAR TAX)

PRIOR YEAR UNALLOWED PASSIVE LOSSES-

OPERATING (AMT)

Farm Income (Schedule F/Form 4835)

Principal Product Employer ID Number Agricultural Activity Code

Accounting Method: 1=Cash, 2=Accrual

1=Did Not "Materially Participate" (Sch. F only)

1=Spouse, 2=Joint

1=Did Not Actively Participate (4835 Only)
1=Real Estate Professional (4835 Only)
Cash Method: Sales of Items Bought for Resale
Cash Method: Cost or Basis of Above Items
Cash Method: Sales of Livestock You Raised
Accrual Method: Sales of Livestock, Produce, etc.
Accrual Method: Beginning Inventory of Livestock, etc.
Accrual Method: Cost of Livestock, etc. Purchased

Accrual Method: Ending Inventory of Livestock, etc.

Total Cooperative Distributions
Taxable Cooperative Distributions

Commodity Credit Loans Reported Under Election
Total Commodity Credit Loans Forfeited or Repaid
Taxable Commodity Credit Loans Forfeited or Repaid
Total Crop Insurance Proceeds Received in Current Year
Taxable Crop Insurance Proceeds Received in Current Year

Custom Hire (Machine Work) Income

Other Income

Car and Truck Expenses

Chemicals

Conservation Expenses: Current Year Custom Hire (Machine Work) Exp.

**Employee Benefit Programs** 

Feed Purchased Fertilizers and Lime Freight and Trucking Gasoline, Fuel, Oil

Insurance (Other Than Health)

Interest: Mortgage Interest: Other Labor Hired

Pension and Profit Sharing Plans: Contributions Rent or Lease: Vehicles, Machinery, Equipment

Rent or Lease: Other Repairs and Maintenance Seeds and Plants Purchased Storage and Warehousing Supplies Purchased

Taxes Utilities

Veterinary, Breeding, and Medicine

Other Expenses

PRIOR YEAR UNALLOWED PASSIVE LOSSES-

**OPERATING (REGULAR TAX)** 

PRIOR YEAR UNALLOWED PASSIVE LOSSES-

OPERATING (AMT)

**Partnership Information** 

Name of Partnership Employer ID Number

Tax Shelter Registration Number

1=Spouse, 2=Joint

1=Publicly Traded Partnership

1=Foreign Partnership 1=Not a Passive Activity

1=Actively Participated in Real Estate

1=Real Estate Professional Passive Loss Carryover S Corporation Information

Name of S Corporation

Employer Identification Number Tax Shelter Registration Number

1=Spouse, 2=Joint 1=Not a Passive Activity

1=Actively Participated in Real Estate

1=Real Estate Professional Passive Loss Carryover

**Estate and Trust Information** 

Name of Estate or Trust

**Employer Identification Number** 

1=Spouse, 2=Joint

1=Actively Participated in Real Estate

1=Real Estate Professional Passive Loss Carryover REMIC Information

Name of REMIC

Employer Identification Number

1=Spouse, 2=Joint

#### Depreciation (4562)

Description of Property

Form

Activity name or number

Category [O]

1=Self, 2=Spouse, Blank=Joint

Date Placed in Service

Cost or Basis

Current Section 179 Expense

Method

Life or Class Life (Recovery Period Automatic)
1=Half-Year, 2=Mid-Quarter (1st Year Automatic)

Amortization Code Section Current Special Depreciation Current Depreciation (-1 if none) [O] Prior Section 179 Expense

Prior Special Depreciation Allowance

Prior Depreciation Salvage Value

AMT Depreciation: Class Life (post-1986)

AMT Depreciation: 1=Real Property, 2=Leased Personal

Property (pre-1987)

AMT Depreciation: Current Depreciation [O]
AMT Depreciation: Prior Depreciation (MACRS only)

Percentage of business use (.xxx)
1=Alternative Depreciation System (ADS)
1=150% DB, 2=200% DB (% MACRS)
1=Delete This Year, 2=Delete Next Year

1=Listed Property

1=No Evidence to Support Business Use Claimed

1=No Written Evidence to Support Business Use Claimed

1=Sport Utility Vehicle over 6,000 pounds

Use of Vehicles: 1=Vehicle is Available for Off-Duty Personal Use

use

Use of Vehicles: 1=No Other Vehicle is Available for

Personal Use

Use of Vehicles: 1=Vehicle is Used Primarily by a More Than

5% Owner

Employers Providing Vehicles: 1= Provide Vehicles for

Employee Use

Employers Providing Vehicles: 1=Prohibit Employee

Personal Use of Vehicles

Employers Providing Vehicles: 1=Prohibit Employee

Personal Use, Except Commuting

Employers Providing Vehicles: 1=Treat All Use of Vehicles

as Personal Use

Employers Providing Vehicles: 1=Provide More Than Five

Vehicles and Retain Information

Employers Providing Vehicles: 1=Meet Qualified Automobile

**Demonstration Requirements** 

Total Mileage Commuting Mileage Business Mileage

1=Force Standard, 2=Actual

# Archer Medical Savings Accounts (8853)

1=You Were Uninsured When MSA Was Established

1=Self-Only Coverage, 2=Family Coverage

1=Acquired Interest in MSA After Death of Account Holder

#### Long-Term Care Insurance Contracts (8853)

Name of Insured (Defaults to Policyholder)

Social Security Number of Insured (Defaults to Policyholder)

1=Spouse is Policyholder

1=Other Individuals Received Payments for Insured

1=Insured is Terminally III

1=Accelerated Death Benefits Were the Only Payments

Received

#### Adjustments to Income

IRA Contributions After Recharacterizations
1=Covered by Employer Plan, 2=Not Covered [O]
Form 8606: IRA Basis for Current Year and Earlier
Roth IRA Contributions After Recharacterizations

#### **Itemized Deductions**

Insurance Premiums (Excluding Long-Term Care and Amounts on Form 8885)

Long-Term Care Premiums

Lodging and Transportation: Number of Medical Miles

Other Medical

Real Estate Taxes: Principal Residence

Real Estate Taxes: Property Held for Investment

Other Taxes

Home Mortgage Interest Not on Form 1098: Payee's Name Home Mortgage Interest Not on Form 1098: Payee's SSN or

FEIN

Home Mortgage Interest Not on Form 1098: Payee's

Address

Home Mortgage Interest Not on Form 1098: Amount Paid INVESTMENT INTEREST CARRYOVER: REGULAR TAX

Cash Contributions: 50% Limitation
Cash Contributions: 30% Limitation
Noncash Contributions: 50% Limitation
Noncash Contributions: 30% Limitation

Noncash Contributions: 30% Capital Gain Property Noncash Contributions: 20% Capital Gain Property

5 PRECEDING YEARS CONTRIBUTION CARRYOVERS:

50% LIMITATION

5 PRECEDING YEARS CONTRIBUTION CARRYOVERS:

30% LIMITATION

5 PRECEDING YEARS CONTRIBUTION CARRYOVERS:

30% CAPITAL GAIN PROPERTY

5 PRECEDING YEARS CONTRIBUTION CARRYOVERS:

20% CAPITAL GAIN PROPERTY Unreimbursed Employee Expenses

Tax Preparation Fees

Miscellaneous Deductions (2% AGI) Other Miscellaneous Deductions

#### Noncash Contributions (8283)

Donee: Name of Charitable Organization

Donee: Street Address

**Description of Donated Property** 

Date of Contribution
Date Acquired
How Acquired
Donor's Cost or Basis
Fair Market Value

Method Used to Determine FMV

Donee: Employer Identification Number (of Charitable Org.)

**Business Use of Home (Schedule C)** 

Form

Number of Form (e.g., Enter 2 for Sch. No. 2)

Business Use Area
Total Area of Home
Total Hours Facility Used
Total Hours Available

CARRYOVER OF OPERATING EXPENSES CARRYOVER OF CASUALTY LOSSES AND

**DEPRECIATION** 

Direct Expenses: Mortgage Interest Direct Expenses: Real Estate Taxes Direct Expenses: Casualty Losses Direct Expenses: Insurance

Direct Expenses. Insulance

Direct Expenses: Repairs and Maintenance

Direct Expenses: Utilities

Direct Expenses: Excess Mortgage Interest

**Business Use of Home (8829)** 

Form

Activity Name or Number Business Use Area Total Area of Home Total Hours Facility Used Total Hours Available

Indirect Expenses: Mortgage Interest Indirect Expenses: Real Estate Taxes Indirect Expenses: Casualty Losses Indirect Expenses: Insurance

Indirect Expenses: Repairs and Maintenance

Indirect Expenses: Utilities

Indirect Expenses: Excess Mortgage Interest

Indirect Expenses: Other Expenses
Direct Expenses: Mortgage Interest
Direct Expenses: Real Estate Taxes
Direct Expenses: Casualty Losses
Direct Expenses: Insurance

Direct Expenses: Repairs and Maintenance

Direct Expenses: Utilities

Direct Expenses: Excess Mortgage Interest

Direct Expenses: Other Expenses

Vehicle/Employee Business Expense (2106)

Occupation, if Different from Form 1040

1=Spouse (Form 2106)

Meal and Entertainment Expenses in Full Reimbursements not Included on Form W-2

1=Department of Transportation (65% Meal Allowance)

Local Transportation

Travel Expenses While Away from Home Overnight Reimbursements not Included on Form W-2 1=Vehicle is Available for Off-Duty Personal Use 1=No Other Vehicle is Available for Personal Use 1=No Evidence to Support Your Deduction

1=No Written Evidence to Support Your Deduction

Date Placed in Service (m/d/y)

Total Mileage Business Mileage Commuting Mileage

Average Daily Round-Trip Commute

Gas, Lube, Oil

Foreign Income Exclusion (2555)

1=Spouse

Foreign Address of Taxpayer

Employer's Name Employer's U.S. Address Employer's Foreign Address

**Employer Type** 

Employer Type, if Other

Enter Last Year (after 1981) Form 2555 was Filed

Country of Citizenship

City and Country of Separate Foreign Residence Number of Days During Tax Year at Separate Foreign

Address

Tax Home(s) During Tax Year

Date Tax Home(s) Were Established (m/d/y)

Country Code (EF Only)

Beginning Date for Bona Fide Residence (m/d/y) Ending Date for Bona Fide Residence (m/d/y)

Living Quarters in Foreign Country

Relationship

Period Family Lived Abroad

1=Submitted Statement to Country of Bona Fide Residence 1=Required to Pay Income Tax to Country of Bona Fide

Residence

Contractual Terms Relating to Length of Employment

Abroad

Type of Visa You Entered Foreign Country Under Explanation Why Visa Limited Stay in Country

1=U.S. home rented

Names of occupants in U.S. home Relationship of occupants in U.S. home Principal Country of Employment

Child and Dependent Care Expenses (2441)

Employer-Provided Dependent Care Benefits Forfeited in

Current Year

Persons and Expenses Qualifying for Dependent Care

Credit: First name [O]

Persons and Expenses Qualifying for Dependent Care

Credit: Last name [O]

Persons and Expenses Qualifying for Dependent Care

Credit: Social security number [O]

Persons/Organizations Providing Dependent Care: Name Persons/Organizations Providing Dependent Care: Street Address

Persons/Organizations Providing Dependent Care: City, State, ZIP Code

Persons/Organizations Providing Dependent Care: SSN or FIN

Persons/Organizations Providing Dependent Care: Total Amount Paid in Current Year

#### **Qualified Adoption Expenses (8839)**

**Qualified Adoption Credit Carryover** 

First Name [O]

Last Name [O]

Identification Number (SSN, ATIN, ITIN) [O]

1=Born Before 1988 and Was Disabled

1=Special Needs Child

1=Foreign Child

#### **Education Credits (8863)**

Student First Name [O]

Student Last Name [O]

Student Social Security Number [O]

1=Hope Credit, 2=Lifetime Learning Credit

#### Foreign Tax Credit (1116))

Resident of (Country)

Name of Foreign Country

Income other Than Capital Gains

# EIC, Elderly, Other Credits

Mortgage Interest Credit (8396): Address [O] Mortgage Interest Credit (8396): City Mortgage Interest Credit (8396): State Mortgage Interest Credit (8396): ZIP Code

Mortgage Interest Credit (8396): Certificate Credit Rate

(.xxxx)

MORTGAGE INTEREST CREDIT CARRYOVER: 3

PRECEDING YEARS

MINIMUM TAX CREDIT CARRYOVER TAXABLE INCOME (6251, 1,6,10) EXCLUSION ITEMS (2-5,7-9,11,12) SCH D TAX WORKSHEET: LINE 13

SCH D TAX WORKSHEET: SCH D, LINE 19

SCH D TAX WORKSHEET: LINE 10 SCH D TAX WORKSHEET: LINE 14 TAX LESS FOREIGN TAX CREDIT (34) ALTERNATIVE MINIMUM TAX (35)

DC FIRST TIME HOMEBUYER CREDIT CARRYOVER

#### **Household Employment Taxes (Schedule H)**

**Employer Identification Number** 

1=Spouse, 2=Joint

Section A: Name of State

Section A: State Reporting Number Section B: Primary State Name

Section B: Primary State Reporting Number

Section B: Secondary State Name

Section B: Secondary State Reporting Number

#### Tax for Children Under 14 (8615)

Parent's First Name

Parent's Last Name

Parent's Social Security Number

#### Parent's Election to Report Child's Income (8814)

Child's First Name Child's Last Name Child's SSN

#### Nonresident Alien (1040NR)

Filing Status

Country

Country of Citizenship During Current Year

Refund Address: Street Address Permanent Address: Street Address Country That Issued Passport 1=U.S. Citizen (Present or Past) Purpose of Visit to the U.S.

Type of Entry Visa

Visa Number

**Current Nonimmigrant Status** 

Date of First Entry in the U.S. (m/d/y)

1=Gave Up Permanent Residence as an Immigrant of U.S.

Dates Entered and Left the U.S. During the Year

Number of Days in U.S.: 2 Preceding Years

1=Filed a U.S. Tax Return for any Year Prior to Current Year

If Yes, Latest Year and Form Number

IRS Office Paid for Amounts Claimed on 1040NR

1=Excluded Gross Income Not Effectively Connected with U.S. Trade or Business

Nature, Source, Reason, and Amount for Excluded Income Foreign Country That U.S. Tax Treaty Benefits Claimed Kind and Amount of Connected Income Exempt from Tax:

Kind and Amount of Not Connected Income Exempt from Tax: Current Year

1=Subject to Tax on Income Entitled to Treaty Benefits,

1=Had a Permanent Establishment or Fixed Base in U.S. in Current Year, 2=N/A

If Community Income, Spouse's Name, Address, and SSN

1=Trust Has a U.S. Business, 2=N/A

Name and Address of Trust

1=Expatriation Return

1=Applied for Lawful Permanent Resident Status in U.S. Explanation of Lawful Permanent Resident Status

# Partnership Converted Items (1065)

The <u>underlined and bolded</u> titles in the following list correspond to the titles on the Contents screen of the Intuit Tax Online tax program. All calculated carryover amounts are indicated in UPPERCASE format.

#### **Client Information**

Partnership Name

Partnership DBA

Federal Identification Number

Street Address

City

State

ZIP Code

Telephone Number

Fiscal Year End (mm)

Date Business Began (m/d/y)

**Business Code** 

**Business Activity** 

Product or Service

Accounting Method

Other Accounting Method

Type of Entity

Tax Matters Partner

#### **Miscellaneous Information**

1=Converted Client (Proforma Use only)

Type of Entity Filing if "Other"

Allow Preparer / IRS Discussion

Capital Account "Other" and explanation

Schedule K-1 rounding partner

# Other Information (Schedule B)

1=Partners in this Partnership Also Partnerships

1=Partnership is a Partner in Another Partnership

1=Partnership Subject to Consolidated Audit Procedures

1=Partnership is a Publicly Traded Partnership

1=Partnership Has Interest in a Foreign Bank Account

Name of Foreign Country

1=Partnership is a Grantor of a Foreign Trust

# **Partner Information**

Partner Name

Identification Number

Street Address

City

State

ZIP Code

Type of Entity

1=General Partner

1=Foreign Partner

# Partner Percentages

Partner Name

End of Year: Profit Sharing End of Year: Loss Sharing

End of Year: Ownership of Capital

#### **Income**

Other Income

#### Cost of Goods Sold

Other Costs

Inventory Method: 1=Cost

Inventory Method: 1=Lower of Cost or Market,

Inventory Method: Other Method

Explanation of Other Method (Line 9(iii))

1=LIFO Inventory Method Adopted

1=Rules of Section 263A Apply

#### Farm Income (Schedule F / Form 4835)

Principal Product

**Employer ID Number** 

Agricultural Activity Code

Accounting Method: 1=Cash, 2=Accrual

1=Did Not "Materially Participate" (Sch. F only)

Other Expenses

#### **Deductions**

Other

#### Depreciation (4562)

Description of Property

Form

Activity name or number

Category [O]

Date Placed in Service

Cost or Basis

Current Section 179 Expense

Method

Life or Class Life (Recovery Period Automatic)

1=Half-Year, 2=Mid-Quarter (1st Year Automatic)

Amortization Code Section

Current Special Depreciation

Current Depreciation (-1 if none) [O]

Prior Section 179 Expense

Prior Special Depreciation Allowance

Prior Depreciation Salvage Value

AMT Depreciation: Class Life (post-1986)

AMT Depreciation: 1=Real Property, 2=Leased Personal

Property (pre-1987)

AMT Depreciation: Current Depreciation [O]

AMT Depreciation: Prior Depreciation (MACRS only)

Book Depreciation: Cost or Basis Book Depreciation: Method

Book Depreciation: Life or class life

Book Depreciation: Current depreciation (-1=none) [O]

Book Depreciation: Prior depreciation

Book Depreciation: Salvage Value Percentage of business use (.xxx)

1=Alternative Depreciation System (ADS)

1=150% DB, 2=200% DB (% MACRS)
1=Delete This Year, 2=Delete Next Year

1=Listed Property

1=No Evidence to Support Business Use Claimed

1=No Written Evidence to Support Business Use Claimed

1=Sport Utility Vehicle over 6,000 pounds

Use of Vehicles: 1=Vehicle is Available for Off-Duty Personal

Use

Use of Vehicles: 1=No Other Vehicle is Available for

Personal Use

Use of Vehicles: 1=Vehicle is Used Primarily by a More Than

5% Owner

Employers Providing Vehicles: 1= Provide Vehicles for

**Employee Use** 

Employers Providing Vehicles: 1=Prohibit Employee

Personal Use of Vehicles

Employers Providing Vehicles: 1=Prohibit Employee

Personal Use, Except Commuting

Employers Providing Vehicles: 1=Treat All Use of Vehicles

as Personal Use

Employers Providing Vehicles: 1=Provide More Than Five

Vehicles and Retain Information

Employers Providing Vehicles: 1=Meet Qualified Automobile

**Demonstration Requirements** 

**Total Mileage** 

**Commuting Mileage** 

**Business Mileage** 

1=Force Standard, 2=Actual

#### **Rental Real Estate Activities (Form 8825)**

Kind of Property

Location of Property

#### Dispositions (Schedule D, 4797, etc.)

**Description of Property** 

Date Acquired (m/d/y or -m/d/y)

Date Sold (m/d/y or -m/d/y)

Gross Profit Ratio (.xxx or 1=100%)

Prior years' payments [O]

Ordinary Income (-1 if None, Triggers 4797)

Related Party Name

Related Party Address

Related Party City

Related Party State

Related Party Zip Code

Related Party ID

1=Marketable Security

# Other Schedule K Items

Other Income

Other Deductions

Section 59(e)(2) Election Expenses

#### **Balance Sheet (Assets)-Ending Amounts**

Cash

Trade Notes and Accounts Receivable

Less Allowance for Bad Debts

Inventories, if Different from Screen 11

U.S. Government Obligations

Tax-Exempt Securities
Other Current Assets

Mortgage and Real Estate Loans

Other Investments

**Buildings and Other Depreciable Assets** 

Less Accumulated Depreciation

Depletable Assets

Less Accumulated Depletion

Land (Net of any Amortization)

Intangible Assets

Less Accumulated Amortization

Other Assets

#### Balance Sheet (Liabilities and Capital)-Ending Amounts

Accounts Payable

Mortgages, Notes, Bonds, Payable - Current Year

Other Current Liabilities

All Nonrecourse Loans

Mortgages, Notes, Bonds, Payable - Long-Term

Other Liabilities

#### Schedule M-1

Income on Sch. K Not Recorded on Books

Expenses on Books not on Sch. K: Non-deductible

Expenses

Expenses on Books not on Sch. K: Other

Income on Books not on Sch. K: Other

Deductions on Sch. K not Charged Against Book Income:

Other

#### Schedule M-2

Other Increases

Other Decreases

ENDING CAPITAL [O]

# Corporation Converted Items (1120)

The <u>underlined and bolded</u> titles in the following list correspond to the titles on the Contents screen of the Intuit Tax Online tax program. All calculated carryover amounts are indicated in UPPERCASE format.

# Client Information

Corporation Name

Corporation DBA

Federal Identification Number

Street Address

City Direct 25% Shareholder #1 & #2: Address State Direct 25% Shareholder #1 & #2: City ZIP Code Direct 25% Shareholder #1 & #2: U.S. Address - State Telephone Number Direct 25% Shareholder #1 & #2: U.S. Address - ZIP Code F-Mail Address Direct 25% Shareholder #1 & #2: Foreign Address - Region Fiscal Year End (mm) Direct 25% Shareholder #1 & #2: Foreign Address - Postal Date Incorporated (m/d/y) Direct 25% Shareholder #1 & #2: Foreign Address - Country **Business Code** Direct 25% Shareholder #1 & #2: U.S. Identifying Number **Business Activity** Direct 25% Shareholder #1 & #2: Principal Country Where Product or Service Business is Conducted Accounting Method Direct 25% Shareholder #1 & #2: Country of Citizenship or Other Accounting Method Incorporation Number of Shareholders Direct 25% Shareholder #1 & #2: Country(ies) of Filing Officer Information Income Tax Return as a Resident Officer Name Ultimate Indirect 25% Shareholder #1 & #2: Name Social Security Number Ultimate Indirect 25% Shareholder #1 & #2: Address Time Devoted to Business Ultimate Indirect 25% Shareholder #1 & #2: City % of Common Stock Owned (xx.xx) Ultimate Indirect 25% Shareholder #1 & #2: U.S. Address -% of Preferred Stock Owned (xx.xx) Miscellaneous/Other Information Ultimate Indirect 25% Shareholder #1 & #2: U.S. Address -Title of Signing Officer ZIP Code 2=Final Return Ultimate Indirect 25% Shareholder #1 & #2: Foreign Address 1=Converted Client (Proforma Use only) - Region Ultimate Indirect 25% Shareholder #1 & #2: Foreign Address 1=Allow Preparer/IRS Discussion - Postal Code 1=Qualified Personal Service Corporation Ultimate Indirect 25% Shareholder #1 & #2: Foreign Address 1=Nonqualified Personal Service Corporation - Country 1=Consolidated Return Ultimate Indirect 25% Shareholder #1 & #2: U.S. Identifying 1=Personal Holding Company Number 1=Foreign Person Owns Over 25% of Corporation's Stock Ultimate Indirect 25% Shareholder #1 & #2: Principal Percentage Owned by Foreign Person (xxx.xx) Country Where Business is Conducted Foreign Owner's Country Ultimate Indirect 25% Shareholder #1 & #2: Country of Number of Forms 5472 Attached Citizenship or Incorporation 1=Corp. is a Subsidiary in Affiliated/Controlled Group Ultimate Indirect 25% Shareholder #1 & #2: Country(ies) of Filing Income Tax Return as a Resident Parent Name Name of Related Party Parent ID Number Address of Related Party 1=Corporation Owned Foreign Disregarded Entity City Number of Forms 8858 Attached U.S. Address - State Number of Forms 8865 Attached U.S. Address - ZIP Code 1=Corporation Received Distribution From, or Was Grantor to, a Foreign Trust Foreign Address - Region 1=Corporation is a Shareholder of a Controlled Foreign Foreign Address - Postal Code Corporation Foreign Address - Country Country of Foreign Bank Account U.S. Identifying Number Number of Forms 8873 Attached (Extra-territorial Income Principal Business Activity Code Exclusion) Principal Business Activity 50% or More Owners of This Corporation Principal Country(ies) Where Business is Conducted Name Country(ies) of Filing Income Tax Return as a Resident Federal Identification Number Type of Party: 1=Foreign Person, 2=U.S. Person

# Foreign Owned Corporation Info. (5472)

Country of Incorporation

Country(ies) of Filing Income Tax Return as a Resident Principal Country(ies) Where Business is Conducted

1=Consolidated Filing of Form 5472 Direct 25% Shareholder #1 & #2: Name 1=Related to 25% Foreign Shareholder 1=25% Foreign Shareholder

1=Related to Reporting Corporation

1=Reasonable Estimates Are Used

**Estimates** 

OVERPAYMENT APPLIED FROM PRIOR YEAR

**Current Year Estimated Payments** 

Credit to Next Year

Large Corporation Determination: Current Year Taxable

Income

**Penalties and Interest** 

PRIOR YEAR TAX

1="Large Corporation"

Optional Annualized Methods: 1=Option 1, 2=Option 2,

Blank=Standard

**Automatic Extension (7004)** 

Qualifies Under Reg. Sec. 1.6081-5: 1=Yes, 2=No

<u>ncome</u>

Other Income

Cost of Goods Sold

Additional Section 263A Costs

Other Costs

**Ending Inventory** 

Inventory Method: 1=Cost

Inventory Method: 1=Lower of Cost or Market

Inventory Method: Other Method 1=Rules of Section 263A Apply

Dispositions (Schedule D, 4797, etc.)

**Description of Property** 

Date Acquired (m/d/y or -m/d/y)
Date Sold (m/d/y or -m/d/y)
Gross Profit Ratio (.xxx or 1=100%)

Prior years' payments [O]

Ordinary Income (-1 if None, Triggers 4797)

Related Party Name
Related Party Address
Related Party City
Related Party State
Related Party Zip Code
Related Party ID

1=Marketable Security

Rental / Other Passive Activities

Description of Property/Activity

Expenses: Federal Prior Unallowed

ADVERTISING BAD DEBTS

COMPENSATION OF OFFICERS

COST OF GOODS DEPLETION DEPRECIATION INTEREST REPAIRS

RENTS: PERSONAL PROPERTY

SALARIES AND WAGES

**TAXES** 

OTHER DEDUCTIONS LONG-TERM CAPITAL LOSS

FORM 4797 LOSSES

<u>Deductions</u> Other Deductions Depreciation (4562)

Description of Property

Form

Activity name or number

Category [O]

Date Placed in Service

Cost or Basis

Current Section 179 Expense

Method

Life or Class Life (Recovery Period Automatic)
1=Half-Year, 2=Mid-Quarter (1st Year Automatic)

Amortization Code Section Current Special Depreciation Current Depreciation (-1 if none) [O]

Prior Section 179 Expense
Prior Special Depreciation Allowance

Prior Depreciation Salvage Value

AMT Depreciation: Class Life (post-1986)

AMT Depreciation: 1=Real Property, 2=Leased Personal

Property (pre-1987)

AMT Depreciation: Current Depreciation [O]

AMT Depreciation: Prior Depreciation (MACRS only)

Book Depreciation: Cost or Basis Book Depreciation: Method

Book Depreciation: Life or class life

Book Depreciation: Current depreciation (-1=none) [O]

Book Depreciation: Prior depreciation Book Depreciation: Salvage Value Percentage of business use (.xxx) 1=Alternative Depreciation System (ADS) 1=150% DB, 2=200% DB (% MACRS) 1=Delete This Year, 2=Delete Next Year

1=Listed Property

1=No Evidence to Support Business Use Claimed 1=No Written Evidence to Support Business Use Claimed

1=Sport Utility Vehicle over 6,000 pounds

Use of Vehicles: 1=Vehicle is Available for Off-Duty Personal

Jse

Use of Vehicles: 1=No Other Vehicle is Available for

Personal Use

Use of Vehicles: 1=Vehicle is Used Primarily by a More Than

5% Owner

Employers Providing Vehicles: 1= Provide Vehicles for

Employee Use

Employers Providing Vehicles: 1=Prohibit Employee

Personal Use of Vehicles

Employers Providing Vehicles: 1=Prohibit Employee

Personal Use, Except Commuting

Employers Providing Vehicles: 1=Treat All Use of Vehicles

as Personal Use

Employers Providing Vehicles: 1=Provide More Than Five

Vehicles and Retain Information

Employers Providing Vehicles: 1=Meet Qualified Automobile

**Demonstration Requirements** 

Total Mileage

Commuting Mileage

**Business Mileage** 

1=Force Standard, 2=Actual

**Regular and AMT Net Operating Loss Deduction** 

Tax Year Ended (m/d/y) [O]

REGULAR NOL CARRYOVERS: REGULAR NET

**OPERATING LOSS** 

**Contribution Carryovers** 

REGULAR CONTRIBUTION CARRYOVERS

Noncash Contributions (8283)

Donee: Name of Charitable Organization

Donee: Street Address

Donee: City
Donee: State
Donee: ZIP Code

**General Business Credits** 

EMPOWERMENT ZONE EMPLOYMENT CREDIT: EZE

CREDIT CARRYOVER

GENERAL BUSINESS CREDIT CARRYOVER: CURRENT

YEAR ORIGINAL AMOUNT

8907 Line A (Type of Qualified Fuel) 8907 Line B (Date Facility Placed in Sevice) 6765 Line 17 checkbox "Section 280 (c)"

8609-A / LIH Recapture (8611)

**Building Identification Number** 

1=Newly Constructed or Existing Building 2=Section 42(e) Rehabilitation Expenditures

1=Corporation Does Not Have Form 8609 Issued By the

Housing Credit Agency

Building Qualified as Part of a Low-Income Housing Project

and Met Section 42 Requirements: 1=Yes, 2=No

1=Decrease in the Building's Qualified Basis for This Tax

Year

1=Entire Credit Claimed in Prior Tax Years
Eligible Basis from Form 8609, Part II, Line 7b

Low-Income Portion (.xxxx) [O]

Credit Percentage from Form 8609, Part I, Line 2 (.xxxx)

**Total Federal Grants** 

Maximum Housing Credit Available from Form 8609, Part I,

Line 1b

**Other Credits** 

MINIMUM TAX CREDIT CARRYOVER (8827,9) CURRENT YEAR ALTERNATIVE MINIMUM TAX

**Alternative Minimum Tax (4626)** 

Corporation Qualifies for AMT Small Corporation Exemption:

1=Yes, 2=No

OTHER ACE ITEMS: NET PRIOR POSITIVE ACE

ADJUSTMENTS

Schedule PH

Excess Expenses/Depr. Under Section 545(B)(6): Kind of

Property

Excess Expenses/Depr. Under Section 545(B)(6): Date

Acquired (m/d/y)

Excess Expenses/Depr. Under Section 545(B)(6): Cost or

Basis

Alt. Tax on Qual. Shipping Activities (8902)

Member of an electing group

Any member of electing group have income from qualifying

activities or incidental activities

Vessel name IMO number

USCG VIN number

Flag

Date flagged (m/d/y)

Vessel type

Vessel used in U.S. foreign trade % of U.S. ownership in vessel

Type of ownership
Type of vessel use

Date placed in service (m/d/y)

**Balance Sheet (Assets)-Ending Amounts** 

Cash

Accounts Receivable

Less Allowance for Bad Debts

Inventories, if Different from Screen 14

U.S. Government Obligations

Tax-Exempt Securities
Other Current Assets

Loans to Shareholders

Mortgage and Real Estate Loans

Other Investments

**Buildings and Other Depreciable Assets** 

Less Accumulated Depreciation

Depletable Assets

Less Accumulated Depletion Land (Net of any Amortization)

Intangible Assets

Less Accumulated Amortization

Other Assets

Balance Sheet (Liabilities and Capital)-Ending Amounts

Accounts Payable

Mortgages, Notes Payable-Current Year

Other Current Liabilities
Loans from Shareholders

Mortgages, Notes Payable-Long-Term

Other Liabilities Preferred Stock Common Stock

Additional Paid-in Capital

RETAINED EARNINGS: APPROPRIATED

Retained Earnings: Unappropriated Adjustments to Shareholders Equity Less Cost of Treasury Stock

**Balance Sheet Miscellaneous** 

Ending Retained Earnings (-1=None)

Schedule M-1

Income Subject to Tax not Recorded on Books

Expenses on Books not Included on This Return: Other Income on Books not Included on This Return: Other Deductions not Charged Against Book Income: Other

Schedule M-3

Type if Income Statement Prepared (see table)
Voting Common Stock: 1=Any of Corporation's Voting
Common Stock is Publicly Traded

Corporation is a dormant subsidiary

If So, Symbol of Primary U.S. Publicly Traded Voting Common Stock

If So, That Stock's CUSIP Number

#### Schedule M-2

Other Increases
Other Decreases

# S Corporation Converted Items (1120S)

The <u>underlined and bolded</u> titles in the following list correspond to the titles on the Contents screen of the Intuit Tax Online tax program. All calculated carryover amounts are indicated in UPPERCASE format.

# **Client Information**

S Corporation Name

S Corporation DBA

Federal Identification Number

Street Address

City

State

ZIP Code

Telephone Number

E-Mail Address

Fiscal Year End (mm)

Date Incorporated (m/d/y)

Date Elected S Corp. (m/d/y)

**Business Code** 

**Business Activity** 

Product or Service

**Accounting Method** 

Other Accounting Method

# Misc. Info., Other Info., Amended Return, Schedule N

Title of Signing Officer

1=Final Return

Allow Preparer/IRS Discussion: 1=Yes, 2=No, 3=Blank [O]

1=Converted Client (Proforma Use only)

1=Member of Controlled Group

1=Registered as Tax Shelter

1=Issued OID Debt Instruments

NET UNREALIZED BUILT-IN GAIN-FEDERAL

1=Accumulated Earnings and Profits at Year End

1=Corporation Owned Foreign Disregarded Entity

Number of Forms 8858 Attached

Number of Forms 8865 Attached

 ${\it 1--} Corporation is a Shareholder of a Controlled Foreign$ 

Corporation

Number of Forms 5471 Attached [O]

1=Corporation Received Distribution From, or Grantor of,

Foreign Trust

1=Interest in Foreign Bank Account

Name of Foreign Country

Number of Forms 8873 Attached (Extraterritorial Income

Exclusion)

# Invoice, Letters, Filing Instructions

Prior Year Preparation Fee (Memo Only)

#### **Shareholder Information**

Shareholder Name

**Identification Number** 

Street Address

City

State

7IP Code

#### Stock Ownership

Shareholder Number

Shareholder Name

Percentage of Stock Owned at Year End (xx.xxxxxx) [O]

#### Shareholder's Basis

Stock Basis at Beginning of Tax Year

Principle Amount of Debt Owed to Shareholder at Beginning

of Tax Year

Debt Basis at Beginning of Tax Year, if Different

#### **Estimates**

OVERPAYMENT APPLIED FROM PRIOR YEAR

# Penalties and Interest

Prior Year Excess Net Passive Income Tax (-1 if None)

# Ordinary Income

Other Income

#### Cost of Goods Sold

Additional Section 263A Costs

Other Costs

**Ending Inventory** 

Inventory Method: 1=Cost

Inventory Method: 1=Lower of Cost or Market

Inventory Method: Other Method

1=Rules of Section 263A Apply (9e)

# Ordinary Deductions

Other Ordinary Deductions

# Depreciation (4562)

Description of Property

Form

Activity name or number

Category [O]

Date Placed in Service

Cost or Basis

Current Section 179 Expense

Method

Life or Class Life (Recovery Period Automatic)
1=Half-Year, 2=Mid-Quarter (1st Year Automatic)

Amortization Code Section Current Special Depreciation Current Depreciation (-1 if none) [O]

Prior Section 179 Expense

Prior Special Depreciation Allowance

Prior Depreciation Salvage Value

AMT Depreciation: Class Life (post-1986)

AMT Depreciation: 1=Real Property, 2=Leased Personal

Property (pre-1987)

AMT Depreciation: Current Depreciation [O]
AMT Depreciation: Prior Depreciation (MACRS only)

Book Depreciation: Cost or Basis Book Depreciation: Method Book Depreciation: Life or class life

Book Depreciation: Current depreciation (-1=none) [O]

Book Depreciation: Prior depreciation Book Depreciation: Salvage Value Percentage of business use (.xxx) 1=Alternative Depreciation System (ADS) 1=150% DB, 2=200% DB (% MACRS) 1=Delete This Year, 2=Delete Next Year

1=Listed Property

1=No Evidence to Support Business Use Claimed 1=No Written Evidence to Support Business Use Claimed

1=Sport Utility Vehicle over 6,000 pounds

Use of Vehicles: 1=Vehicle is Available for Off-Duty Personal

Use

Use of Vehicles: 1=No Other Vehicle is Available for

Personal Use

Use of Vehicles: 1=Vehicle is Used Primarily by a More Than

5% Owner

Employers Providing Vehicles: 1= Provide Vehicles for

Employee Use

Employers Providing Vehicles: 1=Prohibit Employee

Personal Use of Vehicles

Employers Providing Vehicles: 1=Prohibit Employee

Personal Use, Except Commuting

Employers Providing Vehicles: 1=Treat All Use of Vehicles

as Personal Use

Employers Providing Vehicles: 1=Provide More Than Five

Vehicles and Retain Information

Employers Providing Vehicles: 1=Meet Qualified Automobile

**Demonstration Requirements** 

Total Mileage Commuting Mileage Business Mileage 1=Force Standard, 2=Actual

Schedule F

Name

Principal Product
Employer ID Number
Agriculture Activity Code

Accounting Method: 1=Cash, 2=Accrual 1=Did Not "Materially Participate" Ending Inventory of Livestock, etc.

Taxable Crop Insurance Proceeds Deferred

Schedule K Income and Deductions

Other Income (Loss)

Section 59(e)(2) Election Expenses

Deductions Related to Portfolio Income (Loss)

Other Deductions

**Rental Real Estate Activities (8825)** 

Kind of Property Location of Property Other Expenses

**Noncash Contributions** 

Name of Charitable Organization

Street Address

City, State, ZIP Code (Form 8283)

Dispositions (Schedule D, 4797, etc.)

Description of Property

Date Acquired (m/d/y or -m/d/y)
Date Sold (m/d/y or -m/d/y)
Gross Profit Ratio (.xxx or 1=100%)

Prior years' payments [O]

Ordinary Income (-1 if None, Triggers 4797)

Related Party Name Related Party Address Related Party City Related Party State Related Party Zip Code Related Party ID

1=Marketable Security

8609-A / LIH Recapture (8611)

Building ID Number (BIN)

1=S Corporation Does Not Have Form 8609 Issued By the Housing Credit Agency

1=Newly Constructed or Existing Building, 2=Section 42(e) Rehabilitation Expenditures

1=Decrease in the Building's Qualified Basis for This Tax

Eligible Basis Form 8609, Part II, Line 7b Low-Income Portion (Line 2) (.xxxx) [O]

Credit Percentage from Form 8609, Part I, Line 2 (.xxxx)

Maximum Housing Credit Available from Form 8609, Part I,

Line 1b

Other Schedule K Items

Foreign Country

Other Foreign Transactions

**Balance Sheet (Assets)-Ending Amounts** 

#### Cash

Accounts Receivable

Less Allowance for Bad Debts

Inventories, if Different from Screen 14

U.S. Government Obligations

Tax-Exempt Securities

Other Current Assets

Loans to Shareholders

Mortgage and Real Estate Loans

Other Investments

**Buildings and Other Depreciable Assets** 

Less Accumulated Depreciation

Depletable Assets

Less Accumulated Depletion

Land (Net of any Amortization)

Intangible Assets

Less Accumulated Amortization

Other Assets

Nonconventional Source Fuel Credit (8907)

Line A (Type of Qualified Fuel)

Line B (Date Facility placed in service)

Credit for Increasing Research Activities

Line 17 checkbox "Section 280 (c) "

Line 41 if the amount is present

#### **Balance Sheet (Liabilities and Equity)-Ending Amounts**

Accounts Payable

Mortgages, Notes Payable - Current Year

Other Current Liabilities

Loans from Shareholders

Mortgages, Notes Payable - Long-Term

Other Liabilities

Capital Stock

Additional Paid-in Capital

Total Retained Earnings [O]

Adjustments to Shareholders' Equity

Less Cost of Treasury Stock

#### Schedule M-1

Income on Schedule K not Recorded on Books

Expenses on Books not on Schedule K: Other

Income on Books not on Schedule K: Other

Deductions on Sch. K not Charged Against Book Income:

Other

#### Schedule M-2

ACCUMULATED ADJUSTMENT ACCOUNT - BEGINNING

BALANCE

OTHER ADJUSTMENT ACCOUNT - BEGINNING

**BALANCE** 

SHAREHOLDER UNDISTRIBUTED TAXABLE INCOME -

**BEGINNING BALANCE** 

#### Schedule K-1 Miscellaneous

1=Final K-1