

# Converted Items – 1040 Individual: Crosslink to Lacerte

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## **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 dependent  
Taxpayer: 1=Blind  
Taxpayer E-Mail Address  
Taxpayer Work Phone  
Taxpayer Cell Phone  
Taxpayer Home Phone  
Taxpayer Driver's License information  
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  
Spouse Driver's License information  
Street Address  
Apartment Number  
City  
State  
ZIP Code  
Foreign Address – Country  
Filing Status

## **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 Savings/Checking  
Financial Institution Account number  
Financial Institution Bank Name