# **Converted Items - 1040 Individual: TaxSlayer to ProSeries**



### **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