

# The CrossLink Return Converter for Drake, Drake Business, ProSeries, ProSeries Business, TaxSlayer, TaxSlayer Business, TaxWise, and TaxWise Business

## Introduction

This document is for new users that wish to convert their existing tax return data into CrossLink.

**Note:** The converted returns will not convert all data that is on the original returns. The converted returns are not intended to be a replacement of the originals. The converter captures information necessary to transfer client data into CrossLink 2018 for preparation of 2017 tax returns. For details on what converts, see the list of items converted later.

## Install CrossLink 2017 (tax year 2016)

To convert your tax return data into CrossLink, install the Crosslink 2017 tax program on your computer or network. We recommend choosing the computer or network where you will install CrossLink 2018 in December.

*Call Technical Support at (800)345-4337 ext. 2 if you need assistance with installing CrossLink 2016.*

## Update CrossLink 2017 to the current version (CrossLink 2017.32 or newer required for 1040 returns)

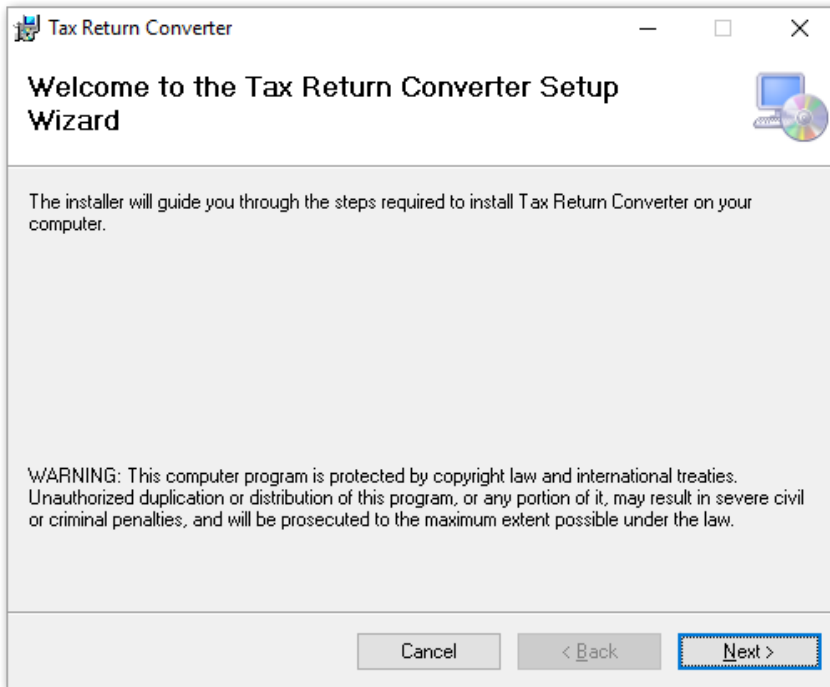
1. Open CrossLink 2017.
2. Click **Transmit to Central Site** on the **Work In Progress Summary** to download updates.
3. Click **Software Updates** on the **Work In Progress Summary**.
4. Click **Apply All** to install the updates.
5. Once the updates have finished installing, click **Restart** to restart CrossLink.

## Download Data Converter 2017

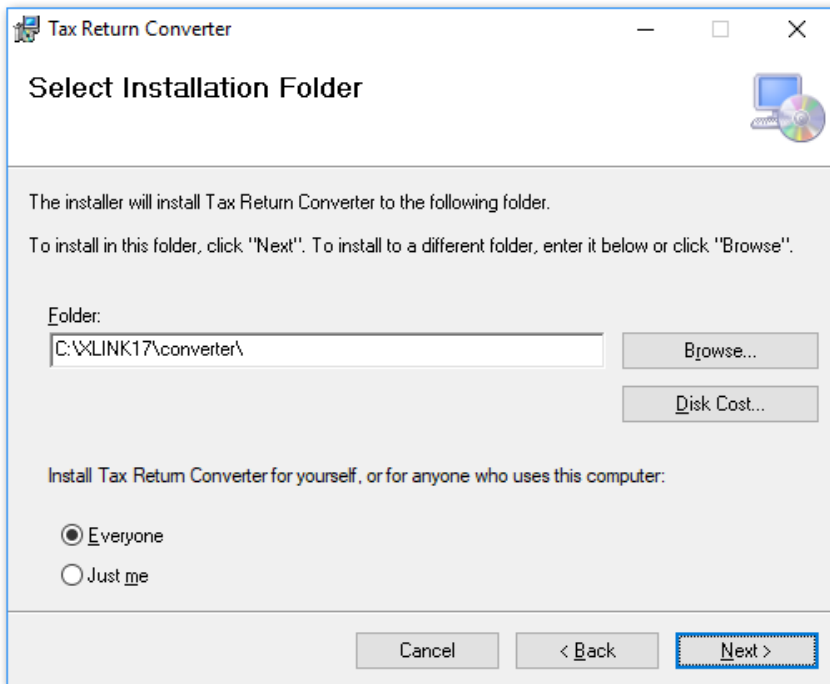
1. Browse to the following Web site:  
<http://www.crosslinktax.com>
2. Click **Login**.
3. Enter your **Username** and **Password**, and then click **Login**.
4. Click **Downloads** and then **Other Downloads**.
5. Click **CrossLink 2017 Data Converter**.
6. In the **File Download** dialog, click **Save**. In the **Save As** dialog, browse to the location where you want to save the file and then click **Save**.

## Install Data Converter 2017

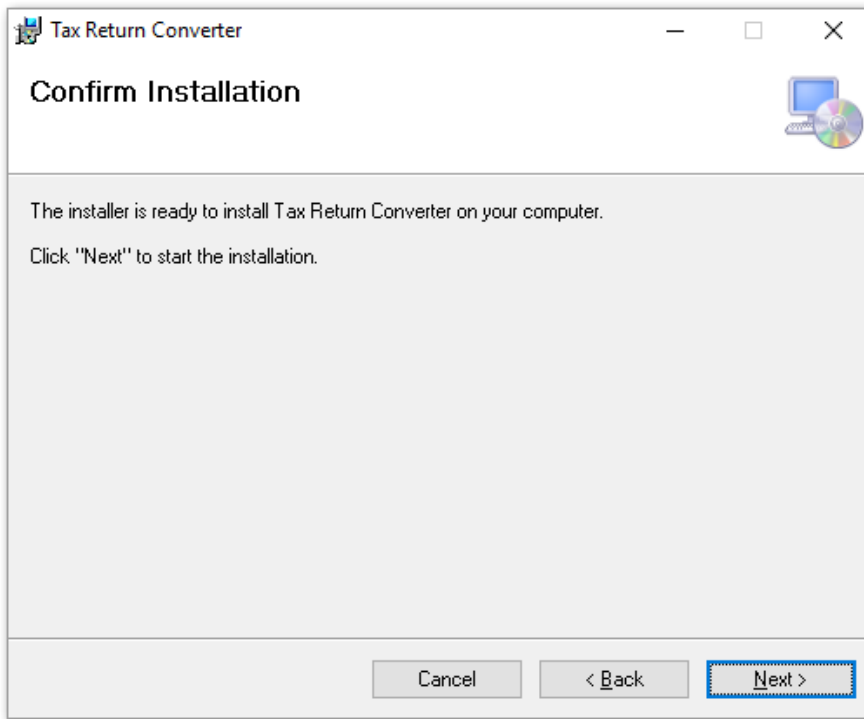
1. Locate the downloaded converter and double click to run.
2. Click the **Next** button on the Tax Return Converter Setup Wizard



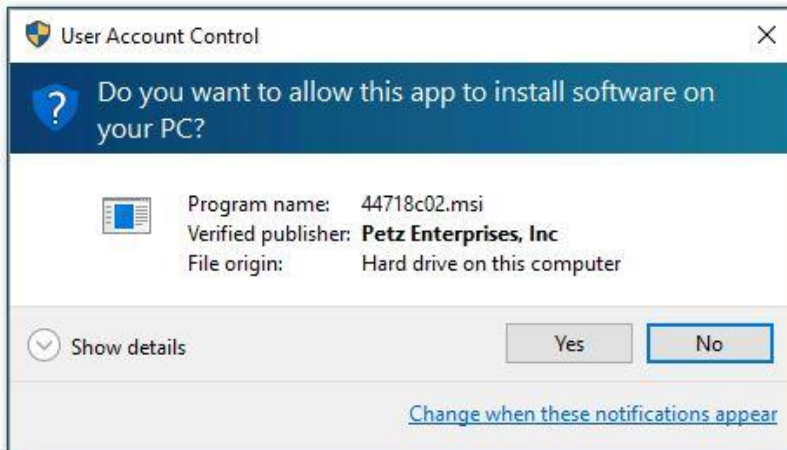
3. Select where to install the Tax Return Converter. By default the converter will install to the location of C:\XLINK17\Converter\. To select a different folder click the Browse button. When the install location has been selected click **Next**.



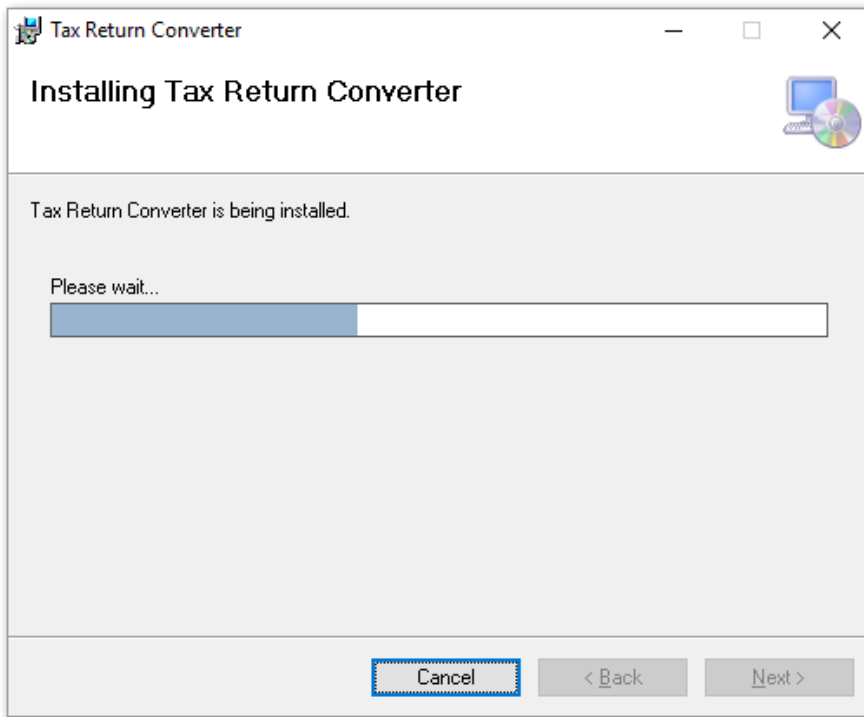
4. Click **Next** to confirm the installation.



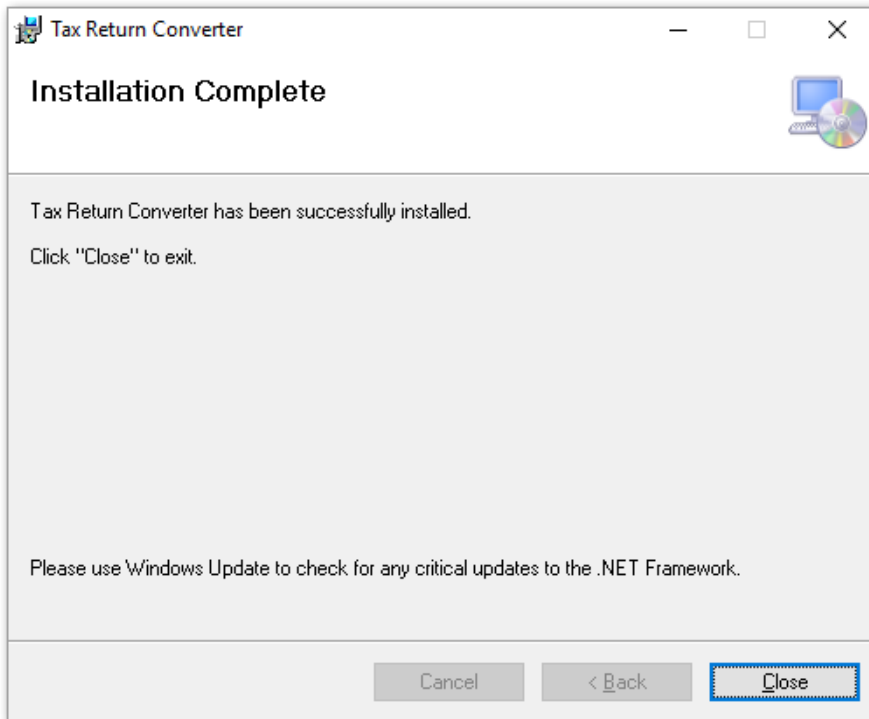
5. If prompted to allow the program to install software on the computer. Click **Yes** to continue.



- The Tax Return Converter will install.



- Once installation is completed. Click **Close**.

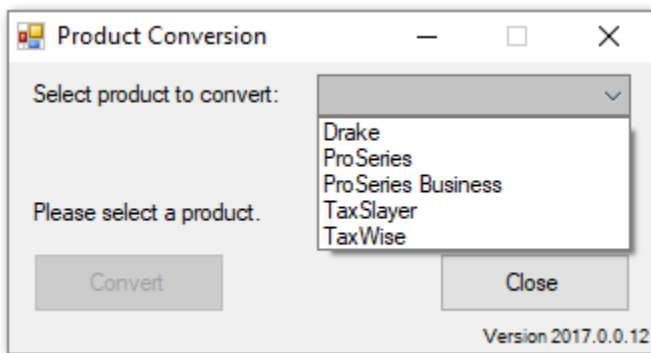


## Run the Conversion Program

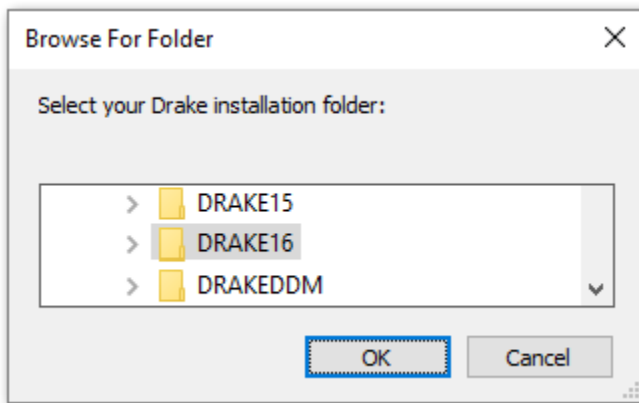
1. **If you have any tax returns in CrossLink 2017 that you do not want overwritten, create a full backup of your CrossLink data before continuing.**

*Call Technical Support at (800)345-4337 ext. 2 if you need assistance with creating a backup of your CrossLink data.*

2. Click the start button on the Windows taskbar.
3. Click **All Programs or All Apps**.
4. Click the **CrossLink** folder.
5. Click **Return Converter** to open the conversion program.
6. Choose the product you are converting from and then click **Convert**.



7. Choose the location. The default location will be selected automatically if the files are on the local computer and in the default location. If not, you will need to select the appropriate location.

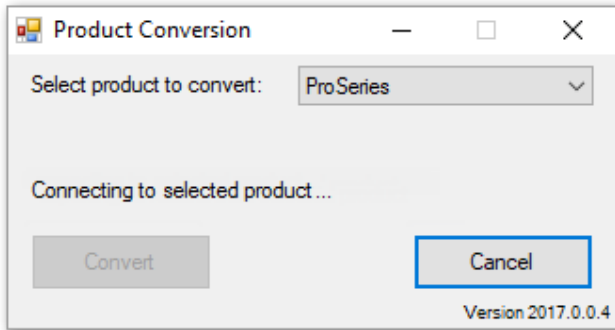


The default location is:

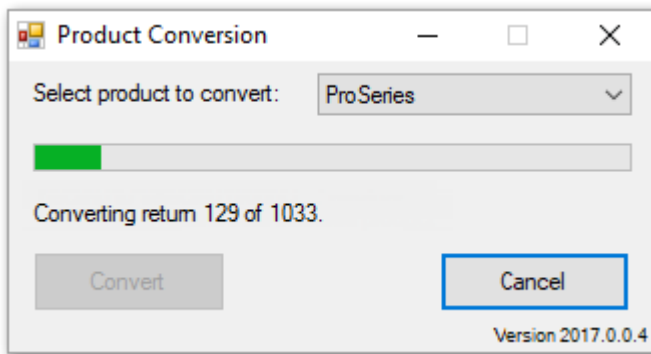
- Drake: C:\DRAKE16
- ProSeries: C:\ProWin16 or C:\ProSeries\ProNet16
- TaxSlayer: C:\TaxSlayer\2016Net
- TaxWise: C:\UTS16

8. Click **OK**, the converter will connect to the competitor software.

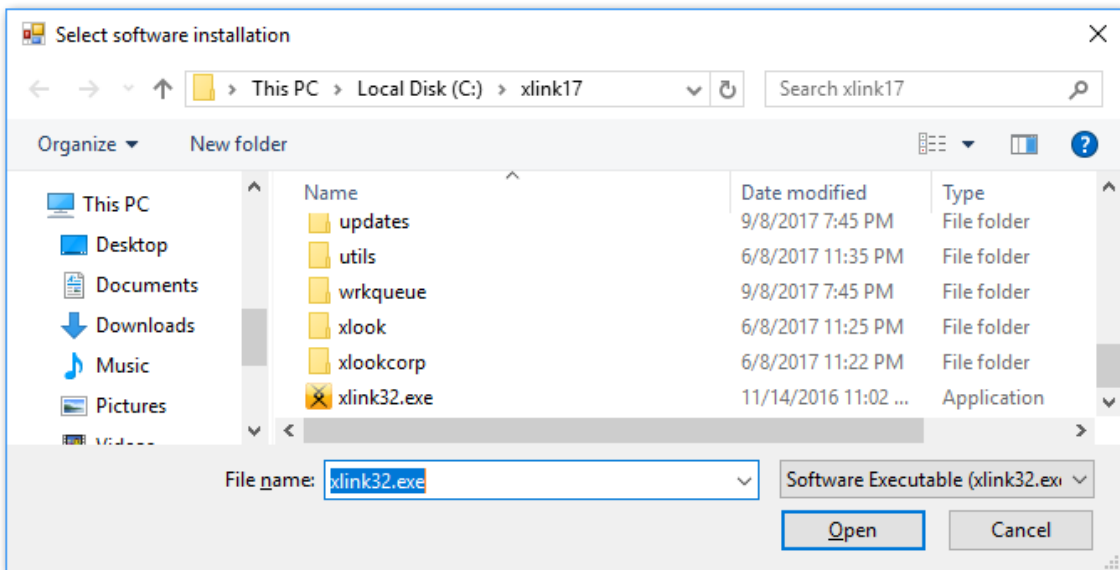
**Note:** This step may take a while when converting a large number of returns. Please be patient.



9. The converter will begin converting.



10. Once the conversion has completed, the Select xlink installation window will appear. Select the CrossLink 2017 installation and then click **Open**.



11. The CrossLink – User Login window will appear. Log into CrossLink.



12. The converted returns will import.

### **To bring forward information from CrossLink 2017 into CrossLink 2018**

When you download CrossLink 2018, install it on the same PC or network drive as CrossLink 2017.

As you start preparing each tax return by entering the taxpayer's SSN or EIN, CrossLink prompts you to carry forward the data from the prior year.

The prior year path needs to be configured on each workstation CrossLink will be used on.

#### **To configure the prior year path:**

1. Open the **Setup** menu, click **Local Setup**.
2. Click the **Browse** button to browse to the **Prior Year Path**.
3. Select the xlink17 directory and click **OK**.
4. Click **OK** to close the **Application Settings** window.
5. Repeat steps 1-4 for any other workstation that will be using CrossLink 2018.

## Drake Data Converted

### Client Contact Information

Taxpayer First Name	Spouse Date of Birth
Taxpayer Middle Initial	Spouse Date of Death
Taxpayer Last Name	Spouse Social Security Number
Taxpayer Name Suffix	Spouse Claimed as Dependent
Taxpayer Date of Birth	Spouse Blind
Taxpayer Date of Death	Spouse Occupation
Taxpayer Social Security number	Spouse Daytime Phone
Taxpayer Claimed as Dependent	Spouse Evening Phone
Taxpayer Blind	Spouse Cell Phone
Taxpayer Occupation	Spouse E-mail Address
Taxpayer Daytime Phone	Street Address
Taxpayer Evening Phone	In Care of Address
Taxpayer Cell Phone	Apartment
Taxpayer E-mail Address	City
Spouse First Name	State
Spouse Middle Initial	Zip Code
Spouse Last Name	Filing Status
Spouse Name Suffix	

### Dependent Information

Dependent First Name	Dependent Relationship
Dependent Last Name	Months in Home
Dependent Date of Birth	Not a Dependent Indicator
Dependent Social Security Number	

### Form W-2

Taxpayer or Spouse Indicator	Employer City
Employer Federal ID Number	Employer State
Employer Name	Employer Zip Code
Employer In Care of Address	Two-Digit State Code
Employer Address	Employer State ID Number

### Form 1099-R

Taxpayer or Spouse Indicator	Payer State
Payer Federal ID Number	Payer Zip Code
Payer Name	Distribution Code
Payer In Care of Address	IRA/SEP/Simple Checkbox
Payer Address	Two-Digit State Code
Payer City	Payer State ID Number



**Form 2441**

Care Provider Names  
Care Provider Addresses  
Care Provider Phone Numbers  
Care Provider Cities

Care Provider States  
Care Provider Zip Codes  
Care Provider Identifying Numbers  
Care Provider EIN Indicators

**Schedule B**

Interest Income Payer's Names  
Dividend Income Payer's Names

**Schedule C**

Taxpayer or Spouse Indicator  
Principal Business  
Business Code  
Business Name  
Employer ID  
Business Street Address  
Business City  
Business State

Business Zip Code  
Accounting Method  
Accounting Other Description  
Inventory Method  
Other Expenses Descriptions  
Material Participation Checkbox  
At-Risk Checkbox

**Schedule E**

Street Address  
City  
State  
Zip Code  
Property Type  
Property Type Description

Taxpayer or Spouse Indicator  
Other Expenses Descriptions  
Active Participation Checkbox  
Real Estate Pro Checkbox  
At-Risk Checkbox

**Schedule F**

Taxpayer or Spouse Indicator  
Principal Product  
Activity Code  
Employer ID

Accounting Method  
Other Expenses Descriptions  
Material Participation Checkbox  
At-Risk Checkbox

**Form 4835**

Taxpayer or Spouse Indicator  
Employer ID  
Identifier  
Activity Type

Actively Participate  
At-Risk Checkbox  
Other Expense Descriptions

**Form 6252**

Description of Property  
 Date Acquired  
 Date Sold  
 Business or Capital Asset

Gross Profit Percentage  
 Payments Received in Prior Years  
 Payments Received in Current Year

**Form 8829**

Schedule C instance number  
 Area Used for Business  
 Total Area of Home

Adjusted Basis of Home  
 Land Value  
 Depreciation Percentage

**Schedule K-1 (1041)**

Taxpayer or Spouse Indicator  
 Estate or Trust EIN  
 Estate or Trust Name  
 Estate or Trust Address  
 Estate or Trust City

Estate or Trust State  
 Estate or Trust Zip Code  
 Material Participation Checkbox  
 Active Participation Checkbox

**Schedule K-1 (1065)**

Taxpayer or Spouse Indicator  
 Partnership EIN  
 Partnership Name  
 Partnership Address  
 Partnership City  
 Partnership State

Partnership Zip Code  
 Publicly Traded Partnership Checkbox  
 Active Participation Checkbox  
 Material Participation Checkbox  
 Domestic or Foreign Checkbox

**Schedule K-1 (1120S)**

Taxpayer or Spouse Indicator  
 Corporation EIN  
 Corporation Name  
 Corporation Address  
 Corporation City

Corporation State  
 Corporation Zip Code  
 Material Participation Checkbox  
 Active Participation Checkbox

**Assets**

Form to Carry to  
 Form Instance Number  
 Description  
 Date Placed in Service  
 Listed Property Checkbox  
 Method

Life  
 Cost or Basis  
 Salvage/Land Value  
 Business Use Percentage  
 179 Election Amount  
 Bonus Depreciation

## Drake Business Data Converted

### Business Information

Business EIN	NAICS code
Business Name	Principal Business Activity
Business Name 2 / DBA	Principal Product or Service
Domestic Address	Fiscal Year Beginning Date
Foreign Address	Fiscal Year Ending Date
Date organized/incorporated	Accounting Method
State of organization	Other Accounting Method Description

### Balance Sheet

End of Year Cash	End of Year Mortgages, bonds, notes < 1 year
End of Year Trade notes and accounts receivable	End of Year All nonrecourse loans
End of Year Allowance for bad debts	End of Year Loans from owners
End of Year U.S. government obligations	End of Year Mortgages, bonds, notes > 1 year
End of Year Tax exempt securities	End of Year Other Liability
End of Year Loans to owners	End of Year Common stock
End of Year Mortgage and real estate loans	End of Year Preferred stock
End of Year Depletable assets	End of Year Additional Paid-in Capital
End of Year Accumulated depletion	End of Year Adjustments to Owners' Equity
End of Year Other Asset	End of Year Treasury stock
End of Year Accounts payable	

### Form 1065

Type of Partnership  
Other Partnership Type Description

### Schedule F (1065)

Principal Product	Accounting Method
Activity Code	Material Participation Checkbox

### Owner K-1 (1065)

Partner SSN or EIN	Partner Entity Type
Partner First Name	Tax Matters Partner Checkbox
Partner Last Name	Partner Profit Percentage
Partner Domestic Address	Partner Loss Percentage
Partner Foreign Address	Partner Capital Percentage
General or Limited Partner	Rounding Checkbox
Domestic or Foreign Partner	

**Form 1120**

Consolidated Return Checkbox  
Life/Nonlife Consolidated Return Checkbox  
Personal Holding Company Checkbox  
Personal Service Corporation Checkbox  
Controlled Group Checkbox

Qualified Service Corporation Checkbox  
Name of Parent Corporation  
EIN of Parent Corporation  
Number of shareholders at the end of the tax year  
NOL Deduction Worksheet – Unused amount

**Form 1120 Schedule G**

Certain Entities Owning Stock - Name  
Certain Entities Owning Stock - EIN  
Certain Entities Owning Stock - Type of Entity  
Certain Entities Owning Stock - Country  
Certain Entities Owning Stock - Percentage Owned

Certain Individuals/Estates - Name  
Certain Individuals/Estates - ID Number  
Certain Individuals/Estates - ID number type  
Certain Individuals/Estates - Country  
Certain Individuals/Estates - Percentage Owned

**Form 1120 Schedule N**

Foreign country code  
Name of Partnership  
EIN

Name of Tax Matters Partner  
Tax Forms Filed

**Form 1120S**

S Election Effective Date  
Overpayment applied to next tax year

**Owner K-1 (1120S)**

Shareholder SSN or EIN  
Shareholder First Name  
Shareholder Last Name  
Shareholder Domestic Address

Shareholder Foreign Address  
Shareholder Percentage of Stock Ownership  
Shareholder Entity Type

**Form 1125-A**

Inventory Method  
Other Inventory Method Description

**Form 1125-E**

Name of Officer  
SSN of Officer  
Percentage of Time Devoted to the Business

Percentage of Common Stock Owned  
Percentage of Preferred Stock Owned

**Form 8825**

Property Address  
Property City  
Property State  
Property Zip Code

Property Type  
Property Other Type Description  
Other Expense Descriptions

**Assets**

Form to Carry to  
Form Instance Number  
Description  
Date Placed in Service  
Listed Property Checkbox  
Method

Life  
Cost or Basis  
Salvage/Land Value  
Business Use Percentage  
179 Election Amount  
Bonus Depreciation

## ProSeries Data Converted

### Client Contact Information

Taxpayer First Name	Spouse Date of Birth
Taxpayer Middle Initial	Spouse Date of Death
Taxpayer Last Name	Spouse Social Security Number
Taxpayer Name Suffix	Spouse Blind
Taxpayer Date of Birth	Spouse Occupation
Taxpayer Date of Death	Spouse Daytime Phone
Taxpayer Social Security number	Spouse Evening Phone
Taxpayer Blind	Spouse Cell Phone
Taxpayer Occupation	Spouse E-mail Address
Taxpayer Daytime Phone	Street Address
Taxpayer Evening Phone	In Care of Address
Taxpayer Cell Phone	Apartment
Taxpayer E-mail Address	City
Spouse First Name	State
Spouse Middle Initial	Zip Code
Spouse Last Name	Filing Status
Spouse Name Suffix	

### Dependent Information

Dependent First Name	Dependent Relationship
Dependent Last Name	Months in Home
Dependent Date of Birth	Not a Dependent Indicator
Dependent Social Security Number	

### Form 1040

Overpayment Applied Towards Estimated Taxes

### Form W-2

Taxpayer or Spouse Indicator	Employer City
Employer Federal ID Number	Employer State
Employer Name	Employer Zip Code
Employer In Care of Address	Two-Digit State Code
Employer Address	Employer State ID Number

### Form 1099-R

Taxpayer or Spouse Indicator	Payer State
Payer Federal ID Number	Payer Zip Code
Payer Name	Distribution Code
Payer In Care of Address	IRA/SEP/Simple Checkbox

Payer Address  
Payer City

Two-Digit State Code  
Payer State ID Number

**Form 2441**

Care Provider Names  
Care Provider Addresses  
Care Provider Phone Numbers  
Care Provider Cities

Care Provider States  
Care Provider Zip Codes  
Care Provider Identifying Numbers  
Care Provider EIN Indicators

**Schedule B**

Interest Income Payer's Names  
Dividend Income Payer's Names

**Schedule C**

Taxpayer or Spouse Indicator  
Principal Business  
Business Code  
Business Name  
Employer ID  
Business Street Address  
Business City  
Business State

Business Zip Code  
Accounting Method  
Accounting Other Description  
Inventory Method  
Other Expenses Descriptions  
Material Participation Checkbox  
At-Risk Checkbox

**Schedule D**

Short-Term Loss Carry Forward  
Long-Term Loss Carry Forward

**Schedule E**

Street Address  
City  
State  
Zip Code  
Property Type  
Property Type Description

Taxpayer or Spouse Indicator  
Other Expenses Descriptions  
Active Participation Checkbox  
Real Estate Pro Checkbox  
At-Risk Checkbox

**Schedule F**

Taxpayer or Spouse Indicator  
Principal Product  
Activity Code  
Employer ID

Accounting Method  
Other Expenses Descriptions  
Material Participation Checkbox  
At-Risk Checkbox

**Form 4835**

Taxpayer or Spouse Indicator  
Employer ID  
Identifier  
Activity Type

Real Estate Professional  
Actively Participate  
At-Risk Checkbox  
Other Expense Descriptions

**Form 6252**

Description of Property  
Date Acquired  
Date Sold  
Business or Capital Asset

Gross Profit Percentage  
Payments Received in Prior Years  
Payments Received in Current Year  
Related Party Information

**Form 8606**

Taxpayer or Spouse Indicator  
Total Basis in Traditional IRAs

**Form 8829**

Schedule C instance number  
Area Used for Business  
Total Area of Home

Adjusted Basis of Home  
Land Value

**Schedule K-1 (1041)**

Taxpayer or Spouse Indicator  
Estate or Trust EIN  
Estate or Trust Name  
Estate or Trust Address  
Estate or Trust City

Estate or Trust State  
Estate or Trust Zip Code  
Material Participation Checkbox  
Active Participation Checkbox

**Schedule K-1 (1065)**

Taxpayer or Spouse Indicator  
Partnership EIN  
Partnership Name  
Partnership Address  
Partnership City

Partnership State  
Partnership Zip Code  
Publically Traded Partnership Checkbox  
Active Participation Checkbox  
Material Participation Checkbox

**Schedule K-1 (1120S)**

Taxpayer or Spouse Indicator  
Corporation EIN  
Corporation Name  
Corporation Address  
Corporation City

Corporation State  
Corporation Zip Code  
Material Participation Checkbox  
Active Participation Checkbox



**Assets**

Form to Carry to  
Form Instance Number  
Description  
Date Placed in Service  
Listed Property Checkbox  
Method  
Life

Cost or Basis  
Salvage/Land Value  
Business Use Percentage  
179 Election Amount  
Bonus Depreciation  
Current Year Depreciation  
Prior Year Accumulated Depreciation

## ProSeries Business Data Converted

### Business Information

Business EIN	Physical Address
Business Name	Date organized/incorporated
Business Name 2 / DBA	NAICS code
Officer/Representing Partner First Name	Principal Business Activity
Officer/Representing Partner Last Name	Principal Product or Service
Officer/Representing Partner Phone Number	Fiscal Year Beginning Date
Officer/Representing Partner Title	Fiscal Year Ending Date
Officer/Representing Partner E-mail Address	Accounting Method
Domestic Address	Other Accounting Method Description
Foreign Address	

### Balance Sheet

End of Year Cash	End of Year Mortgages, bonds, notes < 1 year
End of Year Trade notes and accounts receivable	End of Year All nonrecourse loans
End of Year Allowance for bad debts	End of Year Loans from owners
End of Year U.S. government obligations	End of Year Mortgages, bonds, notes > 1 year
End of Year Tax exempt securities	End of Year Other Liability
End of Year Loans to owners	End of Year Common stock
End of Year Mortgage and real estate loans	End of Year Preferred stock
End of Year Depletable assets	End of Year Additional Paid-in Capital
End of Year Accumulated depletion	End of Year Adjustments to Owners' Equity
End of Year Other Asset	End of Year Treasury stock
End of Year Accounts payable	

### Form 1065

Type of Partnership  
Other Partnership Type Description

### Schedule F (1065)

Principal Product	Material Participation Checkbox
Activity Code	Employer ID
Accounting Method	At-Risk Checkbox

### Owner K-1 (1065)

Partner SSN or EIN	Domestic or Foreign Partner
Partner First Name	Partner Entity Type
Partner Last Name	Retirement Plan Checkbox
Partner Domestic Address	Partner Profit Percentage

Partner Foreign Address  
General or Limited Partner

Partner Loss Percentage  
Rounding Checkbox

**Form 1120**

Consolidated Return Checkbox  
Life/Nonlife Consolidated Return Checkbox  
Personal Holding Company Checkbox  
Personal Service Corporation Checkbox  
Controlled Group Checkbox

Qualified Service Corporation Checkbox  
Name of Parent Corporation  
EIN of Parent Corporation  
Number of shareholders at the end of the tax  
year

**Form 1120 Schedule G**

Certain Entities Owning Stock - Name  
Certain Entities Owning Stock - EIN  
Certain Entities Owning Stock - Type of Entity  
Certain Entities Owning Stock - Country  
Certain Entities Owning Stock - Percentage  
Owned

Certain Individuals/Estates - Name  
Certain Individuals/Estates - ID Number  
Certain Individuals/Estates - ID number type  
Certain Individuals/Estates - Country  
Certain Individuals/Estates - Percentage Owned

**Form 1120 Schedule N**

Foreign country code  
Name of Partnership  
EIN

Name of Tax Matters Partner  
Tax Forms Filed

**Form 1120S**

S Election Effective Date  
Overpayment applied to next tax year

**Owner K-1 (1120S)**

Shareholder SSN or EIN  
Shareholder First Name  
Shareholder Last Name  
Shareholder Domestic Address

Shareholder Foreign Address  
Shareholder Percentage of Stock Ownership  
Shareholder entity type  
End of year stock basis from basis worksheet

**Form 1125-A**

Inventory Method  
Other Inventory Method Description

**Form 1125-E**

Name of Officer  
SSN of Officer

Percentage of Common Stock Owned  
Percentage of Preferred Stock Owned

Percentage of Time Devoted to the Business

**Form 8825**

Domestic Property Address  
Foreign Property Address  
Property Type

Property Other Type Description  
Other Expense Descriptions

**Assets**

Form to Carry to  
Form Instance Number  
Description  
Date Placed in Service  
Listed Property Checkbox  
Method  
Life

Cost or Basis  
Salvage/Land Value  
Business Use Percentage  
179 Election Amount  
Bonus Depreciation  
Current Year Depreciation  
Prior Year Accumulated Depreciation

## TaxSlayer Data Converted

### Client Contact Information

Taxpayer First Name	Spouse Middle Initial
Taxpayer Middle Initial	Spouse Last Name
Taxpayer Last Name	Spouse Date of Birth
Taxpayer Name Suffix	Spouse Date of Death
Taxpayer Date of Birth	Spouse Social Security Number
Taxpayer Date of Death	Spouse Claimed as Dependent
Taxpayer Social Security number	Spouse Blind
Taxpayer Claimed as Dependent	Spouse Occupation
Taxpayer Blind	Spouse E-mail address
Taxpayer Occupation	Street Address
Taxpayer Daytime Phone	In Care of Address
Taxpayer Evening Phone	City
Taxpayer Cell Phone	State
Taxpayer E-mail Address	Zip Code
Spouse First Name	Filing Status

### Dependent Information

Dependent First Name	Dependent Relationship
Dependent Last Name	Months in Home
Dependent Date of Birth	Not a Dependent Indicator
Dependent Social Security Number	

### Form 1040

Overpayment Applied Towards Estimated Taxes

### Form W-2

Taxpayer or Spouse Indicator	Employer Zip Code
Employer Federal ID Number	Statutory Employee Checkbox
Employer Name	Retirement Plan Checkbox
Employer Address	Third Party Sick Pay Checkbox
Employer City	Two-Digit State Code
Employer State	Employer State ID Number

### Form 1099-R

Taxpayer or Spouse Indicator	Payer Zip Code
Payer Federal ID Number	Distribution Code
Payer Name	IRA/SEP/Simple Checkbox
Payer Address	Two-Digit State Code
Payer City	Payer State ID Number

Payer State

**Form 2441**

Care Provider Names  
Care Provider Addresses  
Care Provider Cities  
Care Provider States

Care Provider Zip Codes  
Care Provider Identifying Numbers  
Care Provider EIN Indicators  
Care Provider Phone Numbers

**Schedule B**

Interest Income Payer's Names  
Dividend Income Payer's Names

**Schedule C**

Taxpayer or Spouse Indicator  
Principal Business  
Business Code  
Business Name  
Employer ID  
Business Street Address  
Business City  
Business State

Business Zip Code  
Accounting Method  
Accounting Other Description  
Inventory Method  
Other Expenses Descriptions  
Material Participation Checkbox  
At-Risk Checkbox

**Schedule D**

Short-Term Loss Carry Forward  
Long-Term Loss Carry Forward

**Schedule E**

Street Address  
City  
State  
Zip Code  
Property Type

Property Type Description  
Active Participation Checkbox  
Real Estate Pro Checkbox  
At-Risk Checkbox

**Schedule F**

Taxpayer or Spouse Indicator  
Principal Product  
Activity Code  
Employer ID

Accounting Method  
Other Expenses Descriptions  
Material Participation Checkbox  
At-Risk Checkbox

**Form 4835**

Employer ID  
Actively Participate

At-Risk Checkbox  
Other Expense Descriptions

**Form 6252**

Description of Property  
Date Acquired  
Date Sold  
Business or Capital Asset

Gross Profit Percentage  
Payments Received in Prior Years  
Payments Received in Current Year

**Form 8606**

Taxpayer or Spouse Indicator  
Total Basis in Traditional IRAs

**Form 8829**

Form to Carry to (Schedule C only)  
Area Used for Business  
Total Area of Home

Adjusted Basis of Home  
Land Value  
Depreciation Percentage

**Schedule K-1 (1041)**

Taxpayer or Spouse Indicator  
Estate or Trust EIN  
Estate or Trust Name  
Estate or Trust Address

Estate or Trust City  
Estate or Trust State  
Estate or Trust Zip Code  
Active Participation Checkbox

**Schedule K-1 (1065)**

Taxpayer or Spouse Indicator  
Partnership EIN  
Partnership Name  
Partnership Address  
Partnership City  
Partnership State

Partnership Zip Code  
Publically Traded Partnership Checkbox  
At-Risk Checkbox  
Material Participation Checkbox  
Active Participation Checkbox  
Domestic or Foreign Checkbox

**Schedule K-1 (1120S)**

Taxpayer or Spouse Indicator  
Corporation EIN  
Corporation Name  
Corporation Address  
Corporation City

Corporation State  
Corporation Zip Code  
At-Risk Checkbox  
Material Participation Checkbox  
Active Participation Checkbox

**Assets**

Form to Carry to	179 Election Amount – Federal
Description	179 Election Amount – State
Date Placed in Service	Special Depreciation Election – Federal
Listed Property Checkbox	Special Depreciation Election – State
Method	Current Year Depreciation – Federal
Life	Current Year Depreciation – State
Cost or Basis	Prior Year Depreciation – Federal
Business Use Percentage	Prior Year Depreciation – State



## TaxSlayer Business Data Converted

### Business Information

Business EIN	Date organized/incorporated
Business Name	State of organization
Business Name 2 / DBA	NAICS code
Officer/Representing Partner First Name	Principal Business Activity
Officer/Representing Partner Last Name	Principal Product or Service
Officer/Representing Partner Phone Number	Fiscal Year Beginning Date
Officer/Representing Partner Title	Fiscal Year Ending Date
Officer/Representing Partner E-mail Address	Accounting Method
Domestic Address	Other Accounting Method Description
Foreign Address	

### Balance Sheet

End of Year Cash	End of Year Mortgages, bonds, notes < 1 year
End of Year Trade notes and accounts receivable	End of Year All nonrecourse loans
End of Year Allowance for bad debts	End of Year Loans from owners
End of Year U.S. government obligations	End of Year Mortgages, bonds, notes > 1 year
End of Year Tax exempt securities	End of Year Other Liability
End of Year Loans to owners	End of Year Common stock
End of Year Mortgage and real estate loans	End of Year Preferred stock
End of Year Depletable assets	End of Year Additional Paid-in Capital
End of Year Accumulated depletion	End of Year Adjustments to Owners' Equity
End of Year Other Asset	End of Year Treasury stock
End of Year Accounts payable	

### Form 1065

Type of Partnership  
Other Partnership Type Description

### Schedule F (1065)

Principal Product	Material Participation Checkbox
Activity Code	Employer ID
Accounting Method	At-Risk Checkbox

### Owner K-1 (1065)

Partner SSN or EIN	Domestic or Foreign Partner
Partner First Name	Partner Entity Type
Partner Last Name	Retirement Plan Checkbox
Partner Domestic Address	Partner Profit Percentage

Partner Foreign Address  
General or Limited Partner

Partner Loss Percentage  
Rounding Checkbox

**Form 1120**

Consolidated Return Checkbox  
Life/Nonlife Consolidated Return Checkbox  
Personal Holding Company Checkbox  
Personal Service Corporation Checkbox  
Controlled Group Checkbox

Qualified Service Corporation Checkbox  
Name of Parent Corporation  
EIN of Parent Corporation  
Number of shareholders at the end of the tax  
year

**Form 1120 Schedule G**

Certain Entities Owning Stock - Name  
Certain Entities Owning Stock - EIN  
Certain Entities Owning Stock - Type of Entity  
Certain Entities Owning Stock - Country  
Certain Entities Owning Stock - Percentage  
Owned

Certain Individuals/Estates - Name  
Certain Individuals/Estates - ID Number  
Certain Individuals/Estates - ID number type  
Certain Individuals/Estates - Country  
Certain Individuals/Estates - Percentage Owned

**Form 1120 Schedule N**

Foreign country code

**Form 1120S**

S Election Effective Date  
Overpayment applied to next tax year

**Owner K-1 (1120S)**

Shareholder SSN or EIN  
Shareholder First Name  
Shareholder Last Name  
Shareholder Domestic Address

Shareholder Foreign Address  
Shareholder Percentage of Stock Ownership  
Rounding Checkbox

**Form 1125-A**

Inventory Method  
Other Inventory Method Description

**Form 1125-E**

Name of Officer  
SSN of Officer  
Percentage of Time Devoted to the Business

Percentage of Common Stock Owned  
Percentage of Preferred Stock Owned

**Form 8825**

Property Domestic Address  
Property Foreign Address  
Property Type

Property Other Type Description  
Other Expense Descriptions

**Assets**

Form to Carry to  
Description  
Date Placed in Service  
Listed Property Checkbox  
Method  
Life  
Cost or Basis  
Business Use Percentage

179 Election Amount – Federal  
179 Election Amount – State  
Special Depreciation Election – Federal  
Special Depreciation Election – State  
Current Year Depreciation – Federal  
Current Year Depreciation – State  
Prior Year Depreciation – Federal  
Prior Year Depreciation – State

## TaxWise Data Converted

### Client Contact Information

Taxpayer First Name	Spouse Date of Birth
Taxpayer Middle Initial	Spouse Date of Death
Taxpayer Last Name	Spouse Social Security Number
Taxpayer Name Suffix	Spouse Claimed as Dependent
Taxpayer Date of Birth	Spouse Blind
Taxpayer Date of Death	Spouse Disabled
Taxpayer Social Security Number	Spouse Occupation
Taxpayer Claimed as Dependent	Spouse Daytime Phone
Taxpayer Blind	Spouse Evening Phone
Taxpayer Disabled	Spouse Cell Phone
Taxpayer Occupation	Spouse E-mail Address
Taxpayer Daytime Phone	Street Address
Taxpayer Evening Phone	In Care of Address
Taxpayer Cell Phone	City
Taxpayer E-mail Address	State
Spouse First Name	Zip Code
Spouse Middle Initial	Filing Status
Spouse Last Name	

### Dependent Information

Dependent First Name	Dependent Relationship
Dependent Last Name	Months in Home
Dependent Date of Birth	Not a Dependent Indicator
Dependent Social Security Number	

### Form W-2

Taxpayer or Spouse Indicator	Employer Zip Code
Employer Federal ID Number	Statutory Employee Checkbox
Employer Name	Retirement Plan Checkbox
Employer In Care of Address	Third Party Sick Pay Checkbox
Employer Address	Two-Digit State Code
Employer City	Employer State ID Number
Employer State	

### Form 1099-R

Taxpayer or Spouse Indicator	Payer State
Payer Federal ID Number	Payer Zip Code
Payer Name	Distribution Code
Payer In Care of Address	IRA/SEP/Simple Checkbox
Payer Address	Two-Digit State Code

Payer City

Payer State ID Number

**Form 2441**

Care Provider Names  
Care Provider Addresses  
Care Provider Cities  
Care Provider States

Care Provider Zip Codes  
Care Provider Identifying Numbers  
Care Provider EIN Indicators

**Schedule B**

Interest Income Payer's Names  
Dividend Income Payer's Names  
Seller-financed Buyer Information

**Schedule C**

Taxpayer or Spouse Indicator  
Principal Business  
Business Code  
Business Name  
Employer ID  
Business Street Address  
Business City  
Business State

Business Zip Code  
Accounting Method  
Accounting Other Description  
Inventory Method  
Other Expenses Descriptions  
Material Participation Checkbox  
At-Risk Checkbox

**Schedule E**

Street Address  
City  
State  
Zip Code  
Property Type

Property Type Description  
Other Expenses Descriptions  
Active Participation Checkbox  
Real Estate Pro Checkbox  
At-Risk Checkbox

**Schedule F**

Taxpayer or Spouse Indicator  
Principal Product  
Activity Code  
Employer ID

Accounting Method  
Other Expenses Descriptions  
Material Participation Checkbox  
At-Risk Checkbox

**Form 4835**

Taxpayer or Spouse Indicator  
Employer ID  
Identifier

Active Participation Checkbox  
At-Risk Checkbox  
Other Expense Descriptions

**Form 6252**

Description of Property  
Date Acquired  
Date Sold  
Business or Capital Asset

Gross Profit Percentage  
Payments Received in Prior Years  
Payments Received in Current Year

**Form 8829**

Schedule C instance number  
Area Used for Business  
Total Area of Home

Adjusted Basis of Home  
Land Value

**Schedule K-1 (1041)**

Taxpayer or Spouse Indicator  
Estate or Trust EIN  
Estate or Trust Name

Material Participation Checkbox  
Active Participation Checkbox

**Schedule K-1 (1065)**

Taxpayer or Spouse Indicator  
Partnership EIN  
Partnership Name  
Publicly Traded Partnership Checkbox

Active Participation Checkbox  
Material Participation Checkbox  
Domestic or Foreign Checkbox

**Schedule K-1 (1120S)**

Taxpayer or Spouse Indicator  
Corporation EIN  
Corporation Name

Material Participation Checkbox  
Active Participation Checkbox

**Assets**

Form to Carry to  
Form Instance Number  
Description  
Date Placed in Service  
Listed Property Checkbox  
Method

Life  
Cost or Basis  
Salvage/Land Value  
Business Use Percentage  
179 Election Amount  
Bonus Depreciation

## TaxWise Business Data Converted

### Business Information

Business EIN	Date organized/incorporated
Business Name	State of organization
Business Name 2 / DBA	NAICS code
Officer/Representing Partner First Name	Principal Business Activity
Officer/Representing Partner Last Name	Principal Product or Service
Officer/Representing Partner Phone Number	Fiscal Year Beginning Date
Officer/Representing Partner Title	Fiscal Year Ending Date
Officer/Representing Partner E-mail Address	Accounting Method
Domestic Address	Other Accounting Method Description

### Balance Sheet

End of Year Cash	End of Year Mortgages, bonds, notes < 1 year
End of Year Trade notes and accounts receivable	End of Year All nonrecourse loans
End of Year Allowance for bad debts	End of Year Loans from owners
End of Year U.S. government obligations	End of Year Mortgages, bonds, notes > 1 year
End of Year Tax exempt securities	End of Year Other Liability
End of Year Loans to owners	End of Year Common stock
End of Year Mortgage and real estate loans	End of Year Preferred stock
End of Year Depletable assets	End of Year Additional Paid-in Capital
End of Year Accumulated depletion	End of Year Adjustments to Owners' Equity
End of Year Other Asset	End of Year Treasury stock
End of Year Accounts payable	

### Form 1065

Type of Partnership  
Other Partnership Type Description

### Schedule F (1065)

Principal Product	Material Participation Checkbox
Activity Code	Employer ID
Accounting Method	At-Risk Checkbox

### Owner K-1 (1065)

Partner SSN or EIN	Domestic or Foreign Partner
Partner First Name	Partner Entity Type
Partner Last Name	Retirement Plan Checkbox
Partner Domestic Address	Partner Profit Percentage
Partner Foreign Address	Partner Loss Percentage
General or Limited Partner	Rounding Checkbox

**Form 1120**

Consolidated Return Checkbox  
Life/Nonlife Consolidated Return Checkbox  
Personal Holding Company Checkbox  
Personal Service Corporation Checkbox  
Controlled Group Checkbox

Qualified Service Corporation Checkbox  
Name of Parent Corporation  
EIN of Parent Corporation  
Number of shareholders at the end of the tax year

**Form 1120 Schedule G**

Certain Entities Owning Stock - Name  
Certain Entities Owning Stock - EIN  
Certain Entities Owning Stock - Type of Entity  
Certain Entities Owning Stock - Country  
Certain Entities Owning Stock - Percentage Owned

Certain Individuals/Estates - Name  
Certain Individuals/Estates - ID Number  
Certain Individuals/Estates - ID number type  
Certain Individuals/Estates - Country  
Certain Individuals/Estates - Percentage Owned

**Form 1120 Schedule N**

Foreign country code

**Form 1120S**

S Election Effective Date  
Overpayment applied to next tax year

**Owner K-1 (1120S)**

Shareholder SSN or EIN  
Shareholder First Name  
Shareholder Last Name  
Shareholder Domestic Address

Shareholder Foreign Address  
Shareholder Percentage of Stock Ownership  
Rounding Checkbox

**Form 1125-A**

Inventory Method  
Other Inventory Method Description

**Form 1125-E**

Name of Officer  
SSN of Officer  
Percentage of Time Devoted to the Business

Percentage of Common Stock Owned  
Percentage of Preferred Stock Owned

**Form 8825**

Property Address  
Property City

Property Type  
Property Other Type Description



Property State  
Property Zip Code

Other Expense Descriptions

**Assets**

Form to Carry to  
Form Instance Number  
Description  
Date Placed in Service  
Listed Property Checkbox  
Method

Life  
Cost or Basis  
Salvage/Land Value  
Business Use Percentage  
179 Election Amount  
Bonus Depreciation