

ProSystem *fx*® Scan  
with AutoFlow Technology™

# AutoFlow Forms & Fields Extracted

Name	Import	Form in Tax - IRS W-2 And Field Names in Tax	Field Number in Tax
TSJ	Yes	TS	30
Employee's Social Security Number	Default	a Employee's social security number	32
Employer Identification Number (EIN)	Yes	b Employer identification number	40
Employer's Name	Yes	c Employer's name	41
Employer's Address	Yes	c Address	42
Employer's City	Yes	c City	43
Employer's State	Yes	c ST	44
Employer's ZIP Code	Yes	c ZIP or postal code	45
Control Number	Yes	d Control no.	47
Employee's Name	Default	e Employee's name (first, middle initial, last)	48
Employee's Address	Default	f Employee's address and ZIP code or postal code and foreign country code	49
Employee's City	Default	f Employee's address and ZIP code or postal code and foreign country code	50
Employee's State	Default	f Employee's address and ZIP code or postal code and foreign country code	51
Employee's ZIP Code	Default	f Employee's address and ZIP code or postal code and foreign country code	52
Wages, Tips, Other Compensation	Yes	1 Wages, tips, and other compensation	54
Federal Income Tax Withheld	Yes	2 Federal income tax withheld	55
Social Security Wages	Yes	3 Social security wages	56
Social Security Tax Withheld	Yes	4 Social security tax withheld	57
Medicare Wages and Tips	Yes	5 Medicare wages and tips	58
Medicare Tax Withheld	Yes	6 Medicare tax withheld	59
Social Security Tips	Yes	7 Social security tips	60
Allocated Tips	Yes	8 Allocated tips	61
Dependent Care Benefits	Yes	10 Dependent care benefits	63
Nonqualified Plans	Yes	11 Nonqualified plans	64
Code (12a)	Yes	12 See instrs. for box (Code 12a)	65
Amount (12a)	Yes	12 See instrs. for box (Amount 12a)	66
Code (12b)	Yes	12 See instrs. for box (Code 12b)	67
Amount (12b)	Yes	12 See instrs. for box (Amount 12b)	68
Code (12c)	Yes	12 See instrs. for box (Code 12c)	69
Amount (12c)	Yes	12 See instrs. for box (Amount 12c)	70
Code (12d)	Yes	12 See instrs. for box (Code 12d)	71
Amount (12d)	Yes	12 See instrs. for box (Amount 12d)	72
Statutory Employee	Yes	13 Statutory employee	73
Retirement Plan	Yes	13 Retirement plan	74
Third-Party Sick Pay	Yes	13 Third-party sick pay	75
Other Description	Yes	14 Other Description	76
Other Amount	Yes	14 Other Amount	77
Other Description	Yes	14 Other Description	79
Other Amount	Yes	14 Other Amount	80
Other Description	Yes	14 Other Description	82
Other Amount	Yes	14 Other Amount	83
State	Yes	15 State	85, 93, 105, 113, 121
Employer's State ID Number	Yes	15 Employer's state ID No.	86, 94, 106, 114, 122
State Wages, Tips, etc.	Yes	16 State wages, tips, etc.	87, 95, 107, 115, 123
State Income Tax	Yes	17 State income tax	88, 96, 108, 116, 124
Local Wages, Tips, etc.	Yes	18 Local wages, tips, etc.	89, 97, 109, 117, 125
Local Income Tax	Yes	19 Local income tax	90, 98, 110, 118, 126
Locality Name	Yes	20 Locality name	92, 100, 112, 120, 128

Name	Import	Form in Tax - IRS W-2G And Field Names in Tax	Field Number in Tax
TSJ	Yes	TS	30
Payer's Name	Yes	PAYER'S name	35
Payer's Street Address	Yes	Street address	36
Payer's City	Yes	City	37
Payer's State	Yes	State	38
Payer's ZIP	Yes	ZIP or postal code	39
Payer's Federal Identification Number	Yes	Federal Id number	42
Payer's Telephone Number	Yes	Telephone number	43
Winner's Name	Default	WINNER'S name	44
Winner's Address	Default	Street address (including apt. no)	45
Winner's City	Default	City	46
Winner's State	Default	State	47
Winner's ZIP Code	Default	ZIP or postal code	48
Gross Winnings	Yes	1 Gross winnings	51
Date Won	Yes	2 Date won	52
Type of Wager	Yes	3 Type of wager	53
Federal Income Tax Withheld	Yes	4 Federal income tax withheld	54
Transaction	Yes	5 Transaction	55
Race	Yes	6 Race	56
Winnings from Identical Wagers	Yes	7 Identical wagers	57
Cashier	Yes	8 Cashier	58
Winner's SSN	Default	9 ID number	59
Window	Yes	10 Window	60
First ID	Yes	11 First ID	61
Second ID	Yes	12 Second ID	62
State	Yes	13 State	70
Payer's State ID Number	Yes	Payer's state ID No.	71
State Winnings	Yes	14 State winnings	72
State Income Tax Withheld	Yes	15 State income tax	73
Local Winnings	Yes	16 Local winnings	74
Local Income Tax Withheld	Yes	17 Local income tax	75
Name of Locality	Yes	Locality name	77

Name	Import	Form in Tax - IRS 1095-A And Field Names in Tax	Field Number in Tax
TSJ	Yes	TSJ	30
Marketplace Identifier	Yes	1 Marketplace identifier	40
Marketplace-Assigned Policy Number	Yes	2 Marketplace-assigned policy number	41
Policy Issuer's Name	Yes	3 Policy issuer's name	42
Recipient's Name	Default	4 Recipient's name	43
Recipient's SSN	Default	5 Recipient's SSN	44
Recipient's Date of Birth	Yes	6 Recipient's date of birth	45
Spouse's Name	Yes	7 Recipient's spouse's name	46
Spouse's SSN	Yes	8 Recipient's spouse's SSN	47
Spouse's Date of Birth	Yes	9 Recipient's spouse's DOB	48
Policy Start Date	Yes	10 Policy start date	49
Policy Termination Date	Yes	11 Policy termination date	50
Recipient's Street Address	Default	12 Street address (including Apartment no)	51
Recipient's City	Default	13 City or town	52
Recipient's State	Default	14 State or province	53
Recipient's ZIP	Default	15 Country and ZIP or postal code	54
Covered Individual Name	Yes	A Covered Individual Name	62, 69, 76, 83
Covered Individual SSN	Yes	B Covered Individual SSN	63, 70, 77, 84
Covered Individual Date of Birth	Yes	C Covered Individual Date of Birth	64, 71, 78, 85
Covered Individual Start Date	Yes	D Covered Individual Start Date	65, 72, 79, 86
Covered Individual Termination Date	Yes	E Covered Individual Termination Date	66, 73, 80, 87
January Premium Amount	Yes	A Monthly Enrollment Premium	90
January Premium Amount of SLCSP	Yes	B Monthly Premium Amount of Second Lowest Cost Silver Plan (SLCSP)	91
January Advance Payment of Premium Tax Credit	Yes	C Monthly Advance Payment of Premium Tax Credit	92
February Premium Amount	Yes	A Monthly Enrollment Premium	93
February Premium Amount of SLCSP	Yes	B Monthly Premium Amount of Second Lowest Cost Silver Plan (SLCSP)	94
February Advance Payment of Premium Tax Credit	Yes	C Monthly Advance Payment of Premium Tax Credit	95
March Premium Amount	Yes	A Monthly Enrollment Premium	96
March Premium Amount of SLCSP	Yes	B Monthly Premium Amount of Second Lowest Cost Silver Plan (SLCSP)	97
March Advance Payment of Premium Tax Credit	Yes	C Monthly Advance Payment of Premium Tax Credit	98
April Premium Amount	Yes	A Monthly Enrollment Premium	99
April Premium Amount of SLCSP	Yes	B Monthly Premium Amount of Second Lowest Cost Silver Plan (SLCSP)	100
April Advance Payment of Premium Tax Credit	Yes	C Monthly Advance Payment of Premium Tax Credit	101
May Premium Amount	Yes	A Monthly Enrollment Premium	102
May Premium Amount of SLCSP	Yes	B Monthly Premium Amount of Second Lowest Cost Silver Plan (SLCSP)	103
May Advance Payment of Premium Tax Credit	Yes	C Monthly Advance Payment of Premium Tax Credit	104
June Premium Amount	Yes	A Monthly Enrollment Premium	105
June Premium Amount of SLCSP	Yes	B Monthly Premium Amount of Second Lowest Cost Silver Plan (SLCSP)	106
June Advance Payment of Premium Tax Credit	Yes	C Monthly Advance Payment of Premium Tax Credit	107
July Premium Amount	Yes	A Monthly Enrollment Premium	108
July Premium Amount of SLCSP	Yes	B Monthly Premium Amount of Second Lowest Cost Silver Plan (SLCSP)	109
July Advance Payment of Premium Tax Credit	Yes	C Monthly Advance Payment of Premium Tax Credit	110
August Premium Amount	Yes	A Monthly Enrollment Premium	111
August Premium Amount of SLCSP	Yes	B Monthly Premium Amount of Second Lowest Cost Silver Plan (SLCSP)	112

Name	Import	Form in Tax - IRS 1095-A And Field Names in Tax	Field Number in Tax
August Advance Payment of Premium Tax Credit	Yes	C Monthly Advance Payment of Premium Tax Credit	113
September Premium Amount	Yes	A Monthly Enrollment Premium	114
September Premium Amount of SLCSP	Yes	B Monthly Premium Amount of Second Lowest Cost Silver Plan (SLCSP)	115
September Advance Payment of Premium Tax Credit	Yes	C Monthly Advance Payment of Premium Tax Credit	116
October Premium Amount	Yes	A Monthly Enrollment Premium	117
October Premium Amount of SLCSP	Yes	B Monthly Premium Amount of Second Lowest Cost Silver Plan (SLCSP)	118
October Advance Payment of Premium Tax Credit	Yes	C Monthly Advance Payment of Premium Tax Credit	119
November Premium Amount	Yes	A Monthly Enrollment Premium	120
November Premium Amount of SLCSP	Yes	B Monthly Premium Amount of Second Lowest Cost Silver Plan (SLCSP)	121
November Advance Payment of Premium Tax Credit	Yes	C Monthly Advance Payment of Premium Tax Credit	122
December Premium Amount	Yes	A Monthly Enrollment Premium	123
December Premium Amount of SLCSP	Yes	B Monthly Premium Amount of Second Lowest Cost Silver Plan (SLCSP)	124
December Advance Payment of Premium Tax Credit	Yes	C Monthly Advance Payment of Premium Tax Credit	125
Annual Total Premium Amount	Yes	A Monthly Enrollment Premium	126
Annual Total Premium Amount of SLCSP	Yes	B Monthly Premium Amount of Second Lowest Cost Silver Plan (SLCSP)	127
Annual Total Advance Payment of Premium Tax Credit	Yes	C Monthly Advance Payment of Premium Tax Credit	128

Name	Import	Form in Tax - IRS 1095-B And Field Names in Tax	Field Number in Tax
TSJ	Yes	TSJ	30
Recipient's Name	Default	1 Name of responsible individual	40
Recipient's Social Security Number	Default	2 Social security number	41
Recipient's Date of Birth	Yes	3 Date of birth	42
Recipient's Street Address	Default	4 Street address	43
Recipient's City	Default	5 City or town	44
Recipient's State	Default	6 State or province	45
Recipient's ZIP	Default	7 Country and ZIP or foreign postal code	46
Origin of the Policy	Yes	8 Enter letter identifying origin of the policy	47
Employer's Name	Yes	10 Employer name	50
Employer's Employer Identification Number	Yes	11 Employer identification number (EIN)	51
Employer's Street Address	Yes	12 Street address	52
Employer's City	Yes	13 City or town	53
Employer's State	Yes	14 State or province	54
Employer's ZIP	Yes	15 Country and ZIP or foreign postal code	55
Issuer's Name	Yes	16 Name	60
Issuer's Employer Identification Number	Yes	17 Employer identification number (EIN)	61
Issuer's Contact Telephone Number	Yes	18 Contact telephone number	62
Issuer's Street Address	Yes	19 Street address	63
Issuer's City	Yes	20 City or town	64
Issuer's State	Yes	21 State or province	65
Issuer's ZIP	Yes	22 Country and ZIP or foreign postal code	66
Covered Individual Name	Yes	Name of Covered Individual(s)	72, 78, 84, 90, 96, 102
Covered Individual SSN	Yes	SSN or Other TIN	73, 79, 85, 91, 97, 103
Covered Individual Date of Birth	Yes	DOB (If SSN or Other TIN is Not Available)	74, 80, 86, 92,98,104
Covered Individual Coverage - All Months	Yes	Covered 12 Months	110, 123, 136, 149, 162, 175
Covered Individual Coverage - January	Yes	Months of Coverage - Jan	111, 124, 137, 150,163,176
Covered Individual Coverage - February	Yes	Months of Coverage - Feb	112, 125, 138, 151, 164, 177
Covered Individual Coverage - March	Yes	Months of Coverage - Mar	113, 126, 139, 152, 165, 178
Covered Individual Coverage - April	Yes	Months of Coverage - Apr	114, 127, 140, 153, 166, 179
Covered Individual Coverage - May	Yes	Months of Coverage - May	115, 128, 141, 154, 167, 180
Covered Individual Coverage - June	Yes	Months of Coverage - Jun	116, 129, 142, 155, 168, 181
Covered Individual Coverage - July	Yes	Months of Coverage - Jul	117, 130, 143, 156, 169, 182
Covered Individual Coverage - August	Yes	Months of Coverage - Aug	118, 131, 144, 157, 170, 183
Covered Individual Coverage - September	Yes	Months of Coverage - Sep	119, 132, 145, 158, 171, 184
Covered Individual Coverage - October	Yes	Months of Coverage - Oct	120, 133, 146, 159, 172, 185
Covered Individual Coverage - November	Yes	Months of Coverage - Nov	121, 134, 147, 160, 173, 186
Covered Individual Coverage - December	Yes	Months of Coverage - Dec	122, 135, 148, 161, 174, 187



Name	Import	Form in Tax - IRS 1095-C And Field Names in Tax	Field Number in Tax
TSJ	Yes	TSJ	30
Employee's Name	Default	1 Name of employee	40
Employee's Social Security Number	Default	2 Social security number	41
Employee's Street Address	Default	3 Street address	42
Employee's City	Default	4 City or town	43
Employee's State	Default	5 State or province	44
Employee's ZIP	Default	6 Country and ZIP or foreign postal code	45
Employer's Name	Yes	7 Name of employer	46
Employer's Employer Identification Number	Yes	8 Employer identification number (EIN)	47
Employer's Street Address	Yes	9 Street address	48
Employer's Contact Telephone Number	Yes	10 Contact telephone number	49
Employer's City	Yes	11 City or town	50
Employer's State	Yes	12 State or province	51
Employer's ZIP	Yes	13 Country and ZIP or foreign postal code	52
Offer of Coverage Required - All Months	Yes	14 Offer of coverage - All Months	60
Offer of Coverage Required - January	Yes	14 Offer of coverage - January	61
Offer of Coverage Required - February	Yes	14 Offer of coverage - February	62
Offer of Coverage Required - March	Yes	14 Offer of coverage - March	63
Offer of Coverage Required - April	Yes	14 Offer of coverage - April	64
Offer of Coverage Required - May	Yes	14 Offer of coverage - May	75
Offer of Coverage Required - June	Yes	14 Offer of coverage - June	76
Offer of Coverage Required - July	Yes	14 Offer of coverage - July	77
Offer of Coverage Required - August	Yes	14 Offer of coverage - August	78
Offer of Coverage Required - September	Yes	14 Offer of coverage - September	87
Offer of Coverage Required - October	Yes	14 Offer of coverage - October	88
Offer of Coverage Required - November	Yes	14 Offer of coverage - November	89
Offer of Coverage Required - December	Yes	14 Offer of coverage - December	90
Employee Share of Lowest Cost Monthly Premium - All Months	Yes	15 Employee share of lowest cost monthly premium for self-only min. value coverage - All Months	65
Employee Share of Lowest Cost Monthly Premium - January	Yes	15 Employee share of lowest cost monthly premium for self-only min. value coverage - January	66
Employee Share of Lowest Cost Monthly Premium - February	Yes	15 Employee share of lowest cost monthly premium for self-only min. value coverage - February	67
Employee Share of Lowest Cost Monthly Premium - March	Yes	15 Employee share of lowest cost monthly premium for self-only min. value coverage - March	68
Employee Share of Lowest Cost Monthly Premium - April	Yes	15 Employee share of lowest cost monthly premium for self-only min. value coverage - April	69
Employee Share of Lowest Cost Monthly Premium - May	Yes	15 Employee share of lowest cost monthly premium for self-only min. value coverage - May	79
Employee Share of Lowest Cost Monthly Premium - June	Yes	15 Employee share of lowest cost monthly premium for self-only min. value coverage - June	80
Employee Share of Lowest Cost Monthly Premium - July	Yes	15 Employee share of lowest cost monthly premium for self-only min. value coverage - July	81
Employee Share of Lowest Cost Monthly Premium - August	Yes	15 Employee share of lowest cost monthly premium for self-only min. value coverage - August	82
Employee Share of Lowest Cost Monthly Premium - September	Yes	15 Employee share of lowest cost monthly premium for self-only min. value coverage - September	91
Employee Share of Lowest Cost Monthly Premium - October	Yes	15 Employee share of lowest cost monthly premium for self-only min. value coverage - October	92
Employee Share of Lowest Cost Monthly Premium - November	Yes	15 Employee share of lowest cost monthly premium for self-only min. value coverage - November	93
Employee Share of Lowest Cost Monthly Premium - December	Yes	15 Employee share of lowest cost monthly premium for self-only min. value coverage - December	94
Applicable Section 4980H Safe Harbor - All Months	Yes	16 Applicable Section 4980H Safe Harbor - All Months	70
Applicable Section 4980H Safe Harbor - January	Yes	16 Applicable Section 4980H Safe Harbor - January	71

Name	Import	Form in Tax - IRS 1095-C And Field Names in Tax	Field Number in Tax
Applicable Section 4980H Safe Harbor - February	Yes	16 Applicable Section 4980H Safe Harbor - February	72
Applicable Section 4980H Safe Harbor - March	Yes	16 Applicable Section 4980H Safe Harbor - March	73
Applicable Section 4980H Safe Harbor - April	Yes	16 Applicable Section 4980H Safe Harbor - April	74
Applicable Section 4980H Safe Harbor - May	Yes	16 Applicable Section 4980H Safe Harbor - May	83
Applicable Section 4980H Safe Harbor - June	Yes	16 Applicable Section 4980H Safe Harbor - June	84
Applicable Section 4980H Safe Harbor - July	Yes	16 Applicable Section 4980H Safe Harbor - July	85
Applicable Section 4980H Safe Harbor - August	Yes	16 Applicable Section 4980H Safe Harbor - August	86
Applicable Section 4980H Safe Harbor - September	Yes	16 Applicable Section 4980H Safe Harbor - September	95
Applicable Section 4980H Safe Harbor - October	Yes	16 Applicable Section 4980H Safe Harbor - October	96
Applicable Section 4980H Safe Harbor - November	Yes	16 Applicable Section 4980H Safe Harbor - November	97
Applicable Section 4980H Safe Harbor - December	Yes	16 Applicable Section 4980H Safe Harbor - December	98
Covered Individual Name	Yes	Name of Covered Individual(s)	102, 108, 114, 120, 126, 132
Covered Individual SSN	Yes	SSN or Other TIN	103, 109, 115, 121, 127, 133
Covered Individual Date of Birth	Yes	DOB (If SSN or Other TIN is not available)	104, 110, 116, 122, 128, 134
Covered Individual Coverage - All Months	Yes	Covered 12 Months	140, 153, 166, 179, 192, 205
Covered Individual Coverage - January	Yes	Months of Coverage - Jan	141, 154, 167, 180, 193, 206
Covered Individual Coverage - February	Yes	Months of Coverage - Feb	142, 155, 168, 181, 194, 207
Covered Individual Coverage - March	Yes	Months of Coverage - Mar	143, 156, 169, 182, 195, 208
Covered Individual Coverage - April	Yes	Months of Coverage - Apr	144, 157, 170, 183, 196, 209
Covered Individual Coverage - May	Yes	Months of Coverage - May	145, 158, 171, 184, 197, 210
Covered Individual Coverage - June	Yes	Months of Coverage - Jun	146, 159, 172, 185, 198, 211
Covered Individual Coverage - July	Yes	Months of Coverage - Jul	147, 160, 173, 186, 199, 212
Covered Individual Coverage - August	Yes	Months of Coverage - Aug	148, 161, 174, 187, 200, 213
Covered Individual Coverage - September	Yes	Months of Coverage - Sep	149, 162, 175, 188, 201, 214
Covered Individual Coverage - October	Yes	Months of Coverage - Oct	150, 163, 176, 189, 202, 215
Covered Individual Coverage - November	Yes	Months of Coverage - Nov	151, 164, 177, 190, 203, 216
Covered Individual Coverage - December	Yes	Months of Coverage - Dec	152, 165, 178, 191, 204, 217



Name	Import	Form in Tax - IRS 1098-MIS And Field Names in Tax	Field Number in Tax
TSJ	Yes	TSJ	30
Recipient's/Lender's Name	Yes	RECIPIENT'S/LENDER'S name, address, and telephone number	34
Recipient's/Lender's Address	Yes	RECIPIENT'S/LENDER'S name, address, and telephone number	35
Recipient's/Lender's City	Yes	RECIPIENT'S/LENDER'S name, address, and telephone number	36
Recipient's/Lender's State	Yes	RECIPIENT'S/LENDER'S name, address, and telephone number	37
Recipient's/Lender's Zip Code	Yes	RECIPIENT'S/LENDER'S name, address, and telephone number	38
Recipient's/Lender's Identification Number	Yes	RECIPIENT'S/LENDER'S federal identification number	42
Payer's/Borrower's Identification Number	Default	PAYER'S/BORROWER'S taxpayer identification number	43
Payer's/Borrower's Name	Default	PAYER'S/BORROWER'S name	48
Payer's/Borrower's Address	Default	PAYER'S/BORROWER'S Street address	50
Payer's/Borrower's City	Default	PAYER'S/BORROWER'S City	52
Payer's/Borrower's State	Default	PAYER'S/BORROWER'S State	53
Payer's/Borrower's Zip Code	Default	PAYER'S/BORROWER'S ZIP code	54
Account Number	Yes	Account number	61
Mortgage Interest Received from Payer	Yes	1 Mortgage interest received from payer(s)/borrower(s)	41
Outstanding Mortgage Principal	Yes	2 Outstanding mortgage principal as of 1/1/20XX	44
Mortgage Origination Date	Yes	3 Mortgage origination date (Mo/Da/Yr)	45
Refund of Overpaid Interest	Yes	4 Refund of overpaid interest	46
Mortgage Insurance Premiums	Yes	5 Mortgage insurance premiums	47
Points Paid	Yes	6 Points paid on purchase of principal residence	49
Is Address of Property Same As Payer's/Borrower's Address?	Yes	7 Is address or property securing mortgage same as PAYER'S/BORROWER'S address?	51
Address of Property Security Mortgage	Yes	8 Address of property securing mortgage	55
City of Property Security Mortgage	Yes	8 Address of property securing mortgage	56
State of Property Security Mortgage	Yes	8 Address of property securing mortgage	57
Zip Code of Property Security Mortgage	Yes	8 Address of property securing mortgage	58
City, State, Zip Code of Property Security Mortgage	Yes	8 Address of property securing mortgage	56
Description of the Property	Yes	8 Description of property securing mortgage	60
Description of the Property (Cont)	Yes	8 Description of property securing mortgage	62
Number of Mortgaged Properties	Yes	9 Number of mortgaged properties	63
Real Estate Taxes Paid	Yes	10 Taxes	59
Mortgage Acquisition Date	Yes	11 Mortgage acquisition date	64

Name	Import	Form in Tax - IRS 1098-E And Field Names in Tax	Field Number in Tax
TSJ	Yes	TSJ	30
Recipient's/Lender's Name	Yes	RECIPIENT'S/LENDER'S name	40
Recipient's/Lender's Address	Yes	Street address	41
Recipient's/Lender's City	Yes	City	42
Recipient's/Lender's State	Yes	State	43
Recipient's/Lender's Zip Code	Yes	ZIP or postal code	44
Recipient's/Lender's Telephone Number	Yes	Telephone number	47
Recipient's Identification Number	Yes	RECIPIENT'S federal identification number	48
Borrower's Social Security Number	Default	BORROWER'S social security number	49
Borrower's Name	Default	BORROWER'S name	50
Borrower's Address	Default	Street address (including apt. no.)	51
Borrower's City	Default	City	52
Borrower's State	Default	State	53
Borrower's Zip Code	Default	ZIP or postal code	54
Account Number	Yes	Account number (See instr.)	57
Student Loan Interest Received by Lender	Yes	1 Student loan interest received by lender	60
Check if Box 1 Does Not Include Loan Origination Fees	Yes	2 Check if box 1 does not include loan origination fees and/or capitalized interest, and the loan was made before September 1, 2004	61

Name	Import	Form in Tax - IRS 1098-T And Field Names in Tax	Field Number in Tax
TSJ	Yes	TS	30
Filer's Identification Number	Yes	FILER'S federal identification no.	48
Filer's Name	Yes	FILER'S name	40
Filer's Address	Yes	Street address	41
Filer's City	Yes	City	42
Filer's State	Yes	State	43
Filer's Zip	Yes	ZIP code	44
Filer's Phone Number	Yes	Telephone number	47
Student's First Name	Yes	STUDENT'S name	50
Student's Last Name	Yes	STUDENT'S name	51
Student's Address	Default	Street address (including apt. no.)	52
Student's City	Default	City	53
Student's State	Default	State	54
Student's Zip	Default	ZIP code	55
Student's Identification Number	Yes	STUDENT'S social security number	49
Service Provider / Account Number	Yes	Service Provider/Acct. No. (See instr.)	56
Payments Received for Qualified Tuition and Related Expenses	Yes	1 Payments received for qualified tuition and related expenses	60
Scholarships or Grants	Yes	5 Scholarships or grants	64
Check if at Least Half-Time Student	Yes	8 Check if at least half-time student	57
Check if Graduate Student	Yes	9 Check if a graduate student	67
Insurance Contract Reimb. / Refund	Yes	10 Ins. contract reimb./refund	68

Name	Import	Form in Tax - IRS 1099-DIV And Field Names in Tax	Field Number in Tax
TSJ	Yes	TSJ	30
Payer's Name	Yes	PAYER'S name	40
Payer's Street Address	Yes	Street address	41
Payer's City	Yes	City	42
Payer's State	Yes	State	43
Payer's ZIP	Yes	ZIP code	44
Payer's Federal Identification Number	Yes	PAYER'S federal identification no.	49
Recipient's Identification Number	Default	RECIPIENT'S identification number	50
Recipient's Name	Default	RECIPIENT'S name	51
Recipient's Street Address	Default	Street address (including apt. no.)	52
Recipient's City	Default	City	53
Recipient's State	Default	State	54
Recipient's ZIP	Default	ZIP or postal code	55
Account Number	Yes	Account number	59
Total Ordinary Dividends	Yes	1a Total ordinary dividends	70
Qualified Dividends	Yes	1b Qualified dividends	71
Total Capital Gains Distr	Yes	2a Total capital gain distr.	72
Unrecap. Sec 1250 Gain	Yes	2b Unrecap. Sec. 1250 gain	73
Section 1202 Gain	Yes	2c Section 1202 gain	74
Collectibles (28%) Gain	Yes	2d Collectibles (28%) gain	75
Nondividend Distributions	Yes	3 Nondividend distributions	76
Federal Income Tax Withheld	Yes	4 Federal income tax withheld	77
Section 199A Dividends	Yes	5 Section 199A dividends	78
Investment Expenses	Yes	6 Investment expenses	79
Foreign Tax Paid	Yes	7 Foreign tax paid	80
Foreign Country or US Possession	Yes	8 Foreign country or U.S. possession	81
Cash Liquidation Distributions	Yes	9 Cash liquidation distr.	82
Noncash Liquidation Distributions	Yes	10 Noncash liquidation distr.	83
Exempt-Interest Dividends	Yes	11 Exempt-interest dividends	84
Specified Private Activity Bond Interest Dividends	Yes	12 Specified private activity bond interest div.	85
State	Yes	13 State identification no.	86
State Identification Number	Yes	14 State identification no.	87
State Income Tax Withheld	Yes	15 State tax withheld	88

Name	Import	Form in Tax - IRS 1099-G And Field Names in Tax	Field Number in Tax
TSJ	Yes	TSJ	30
Payer's Name	Yes	PAYER'S name, street address, city, state, ZIP code, and telephone no.	40
Payer's Address	Yes	PAYER'S name, street address, city, state, ZIP code, and telephone no.	41
Payer's City	Yes	PAYER'S name, street address, city, state, ZIP code, and telephone no.	42
Payer's State	Yes	PAYER'S name, street address, city, state, ZIP code, and telephone no.	43
Payer's Zip	Yes	PAYER'S name, street address, city, state, ZIP code, and telephone no.	44
Payer's Phone Number	Yes	PAYER'S name, street address, city, state, ZIP code, and telephone no.	45
Payer's Federal Identification	Yes	PAYER'S federal identification no.	46
Recipient's Identification Number	Default	RECIPIENT'S identification number	47
Recipient's Name	Default	RECIPIENT'S name	48
State ID or Account Number	Yes	Account number (See instructions)	55
Unemployment Amount	Yes	1 Unemployment compensation	60
State Refunds, Credits or Offsets	Yes	2 State tax refund, credit, or offset	61
Tax Year	Yes	3 Box 2 amount is for tax year	63
Federal Income Tax Withholding	Yes	4 Federal income tax withheld	64
RTAA Payments	Yes	5 RTAA payments	65
Taxable Grants	Yes	6 Taxable grants	66
Agriculture Payments	Yes	7 Agriculture payments	67
Check if Trade or Business	Yes	8 Check if box 2 is trade or business income	68
State	Yes	10a State	70
State Identification Number	Yes	10b State identification No.	71
State Income Tax Withheld	Yes	11 State income tax withheld	72
Repayment Amount	Yes	Compensation repaid in 20XX	105

Name	Import	Form in Tax - IRS 1099-INT And Field Names in Tax	Field Number in Tax
TSJ	Yes	TSJ	30
Payer's Name	Yes	PAYER'S Name	40
Payer's Street Address	Yes	Street Address	41
Payer's City	Yes	City	42
Payer's State	Yes	State	43
Payer's ZIP	Yes	ZIP Code	44
Payer's Federal Identification Number	Yes	PAYER'S Federal identification number	49
Recipient's Name	Default	RECIPIENT'S name	51
Recipient's Street Address	Default	Street address (including apt. no.)	52
Recipient's City	Default	City	53
Recipient's State	Default	State	54
Recipient's ZIP	Default	ZIP or postal code	55
Recipient's Identification Number	Default	Recipient's identification number	50
FATCA Filing Requirement	No	FATCA filing requirement	58
Account Number	Yes	Account number	59
Interest Income	Yes	1 Interest income	71
Early Withdrawal Penalty	Yes	2 Early withdrawal penalty	72
Interest on US Savings Bonds and Obligations	Yes	3 Interest on U.S. Savings bonds and Treas. Obligations	73
Federal Income Tax Withheld	Yes	4 Federal income tax withheld	74
Investment Expenses	Yes	5 Investment expenses	75
Foreign Tax Paid	Yes	6 Foreign tax paid	77
Foreign Country or US Possession	Yes	7 Foreign country or U.S. possession	78
Tax Exempt Interest	Yes	8 Tax-exempt interest	80
Specified Private Activity Bond Interest	Yes	9 Specified private activity bond interest	81
Market Discount	Yes	10 Market discount	82
Bond Premium	Yes	11 Bond premium	83
Bond Premium on Treasury Obligations	Yes	12 Bond premium on Treasury obligations	84
Bond Premium on Tax-Exempt Bond	Yes	13 Bond premium on tax-exempt bond	85
Tax-Exempt Bond CUSIP No.	Yes	14 Tax-exempt bond CUSIP no.	87
State	Yes	15 State	88
State Identification Number	Yes	16 State ID no.	89
State Income Tax Withheld	Yes	17 State tax withheld	90



Name	Import	Form in Tax - IRS 1099-MISC And Field Names in Tax	Field Number in Tax
TSJ	Yes	TSJ	30
Payer's Name	Yes	PAYER'S name, street address, city, state, ZIP code, and telephone no.	40
Payer's Address	Yes	PAYER'S name, street address, city, state, ZIP code, and telephone no.	41
Payer's City	Yes	PAYER'S name, street address, city, state, ZIP code, and telephone no.	42
Payer's State	Yes	PAYER'S name, street address, city, state, ZIP code, and telephone no.	43
Payer's ZIP	Yes	PAYER'S name, street address, city, state, ZIP code, and telephone no.	44
Payer's Telephone Number	Yes	PAYER'S name, street address, city, state, ZIP code, and telephone no.	47
Payer's Federal Identification	Yes	PAYER'S Federal identification number	48
Recipient's Identification Number	Default	RECIPIENT'S identification number	49
Recipient's Name	Default	RECIPIENT'S name	50
Recipient's Street Address	Default	Street address (including apt. no)	51
Recipient's City	Default	City	52
Recipient's State	Default	State	53
Recipient's ZIP	Default	ZIP or foreign postal code	54
Account Number	Yes	Account number	57
Rents	Yes	1 Rents	65
Royalties	Yes	2 Royalties	66
Other Income	Yes	3 Other income	67
Federal Income Tax Withheld	Yes	4 Federal income tax withheld	68
Fishing Boat Proceeds	Yes	5 Fishing boat proceeds	69
Medical and Health Care Payments	Yes	6 Medical and health care payments	70
Nonemployee Compensation	Yes	7 Nonemployee compensation	71
Substitute Payments in Lieu of	Yes	8 Substitute payments in lieu of dividends or interest	72
Crop Insurance Proceeds	Yes	10 Crop insurance proceeds	74
Excess Golden Parachute Payments	Yes	13 Excess golden parachute payments	77
Gross Proceeds Paid to an Attorney	Yes	14 Gross proceeds paid to an attorney	78
State Tax Withheld	Yes	16 State tax withheld	79
State/Payer's State No.	Yes	17 State/Payer's state number	80
State Income	Yes	18 State income	81

Name	Import	Form in Tax - IRS 1099-Q And Field Names in Tax	Field Number in Tax
TSJ	Yes	TS	30
Payer's Federal Identification Number	Yes	PAYER'S Federal identification number	46
Payer's Name	Yes	PAYER'S/TRUSTEE'S name, street address, city, state, ZIP code, and telephone number	40
Payer's Address	Yes	PAYER'S/TRUSTEE'S name, street address, city, state, ZIP code, and telephone number	41
Payer's City	Yes	PAYER'S/TRUSTEE'S name, street address, city, state, ZIP code, and telephone number	42
Payer's State	Yes	PAYER'S/TRUSTEE'S name, street address, city, state, ZIP code, and telephone number	43
Payer's Zip	Yes	PAYER'S/TRUSTEE'S name, street address, city, state, ZIP code, and telephone number	44
Payer's Phone Number	Yes	PAYER'S/TRUSTEE'S name, street address, city, state, ZIP code, and telephone number	45
Recipient's Federal Identification Number	Default	RECIPIENT'S identification number	47
Recipient's Name	Default	RECIPIENT'S name	48
Recipient's Address	Default	Street address (including apt. no.)	49
Recipient's City	Default	City	50
Recipient's State	Default	State	51
Recipient's Zip	Default	ZIP code	52
Account Number	Yes	Account number	53
Gross Distribution	Yes	1 Gross distribution	55
Earnings	Yes	2 Earnings	56
Basis	Yes	3 Basis	57
Trustee to Trustee Transfer	Yes	4 Trustee-to-trustee transfer	58
Qualified Tuition Program - Private	Yes	5 Qualified tuition program - Private	59
Qualified Tuition Program - State	Yes	5 Qualified tuition program - State	60
Coverdell ESA	Yes	5 Coverdell ESA	61

Name	Import	Form in Tax - IRS 1099-R And Field Names in Tax	Field Number in Tax
TSJ	Yes	TSJ	30
Payer's Name	Yes	PAYER'S name	40
Payer's Street Address	Yes	Street address	41
Payer's City	Yes	City	42
Payer's State	Yes	State	43
Payer's ZIP	Yes	ZIP or Postal code	44
Payer's Federal Identification Number	Yes	PAYER'S Federal identification number	47
Recipient's identification Number	Default	RECIPIENT'S identification number	48
Recipient's Name	Default	RECIPIENT'S name, address, city, state, ZIP or postal code, foreign country code, and prov/st/county	49
Recipient's Street Address	Default	RECIPIENT'S name, address, city, state, ZIP or postal code, foreign country code, and prov/st/county	50
Recipient's City	Default	RECIPIENT'S name, address, city, state, ZIP or postal code, foreign country code, and prov/st/county	51
Recipient's State	Default	RECIPIENT'S name, address, city, state, ZIP or postal code, foreign country code, and prov/st/county	52
Recipient's ZIP	Default	RECIPIENT'S name, address, city, state, ZIP or postal code, foreign country code, and prov/st/county	53
Account Number	Yes	Account number	84
Date of Payment	Yes	Date of Payment	85
Gross Distribution	Yes	1 Gross distribution	56
Taxable Amount	Yes	2a Taxable amount	57
Capital Gain (Included in Box 2a)	Yes	3 Capital gain (included in box 2a)	60
Federal Income Tax Withheld	Yes	4 Federal income tax withheld	61
Employer Contributions, etc.	Yes	5 Employer contributions/designated Roth contribution or insurance premiums	62
Net Unrealized Appreciation	Yes	6 Net unrealized appreciation in employer's securities	63
Distribution Code(s)	Yes	7 Distribution code(s)	64
IRA/SEP/SIMPLE	Yes	IRA/SEP/SIMPLE	65
Other	Yes	8 Other	66
Other Percent	Yes	Blank	67
Your Percentage of Total Dist	Yes	9a Your percentage of total distribution	68
Total Employee Contributions	Yes	9b Total employee contributions	69
State Tax Withheld	Yes	12 State tax withheld	72
State	Yes	13 State	73
Payer's State Number	Yes	Payer's state no.	90
State Distribution	Yes	14 State distribution	74
Local Tax Withheld	Yes	15 Local tax withheld	78
Name of Locality	Yes	16 Name of locality	79
Local Distribution	Yes	17 Local distribution	80

Name	Import	Form in Tax - IRS 1099-SA And Field Names in Tax	Field Number in Tax
TSJ	Yes	TS	30
Payer's Federal Identification Number	Yes	PAYER'S federal identification number	48
Trustee's Name	Yes	TRUSTEE'S/PAYER'S Name	40
Trustee's Address	Yes	Street address	41
Trustee's City	Yes	City	42
Trustee's State	Yes	State	43
Trustee's Zip	Yes	ZIP or postal code	44
Payer's Phone Number	Yes	Telephone number	47
Recipient's Federal Identification Number	Default	RECIPIENT'S identification number	49
Recipient's Name	Default	RECIPIENT'S name	50
Recipient's Address	Default	Street address (including apt. no.)	51
Recipient's City	Default	City	52
Recipient's State	Default	State	53
Recipient's Zip	Default	ZIP or postal code	54
Account Number	Yes	Account number (See instr.)	57
Gross Distribution	Yes	1 Gross distribution	60
Earnings on Excess Cont.	Yes	2 Earnings on excess cont.	61
Distribution Code	Yes	3 Distribution code	62
FMV on Date of Death	Yes	4 FMV on date of death	63
HSA	Yes	5 HSA	64
Archer MSA	Yes	5 Archer MSA	65
MA MSA	Yes	5 MA MSA	66

Name	Import	Form in Tax - IRS SSA-1099 And Field Names in Tax	Field Number in Tax
TSJ	Yes	TSJ	30
Claim number	Yes	Box 8. Claim Number (Use this number if you need to contact SSA)	51
Name	Default	Box 1. Name	40
Beneficiary's Social Security Number	Default	Box 2. Beneficiary's Social Security Number	41
Benefits Paid	Yes	Box 3. Benefits paid in 20XX	42
Benefits Repaid to SSA	Yes	Box 4. Benefits Repaid to SSA in 20XX	43
Voluntary Federal Income Tax Withholding	Yes	Box 6. Voluntary Federal Income Tax Withholding	47
Medicare Premiums Withheld	Yes	Medicare premiums withheld	102
Prescription Drug Coverage Insurance	Yes	Prescription drug coverage insurance	103

Name	Import	Form in Tax - IRS 2439 And Field Names in Tax	Field Number in Tax
TSJ	Yes	TSJ	30
Payer's Name	Yes	Name	40
Payer's Address	Yes	Street address	41
Payer's City	Yes	City	42
Payer's State	Yes	State	43
Payer's ZIP	Yes	ZIP or postal code	44
Payer's Federal Identification Number	Yes	Identification number of RIC or REIT	47
Recipient's Federal Identification Number	Default	SHAREHOLDER'S identifying number	48
Recipient's Name	Default	SHAREHOLDER'S name	49
Recipient's Address	Default	Street address	50
Recipient's City	Default	City	51
Recipient's State	Default	State	52
Recipient's ZIP	Default	ZIP or postal code	53
Total Undistributed Long-Term Capital Gains	Yes	1a Total undistributed long-term capital gains	60
Unrecaptured Section 1250 Gain	Yes	1b Unrecaptured section 1250 gain	61
Tax paid	Yes	2 Tax paid by the RIC or REIT on the box 1a gains	64



Name	Import	Form in Tax - IRS K-1 1041 And Field Names in Tax	Field Number in Tax
TSJ	Yes	TS	30
Estate's or Trust's EIN	Yes	A Estate's or trust's employer identification number	40
Estate's or Trust Name	Yes	B Estate's or trust's name	41
Beneficiary Identifying Number	Default	F Beneficiary's identifying number	53
Beneficiary Name	Default	G Beneficiary's name, address, city, state and ZIP code	54
Beneficiary Address	Default	G Beneficiary's name, address, city, state and ZIP code	55
Beneficiary City, State, Zip	Default	G Beneficiary's name, address, city, state and ZIP code	56
Final K-1	Yes	X if 100% disp	34
Fiduciary's Name	Yes	C Fiduciary's name, address, city, state and ZIP code	42
Fiduciary's Address	Yes	C Fiduciary's name, address, city, state and ZIP code	43
Fiduciary's City	Yes	C Fiduciary's name, address, city, state and ZIP code	44
Fiduciary's State	Yes	C Fiduciary's name, address, city, state and ZIP code	45
Fiduciary's Zip	Yes	C Fiduciary's name, address, city, state and ZIP code	46
Form 1041-T Filed	Yes	D Check if Form 1041-T was filed	47
Form 1041-T Filing Date	Yes	D Enter the date it was filed	48
Final Form 1041 for Estate or Trust	Yes	E Check if this is the Final 1041 for the estate or trust	49
Tax Shelter Registration Number	Yes	E Tax Shelter registration number	51
Domestic Beneficiary	Yes	H Domestic beneficiary	57
Foreign Beneficiary	Yes	H Foreign beneficiary	58
Interest Income	Yes	1 Interest income	70
Ordinary Dividends	Yes	2a Ordinary dividends	72
Qualified Dividends	Yes	2b Qualified dividends	74
Net Short-Term Capital Gain or Loss	Yes	3 Net short-term capital gains	76
Net Long-Term Capital Gain or Loss	Yes	4a Net long-term capital gains	78
28% Rate Gain	Yes	4b 28% rate gain	80
Unrecaptured Section 1250 Gain	Yes	4c Unrecaptured section 1250 gain	82
Other Portfolio and Nonbusiness Income	Yes	5 Other portfolio income and nonbusiness income	84
Ordinary Business Income	Yes	6 Ordinary business income	86
Net Rental Real Estate Income	Yes	7 Net rental real estate income	88
Other Rental Income	Yes	8 Other rental income	90
Directly Apportioned Deductions	Yes	9 Directly apportioned deductions: (A,B,C)	92, 94, 96
Estate Tax Deduction	Yes	10 Estate tax deduction	98
Final Year Deductions	Yes	11 Final year deductions: (A, B, C, D, E)	100, 102, 104, 106, 108
Alternative Minimum Tax Adjustment	Yes	12 Alternative minimum tax items: (A, B, C, D, E, F, G, H, I, J)	110, 112, 113, 115, 116, 118, 120, 122, 124, 126
Credits and Credit Recapture	Yes	13 Credits and credit recapture: (A, B, D, F, G, H, I, K, L, M, N, O, P, Q, R)	127, 130, 135, 140, 141, 142, 143, 146, 147, 148, 149, 150, 152, 155, 156
Other Information	Yes	14 Other information: (E, F, G, H)	215, 217, 218, 219

Name	Import	Form in Tax - IRS K-1 1065 And Field Names in Tax	Field Number in Tax
TSJ	Yes	TS	30
Partnership's EIN	Yes	A Partnership's employer identification number	45
Partnership Name	Yes	B Partnership's name, address, city, state and ZIP code	46
Partnership Address	Yes	B Partnership's name, address, city, state and ZIP code	47
Partnership City	Yes	B Partnership's name, address, city, state and ZIP code	48
Partnership State	Yes	B Partnership's name, address, city, state and ZIP code	49
Partnership Zip	Yes	B Partnership's name, address, city, state and ZIP code	50
Partner's Identifying Number	Default	E Partner's identifying number	56
Partner's Name	Default	F Partner's name, address, city, state and ZIP code	57
Partner's Address	Default	F Partner's name, address, city, state and ZIP code	58
Partner's City, State, Zip	Default	F Partner's name, address, city, state and ZIP code	59
Final K-1	Yes	X if 100% disp	36
X If Publicly Traded Partnership	Yes	D Check if this is a publicly traded partnership (PTP)	52
Type of Partner (General)	Yes	G General partner or LLC member-manager	60
Type of Partner (Limited)	Yes	G Limited partner or other LLC member	61
Partner Entity Type (Domestic)	Yes	H Domestic partner	62
Partner Entity Type (Foreign)	Yes	H Foreign partner	63
What type of Entity is Partner?	Yes	I What type of entity is partner?	64
Partner's Profit % (Beginning)	Yes	J Partner's share of profit % (Beginning)	65
Partner's Profit % (Ending)	Yes	J Partner's share of profit % (Ending)	66
Partner's Loss % (Beginning)	Yes	J Partner's share of loss % (Beginning)	67
Partner's Loss % (Ending)	Yes	J Partner's share of loss % (Ending)	68
Partner's Capital % (Beginning)	Yes	J Partner's share of capital % (Beginning)	69
Partner's Capital % (Ending)	Yes	J Partner's share of capital % (Ending)	70
Partner's Share of Liabilities (Nonrecourse)	Yes	K Partner's share of liabilities at year end: (Nonrecourse)	71
Partner's Share of Liabilities (Qualified Non-Rec.)	Yes	K Partner's share of liabilities at year end: (Qualified nonrecourse financing)	72
Partner's Share of Liabilities (Recourse)	Yes	K Partner's share of liabilities at year end: (Recourse)	73
Beginning Capital Account	Yes	L Partner's capital account analysis: Beginning capital account	74
Capital Contributed	Yes	L Partner's capital account analysis: Capital contributed during the year	75
Current Year Increase	Yes	L Partner's capital account analysis: Current year net income (loss)	175
Other increase (decrease)	Yes	L Partner's capital account analysis: Current year increase (decrease)	76
Withdrawals & Distributions	Yes	L Partner's capital account analysis: Withdrawals & distributions	77
Ending Capital Account	Yes	L Partner's capital account analysis: Ending capital account	78
Tax Basis	Yes	L Tax basis	79
GAAP	Yes	L GAAP	80
Section 704(b)	Yes	L Section 704(b) book	81
Other	Yes	L Other	82
Other (Explain)	Yes	L Explain	83
Ordinary Business Income or Loss	Yes	1 Ordinary business income (loss)	93
Net Rental Real Estate Inc. or Loss	Yes	2 Net rental real estate income (loss)	95
Other Net Rental Income or Loss	Yes	3 Other net rental income (loss)	97
Guaranteed Payments for services	Yes	4a Guaranteed pymt for serv	171
Guaranteed Payments for capital	Yes	4b Guaranteed payment for capital	173
Total Guaranteed Payments	Yes	4 Guaranteed payments	99
Interest Income	Yes	5 Interest income	101
Ordinary Dividends	Yes	6a Ordinary dividends	104
Qualified Dividends	Yes	6b Qualified dividends	106
Dividend equivalents	Yes	6c Dividend equivalents	288
Royalties	Yes	7 Royalties	108
Net Short-Term Capital Gain or Loss	Yes	8 Net short-term capital gain (loss)	110
Net Long-Term Capital Gain or Loss	Yes	9a Net long-term capital gain (loss)	112

Name	Import	Form in Tax - IRS K-1 1065 And Field Names in Tax	Field Number in Tax
Collectible (28%) Gain or Loss	Yes	9b Collectibles (28%) gain (loss)	114
Unrecaptured Section 1250 Gain	Yes	9c Unrecaptured section 1250 gain	115
Net Section 1231 Gain or Loss	Yes	10 Net section 1231 gain (loss)	116
Other Income	Yes	11 Other income (loss): (A, C, E, F, G, H, I)	118, 120, 122, 289, 325 384, 125
Sec. 179 Expense	Yes	12 Section 179 deduction	130
Other Deduction	Yes	13 Other deductions: (A, B, C, D, E, F, I, J, K, L, M, O, V, W, X)	132, 134, 136, 138, 140, 142, 148, 151, 581, 154, 156, 158, 584, 191, 723
Self-Employment Earnings	Yes	14 Self-employment earnings (loss): (A, B, C)	192, 194, 195
Credit	Yes	15 Credits: (A/B, C/D, E, F, G, H, I, J, K, L, M, N, O, P)	196, 197, 198, 201, 204, 205, 206, 207, 208, 209, 210, 211, 212, 217
Foreign transaction	Yes	16 Foreign transactions: (B, E/F/G/H, L/M/N/O, P, Q, R, S, T)	223, 224, 225, 226, 227, 228, 229, 230
Alternative Min Tax (AMT) Item	Yes	17 Alternative minimum tax (AMT) items: (A, B, C, D, E)	250, 252, 254, 256, 257
Tax-Exempt Income and Nondeductible Expense	Yes	18 Tax-exempt income and nondeductible expenses: (B, C)	292, 293
Distribution	Yes	19 Distributions: (A, B)	295, 296
Other Information	Yes	20 Other information: (A, B, D, F, G, I, O, P, Y, AE, AF, AH)	297, 299, 301, 306, 307, 330, 344, 345, 404, 974, 988, 362

Name	Import	Form in Tax - IRS K-1 1120S And Field Names in Tax	Field Number in Tax
TSJ	Yes	TS	30
Corporation's EIN	Yes	A Corporation's employer identification number	44
Corporation Name	Yes	B Corporation's name, address, city, state and ZIP code	45
Corporation Address	Yes	B Corporation's name, address, city, state and ZIP code	46
Corporation City	Yes	B Corporation's name, address, city, state and ZIP code	47
Corporation State	Yes	B Corporation's name, address, city, state and ZIP code	48
Corporation Zip	Yes	B Corporation's name, address, city, state and ZIP code	49
Shareholder's Identifying Number	Default	D Shareholder's identifying number	54
Shareholder's Name	Default	E Shareholder's name, address, city, state and ZIP code	55
Shareholder's Address	Default	E Shareholder's name, address, city, state and ZIP code	56
Shareholder's City, State, Zip	Default	E Shareholder's name, address, city, state and ZIP code	57
Final K-1	Yes	X if 100% disposition	36
Tax Shelter Registration Number	Yes	Tax shelter registration number	52
Shareholder's Percentage of Stock Ownership	Yes	F Shareholder's percentage of stock ownership for tax year	58
Ordinary Business Income or Loss	Yes	1 Ordinary business income (loss)	68
Net Rental Estate Inc. or Loss	Yes	2 Net rental real estate income (loss)	70
Other Net Rental Income or Loss	Yes	3 Other net rental income (loss)	72
Interest Income	Yes	4 Interest income	74
Ordinary Dividends	Yes	5a Ordinary dividends	77
Qualified Dividends	Yes	5b Qualified dividends	79
Royalties	Yes	6 Royalties	81
Net Short-Term Capital Gain or Loss	Yes	7 Net short-term capital gain (loss)	83
Net Long-Term Capital Gain or Loss	Yes	8a Net long-term capital gain (loss)	85
Collectible (28%) Gain or Loss	Yes	8b Collectibles (28%) gain (loss)	87
Unrecaptured Section 1250 Gain	Yes	8c Unrecaptured section 1250 gain	89
Net Section 1231 Gain or Loss	Yes	9 Net section 1231 gain (loss)	91
Other Income	Yes	10 Other income (loss): (A, C, F, G, H)	93, 95, 212, 213, 98
Sec. 179 Expense	Yes	11 Section 179 deduction	100
Other Deduction	Yes	12 Other deductions: (A, B, C, D, E, F, I, J, K, L, S)	102, 104, 106, 108, 110, 112, 118, 121, 214, 124, 155
Credit	Yes	13 Credits: (A/B, C/D, E, F, G, H, I, J, K, L, M, N, O, P)	156, 157, 158, 161, 164, 165, 166, 167, 168, 169, 170, 172, 173, 178
Foreign Transaction	Yes	14 Foreign transactions: (B, E/F/G/H, L/M/N/O, P, Q, R, S, T)	183, 184, 185, 186, 187, 188, 189, 190
Alternative Min Tax (AMT) Item	Yes	15 Alternative minimum tax (AMT) items: (A, B, C, D, E)	215, 217, 219, 221, 223
Items Affecting Shareholder Basis	Yes	16 Items affecting shareholder basis: (B, C, D, E)	262, 263, 264, 265
Other Information	Yes	17 Other Information: (A, B, C, E, F, H, M, N, U, AA, AB, AC)	266, 268, 270, 280, 281, 304, 318, 319, 337, 353, 354, 336

Name	Import	Form in Tax - CN-1, CN-2, CN-3, CN-4 And Field Names in Tax	Field Number in Tax
<b>General Information</b>		<b>Fields below appear in CN-1</b>	
TSJ	Yes	TSJ	30
Payer's Name	Yes	Payer's Name	34
Payer's Address	Yes	Payer's Street address	35
Payer's City	Yes	Payer's City	36
Payer's State	Yes	Payer's State	37
Payer's ZIP	Yes	Payer's ZIP code	38
Payer's Telephone Number	Yes	Payer's Phone number	42
Payer's RTN	Yes	Payer's RTN	43
Payer's Federal Identification	Yes	Federal ID	44
Account Number	Yes	Account number	46
Recipient's Name	Default	Recipient's Name	49
Recipient's Street Address	Default	Recipient's Street address	50
Recipient's City	Default	Recipient's City	51
Recipient's State	Default	Recipient's State	52
Recipient's ZIP	Default	Recipient's ZIP or Postal Code	53
Recipient's Identification Number	Default	Recipient's ID number	56
<b>1099-DIV</b>		<b>Fields below appear in CN-2</b>	
Total Ordinary Dividends	Yes	Total ordinary dividends	31
Qualified Dividends	Yes	Qualified dividends	32
Total Capital Gains Distr	Yes	Total capital gain distribution	34
Unrecap. Sec 1250 Gain	Yes	Unrecaptured Section 1250 gain	35
Section 1202 Gain	Yes	Section 1202 gain	36
Collectibles (28%) Gain	Yes	Collectibles (28%) gain	37
Nondividend Distributions	Yes	Nondividend distribution	38
Federal Income Tax Withheld	Yes	Federal income tax withheld	39
Section 199A Dividends	Yes	Section 199A dividends	40
Investment Expenses	Yes	Investment expenses	41
Exempt-Interest Dividends	Yes	Exempt-interest dividends	43
Specified Private Activity Bond Interest Dividends	Yes	Specified private activity bond interest dividends	47
Foreign Country or US Possession	Yes	Name of foreign country imposing tax - override	52
Foreign Tax Paid	Yes	U.S. amount	55
State Income Tax Withheld	Yes	State withholding	69
State	Yes	State	301
<b>1099-INT</b>		<b>Fields below appear CN-3 Sheet 1</b>	
Interest Income	Yes	Interest income	31
Early Withdrawal Penalty	Yes	Early withdrawal penalty	32
Interest on US Savings Bonds and Obligations	Yes	Interest on U.S. Savings Bonds and Treasury obligations	33
Federal Income Tax Withheld	Yes	Federal income tax withheld	34
Investment Expenses	Yes	Investment expenses	35
Market Discount	Yes	Market discount	36
Bond Premium	Yes	Bond premium	37
Bond Premium on Treasury Obligations	Yes	Bond premium on Treasury obligations	38
Bond Premium on Tax-Exempt Bond	Yes	Bond premium on tax-exempt bond	39
Tax Exempt Interest	Yes	Tax-exempt interest	45
Specified Private Activity Bond Interest	Yes	Specified private activity bond interest	49
Tax-Exempt Bond CUSIP No.	Yes	Tax-exempt bond CUSIP number	51
Foreign Country or US Possession	Yes	Name of foreign country imposing tax - override	56
Foreign Tax Paid	Yes	U.S. amount	59
State Tax Withheld	Yes	State withholding	69
State	Yes	State	301
<b>1099-OID</b>		<b>Fields below appear in CN-3 Sheet 2</b>	
Original Issue Discount	Yes	Original issue discount income	42
Other Periodic Interest	Yes	Other period interest	43
Federal Income Tax Withheld	Yes	Federal income tax withheld	34
Market Discount	Yes	Market discount	36

Name	Import	Form in Tax - CN-1, CN-2, CN-3, CN-4 And Field Names in Tax	Field Number in Tax
Original Issue Discount on U.S. Treasury Ob.	Yes	Interest on U.S. Savings Bonds and Treasury obligations	33
Investment Expenses	Yes	Investment expenses	35
Bond Premium	Yes	Bond premium	37
<b>1099-MISC</b>		<b>Fields below appear in CN-4</b>	
Other Income	Yes	Other Income	124
Federal Income Tax Withheld	Yes	Federal Income Tax Withheld	125



Name	Import	Form in Tax - Form D-1 And Field Names in Tax	Field Number in Tax
Description	Yes	Description	30, 41, 52, 63, 74
Shares	Yes	Quantity	31, 42, 53, 64, 75
1099-B Code	Yes	1099-B Code	34, 45, 56, 67, 78
Date Acquired	Yes	Date Acquired	90, 98, 106, 114, 122
Date Sold	Yes	Date Sold	91, 99, 107, 115, 123
Sales Price	Yes	Sales Price	92, 100, 108, 116, 124
Cost or Other Basis	Yes	Cost or Other Basis	93, 101, 109, 117, 125
Adjustment - Override	Yes	Adjustment - Override	135, 148, 161, 174, 187
Form 8949 Code - Code 1	Yes	Form 8949 Code (see help)	136, 149, 162, 175, 188