

## List of Converted Items: TaxWise to Lacerte

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# Individual Converted Items (1040)

The **underlined and bolded** titles in the following list correspond to the titles on the Contents screen of the Lacerte 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 Year Estimated Tax Payments**

OVERPAYMENT APPLIED FROM PRIOR YEAR  
1<sup>ST</sup> QUARTER VOUCHER AMOUNT (MEMO ONLY)  
2<sup>ND</sup> 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  
4<sup>th</sup> 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

## List of Converted Items: TaxWise to Lacerte

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Employer State	Recipient ZIP Code
Employer ZIP Code	Form 1099-R: Account Number
Employee Name	Form 1099-R: Primary State Name
Employee Address	Form 1099-R: Primary State ID Number
Employee City	Form 1099-R: Primary Locality Name
Employee State	Form 1099-R: Secondary State Name
Employee ZIP Code	Form 1099-R: Secondary State ID Number
State Name	Form 1099-R: Secondary Locality Name
Employer State Identification Number	Form W-2G: State name
State Wages, Tips, Etc.	Form W-2G: State identification number
Local Wages, Tips, Etc.	<b><u>Business Income (Schedule C)</u></b>
Locality Name	Principal Business or Profession
<b><u>Interest Income</u></b>	Principal Business Code
Name of Payer	Business Name, if Different from Form 1040
Seller-Financed Mortgage: Seller-Financed Mortgage:	Business Address, if Different from Form 1040
Name of payer, Address, Social Security Number	City, State, ZIP Code, if Different from Form 1040
Social Security Number	Employer ID Number
1=Taxpayer, 2=Spouse	If Accounting Method not Cash or Accrual, Specify
Interest Income: Banks, Savings & Loans, Credit Unions, Etc.	Accounting Method: 1=Cash, 2=Accrual
Interest Income: Seller-Financed Mortgage	Inv. Method: 1=Cost, 2=Lower C/M, 3=Other
Interest Income: U.S. Bonds, T-Bills, Etc.	1=Spouse, 2=Joint
Tax-Exempt Interest: Total Municipal Bonds	1=W-2 Earnings as Statutory Employee [O]
<b><u>Dividend Income</u></b>	1=Did Not "Materially Participate"
Name of Payer	Gross Receipts or Sales
1=Taxpayer, 2=Spouse	Returns and Allowances
Dividend Income: Total Ordinary Dividends	Other Income
Dividend Income: Qualified Dividends	Inventory at Beginning of Year
Dividend Income: Total Capital Gain Distributions	Advertising
Dividend Income: U.S. Bonds	Commissions
Tax Exempt Interest: Total Municipal Bonds	Contract Labor
<b><u>Pensions, IRA Distributions, W-2G</u></b>	Employee Benefit Programs
Payer Name	Insurance (Other Than Health)
1=Spouse	Interest: Mortgage
1=IRA/SEP/SIMPLE, 2=W-2G	Interest: Other
1=Rollover of any Part of Distribution	Legal and Professional
Gross Distribution	Office Expense
Taxable Amount	Pension and Profit Sharing Plans: Contributions
Federal Income Tax Withheld	Rent or Lease: Vehicles, Machinery, Equipment
Cost in Plan at Annuity Starting Date (Plus Death Benefit Exclusion)	Rent or Lease: Other
Amount Recovered Tax Free After 1986	Repairs
<b><u>Electronic Filing (1099-R, W-2G):</u></b>	Supplies
Payer Name of in Care of Addressee	Travel
Payer Identification Number	Meals and Entertainment in Full (50%)
Payer Name Control	DOT Meals in Full (70%)
Payer Address	Utilities
Payer City	Total Wages
Payer State	Other Expenses
Payer ZIP Code	PRIOR YEAR UNALLOWED PASSIVE LOSSES-OPERATING (REGULAR TAX)
Recipient Name	PRIOR YEAR UNALLOWED PASSIVE LOSSES-OPERATING (AMT)
Recipient Address	<b><u>Dispositions (Schedule D, 4797, etc.)</u></b>
Recipient City	Description of Property
Recipient State	Date Acquired (m/d/y or -m/d/y)

## List of Converted Items: TaxWise to Lacerte

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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=Spouse, 2=Joint

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

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)**

## List of Converted Items: TaxWise to Lacerte

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Description of Property	
Form	
Activity name or number	<b><u>Archer Medical Savings Accounts (8853)</u></b>
Category [O]	1=You Were Uninsured When MSA Was Established
1=Self, 2=Spouse, Blank=Joint	1=Self-Only Coverage, 2=Family Coverage
Date Placed in Service	1=Acquired Interest in MSA After Death of Account Holder
Special Depreciation Allowance: 1=yes, 2=no [O]	<b><u>Long-Term Care Insurance Contracts (8853)</u></b>
Cost or Basis	Name of Insured (Defaults to Policyholder)
Current Section 179 Expense	Social Security Number of Insured (Defaults to Policyholder)
Method	1=Spouse is Policyholder
Life or Class Life (Recovery Period Automatic)	1=Other Individuals Received Payments for Insured
1=Half-Year, 2=Mid-Quarter (1st Year Automatic)	1=Insured is Terminally Ill
Amortization Code Section	1=Accelerated Death Benefits Were the Only Payments Received
Current Special Depreciation	
Current Depreciation (-1 if none) [O]	<b><u>Adjustments to Income</u></b>
Prior Section 179 Expense	IRA Contributions After Recharacterizations
Prior Special Depreciation Allowance	1=Covered by Employer Plan, 2=Not Covered [O]
Prior Depreciation	Form 8606: IRA Basis for Current Year and Earlier
Salvage Value	Roth IRA Contributions After Recharacterizations
AMT Depreciation: Class Life (post-1986)	<b><u>Itemized Deductions</u></b>
AMT Depreciation: 1=Real Property, 2=Leased Personal Property (pre-1987)	Insurance Premiums (Excluding Long-Term Care and Amounts on Form 8885)
AMT Depreciation: Current Depreciation [O]	Long-Term Care Premiums
AMT Depreciation: Prior Depreciation (MACRS only)	Lodging and Transportation: Number of Medical Miles
Percentage of business use (.xxx)	Other Medical
1=Alternative Depreciation System (ADS)	Real Estate Taxes: Principal Residence
1=150% DB, 2=200% DB (% MACRS)	Real Estate Taxes: Property Held for Investment
1=Delete This Year, 2=Delete Next Year	Other Taxes
1=Listed Property	Home Mortgage Interest Not on Form 1098: Payee's Name
1=No Evidence to Support Business Use Claimed	Home Mortgage Interest Not on Form 1098: Payee's SSN or FEIN
1=No Written Evidence to Support Business Use Claimed	Home Mortgage Interest Not on Form 1098: Payee's Address
1=Sport Utility Vehicle over 6,000 pounds	Home Mortgage Interest Not on Form 1098: Amount Paid
Use of Vehicles: 1=Vehicle is Available for Off-Duty Personal Use	INVESTMENT INTEREST CARRYOVER: REGULAR TAX
Use of Vehicles: 1=No Other Vehicle is Available for Personal Use	Cash Contributions: 50% Limitation
Use of Vehicles: 1=Vehicle is Used Primarily by a More Than 5% Owner	Cash Contributions: 30% Limitation
Employers Providing Vehicles: 1= Provide Vehicles for Employee Use	Noncash Contributions: 50% Limitation
Employers Providing Vehicles: 1=Prohibit Employee Personal Use of Vehicles	Noncash Contributions: 30% Limitation
Employers Providing Vehicles: 1=Prohibit Employee Personal Use, Except Commuting	Noncash Contributions: 30% Capital Gain Property
Employers Providing Vehicles: 1=Treat All Use of Vehicles as Personal Use	Noncash Contributions: 20% Capital Gain Property
Employers Providing Vehicles: 1=Provide More Than Five Vehicles and Retain Information	5 PRECEDING YEARS CONTRIBUTION CARRYOVERS: 50% LIMITATION
Employers Providing Vehicles: 1=Meet Qualified Automobile Demonstration Requirements	5 PRECEDING YEARS CONTRIBUTION CARRYOVERS: 30% LIMITATION
Total Mileage	5 PRECEDING YEARS CONTRIBUTION CARRYOVERS: 30% CAPITAL GAIN PROPERTY
Commuting Mileage	5 PRECEDING YEARS CONTRIBUTION CARRYOVERS: 20% CAPITAL GAIN PROPERTY
Business Mileage: 1/1/08-6/30/08 (.505)	Unreimbursed Employee Expenses
Business Mileage: 7/1/08-12/31/08 (.585)	Tax Preparation Fees
1=Force Standard, 2=Actual	Miscellaneous Deductions (2% AGI)
	Other Miscellaneous Deductions
	<b><u>Noncash Contributions (8283)</u></b>
	Donee: Name of Charitable Organization

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Donee: Street Address	1=Department of Transportation (65% Meal Allowance)
Description of Donated Property	Local Transportation
Date of Contribution	Travel Expenses While Away from Home Overnight
Date Acquired	Reimbursements not Included on Form W-2
How Acquired	1=Vehicle is Available for Off-Duty Personal Use
Donor's Cost or Basis	1=No Other Vehicle is Available for Personal Use
Fair Market Value	1=No Evidence to Support Your Deduction
Method Used to Determine FMV	1=No Written Evidence to Support Your Deduction
Donee: Employer Identification Number (of Charitable Org.)	Date Placed in Service (m/d/y)
<b><u>Business Use of Home (Schedule C)</u></b>	Total Mileage
Form	Business Mileage
Number of Form (e.g., Enter 2 for Sch. No. 2)	Commuting Mileage
Business Use Area	Average Daily Round-Trip Commute
Total Area of Home	Gas, Lube, Oil
Total Hours Facility Used	<b><u>Foreign Income Exclusion (2555)</u></b>
Total Hours Available	1=Spouse
CARRYOVER OF OPERATING EXPENSES	Foreign Address of Taxpayer
CARRYOVER OF CASUALTY LOSSES AND DEPRECIATION	Employer's Name
Direct Expenses: Mortgage Interest	Employer's U.S. Address
Direct Expenses: Real Estate Taxes	Employer's Foreign Address
Direct Expenses: Casualty Losses	Employer Type
Direct Expenses: Insurance	Employer Type, if Other
Direct Expenses: Repairs and Maintenance	Enter Last Year (after 1981) Form 2555 was Filed
Direct Expenses: Utilities	Country of Citizenship
Direct Expenses: Excess Mortgage Interest	City and Country of Separate Foreign Residence
<b><u>Business Use of Home (8829)</u></b>	Number of Days During Tax Year at Separate Foreign Address
Form	Tax Home(s) During Tax Year
Activity Name or Number	Date Tax Home(s) Were Established (m/d/y)
Business Use Area	Country Code (EF Only)
Total Area of Home	Beginning Date for Bona Fide Residence (m/d/y)
Total Hours Facility Used	Ending Date for Bona Fide Residence (m/d/y)
Total Hours Available	Living Quarters in Foreign Country
Indirect Expenses: Mortgage Interest	Relationship
Indirect Expenses: Real Estate Taxes	Period Family Lived Abroad
Indirect Expenses: Casualty Losses	1=Submitted Statement to Country of Bona Fide Residence
Indirect Expenses: Insurance	1=Required to Pay Income Tax to Country of Bona Fide Residence
Indirect Expenses: Repairs and Maintenance	Contractual Terms Relating to Length of Employment Abroad
Indirect Expenses: Utilities	Type of Visa You Entered Foreign Country Under
Indirect Expenses: Excess Mortgage Interest	Explanation Why Visa Limited Stay in Country
Indirect Expenses: Other Expenses	1=U.S. home rented
Direct Expenses: Mortgage Interest	Names of occupants in U.S. home
Direct Expenses: Real Estate Taxes	Relationship of occupants in U.S. home
Direct Expenses: Casualty Losses	Principal Country of Employment
Direct Expenses: Insurance	<b><u>Child and Dependent Care Expenses (2441)</u></b>
Direct Expenses: Repairs and Maintenance	Employer-Provided Dependent Care Benefits Forfeited in Current Year
Direct Expenses: Utilities	Persons and Expenses Qualifying for Dependent Care Credit: First name [O]
Direct Expenses: Excess Mortgage Interest	Persons and Expenses Qualifying for Dependent Care Credit: Last name [O]
Direct Expenses: Other Expenses	Persons and Expenses Qualifying for Dependent Care Credit: Social security number [O]
<b><u>Vehicle/Employee Business Expense (2106)</u></b>	
Occupation, if Different from Form 1040	
1=Spouse (Form 2106)	
Meal and Entertainment Expenses in Full	
Reimbursements not Included on Form W-2	

## List of Converted Items: TaxWise to Lacerte

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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 EIN

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: LINE 34

ALTERNATIVE MINIMUM TAX: Line 35

DC FIRST TIME HOMEBUYER CREDIT CARRYOVER: Line 54

Employer Social Security Credit: Line 55

Work Opportunity Credit: Line 55

### **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: Current Year

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

1=Subject to Tax on Income Entitled to Treaty Benefits, 2=N/A

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 **underlined and bolded** titles in the following list correspond to the titles on the Contents screen of the Lacerte 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

## **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  
Name, EIN Entity Type, Country of Origin if not US, and Maximum Percentage owned of corporation, partnership or trust owning 50% or more of the partnership at the end of the year.  
Name, EIN Entity Type, Country of Origin if not US, and Maximum Percentage owned of Individual or estate owning 50% or more of the partnership at the end of the year.  
Name, EIN, country of incorporation, percentage of voting stock owned of any corporation that the partnership owned directly owned 20% or more or directly or indirectly 50% or

more of the total voting stock of all classes of stock entitled to vote of any foreign or domestic corporation.

Name, EIN, type of entity country organization, and maximum percentage owned in profit, loss or capital that the partnership owned 50% or more of the profit, loss or capital of.

1 the partnership is a publicly traded partnership

1 Did the partnership file Form 8893, Election of Partnership Level Tax Treatment, or an election statement under section 6231(a)(1)(B)(ii) for partnership-level tax treatment, that is in effect for the current year

1 Partnership is required to adjust the basis of the assets under Section 743(b) or 734(b)

## **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  
Special Depreciation Allowance: 1=yes, 2=no [O]  
Cost or Basis

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Current Section 179 Expense	<b><u>Dispositions (Schedule D, 4797, etc.)</u></b>
Method	Description of Property
Life or Class Life (Recovery Period Automatic)	Date Acquired (m/d/y or -m/d/y)
1=Half-Year, 2=Mid-Quarter (1st Year Automatic)	Date Sold (m/d/y or -m/d/y)
Amortization Code Section	Gross Profit Ratio (.xxx or 1=100%)
Current Special Depreciation	Prior years' payments [O]
Current Depreciation (-1 if none) [O]	Ordinary Income (-1 if None, Triggers 4797)
Prior Section 179 Expense	Related Party Name
Prior Special Depreciation Allowance	Related Party Address
Prior Depreciation	Related Party City
Salvage Value	Related Party State
AMT Depreciation: Class Life (post-1986)	Related Party Zip Code
AMT Depreciation: 1=Real Property, 2=Leased Personal Property (pre-1987)	Related Party ID
AMT Depreciation: Current Depreciation [O]	1=Marketable Security
AMT Depreciation: Prior Depreciation (MACRS only)	<b><u>Other Schedule K Items</u></b>
Book Depreciation: Cost or Basis	Other Income
Book Depreciation: Method	Other Deductions
Book Depreciation: Life or class life	Section 59(e)(2) Election Expenses
Book Depreciation: Current depreciation (-1=none) [O]	<b><u>Balance Sheet (Assets)-Ending Amounts</u></b>
Book Depreciation: Prior depreciation	Cash
Book Depreciation: Salvage Value	Trade Notes and Accounts Receivable
Percentage of business use (.xxx)	Less Allowance for Bad Debts
1=Alternative Depreciation System (ADS)	Inventories, if Different from Screen 11
1=150% DB, 2=200% DB (% MACRS)	U.S. Government Obligations
1=Delete This Year, 2=Delete Next Year	Tax-Exempt Securities
1=Listed Property	Other Current Assets
1=No Evidence to Support Business Use Claimed	Mortgage and Real Estate Loans
1=No Written Evidence to Support Business Use Claimed	Other Investments
1=Sport Utility Vehicle over 6,000 pounds	Buildings and Other Depreciable Assets
Use of Vehicles: 1=Vehicle is Available for Off-Duty Personal Use	Less Accumulated Depreciation
Use of Vehicles: 1=No Other Vehicle is Available for Personal Use	Depletable Assets
Use of Vehicles: 1=Vehicle is Used Primarily by a More Than 5% Owner	Less Accumulated Depletion
Employers Providing Vehicles: 1= Provide Vehicles for Employee Use	Land (Net of any Amortization)
Employers Providing Vehicles: 1=Prohibit Employee Personal Use of Vehicles	Intangible Assets
Employers Providing Vehicles: 1=Prohibit Employee Personal Use, Except Commuting	Less Accumulated Amortization
Employers Providing Vehicles: 1=Treat All Use of Vehicles as Personal Use	Other Assets
Employers Providing Vehicles: 1=Provide More Than Five Vehicles and Retain Information	<b><u>Balance Sheet (Liabilities and Capital)-Ending Amounts</u></b>
Employers Providing Vehicles: 1=Meet Qualified Automobile Demonstration Requirements	Accounts Payable
Total Mileage	Mortgages, Notes, Bonds, Payable - Current Year
Commuting Mileage	Other Current Liabilities
Business Mileage	All Nonrecourse Loans
1=Force Standard, 2=Actual	Mortgages, Notes, Bonds, Payable - Long-Term
<b><u>Rental Real Estate Activities (Form 8825)</u></b>	Other Liabilities
Kind of Property	<b><u>Schedule M-1</u></b>
Location of Property	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
	<b><u>Schedule M-2</u></b>
	Other Increases
	Other Decreases

## List of Converted Items: TaxWise to Lacerte

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ENDING CAPITAL [O]

### **Schedule M-3**

Part I: Net Income (Loss) Reconciliation

Accounting Standard Used (Also Text for "Other")

# Corporation Converted Items (1120)

The **underlined and bolded** titles in the following list correspond to the titles on the Contents screen of the Lacerte tax program. All calculated carryover amounts are indicated in UPPERCASE format.

### **Client Information**

Corporation Name  
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)  
Business Code  
Business Activity  
Product or Service  
Accounting Method  
Other Accounting Method  
Number of Shareholders

### **Officer Information**

Officer Name  
Social Security Number  
Time Devoted to Business  
% of Common Stock Owned (xx.xx)  
% of Preferred Stock Owned (xx.xx)

### **Miscellaneous/Other Information**

Title of Signing Officer  
2=Final Return  
1=Converted Client (Proforma Use only)  
1=Allow Preparer/IRS Discussion  
1=Qualified Personal Service Corporation  
1=Nonqualified Personal Service Corporation  
1=Consolidated Return  
1=Personal Holding Company  
1=Foreign Person Owns Over 25% of Corporation's Stock

Percentage Owned by Foreign Person (xxx.xx)  
Foreign Owner's Country  
Number of Forms 5472 Attached  
1=Corp. is a Subsidiary in Affiliated/Controlled Group  
Parent Name  
Parent ID Number  
1=Corporation Owned Foreign Disregarded Entity  
Number of Forms 8858 Attached  
Number of Forms 8865 Attached  
1=Corporation Received Distribution From, or Was Grantor to, a Foreign Trust  
1=Corporation is a Shareholder of a Controlled Foreign Corporation  
Country of Foreign Bank Account  
Number of Forms 8873 Attached (Extra-territorial Income Exclusion)

### **Ownership Information** (Question 4b only)

Name  
Federal Identification Number  
Type of entity – Preparer must double check entity type  
Country of Organization  
Percentage owned in voting stock

### **Entities owned by corporation**

Name  
Federal Identification Number  
Type of entity – Preparer must double check entity type  
Country of Incorporation  
Percentage owned in voting stock

### **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  
Direct 25% Shareholder #1 & #2: Address  
Direct 25% Shareholder #1 & #2: City  
Direct 25% Shareholder #1 & #2: U.S. Address - State  
Direct 25% Shareholder #1 & #2: U.S. Address - ZIP Code  
Direct 25% Shareholder #1 & #2: Foreign Address - Region  
Direct 25% Shareholder #1 & #2: Foreign Address - Postal Code  
Direct 25% Shareholder #1 & #2: Foreign Address - Country  
Direct 25% Shareholder #1 & #2: U.S. Identifying Number  
Direct 25% Shareholder #1 & #2: Principal Country Where Business is Conducted  
Direct 25% Shareholder #1 & #2: Country of Citizenship or Incorporation  
Direct 25% Shareholder #1 & #2: Country(ies) of Filing Income Tax Return as a Resident  
Ultimate Indirect 25% Shareholder #1 & #2: Name  
Ultimate Indirect 25% Shareholder #1 & #2: Address  
Ultimate Indirect 25% Shareholder #1 & #2: City  
Ultimate Indirect 25% Shareholder #1 & #2: U.S. Address - State

## List of Converted Items: TaxWise to Lacerte

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Ultimate Indirect 25% Shareholder #1 & #2: U.S. Address - ZIP Code

Ultimate Indirect 25% Shareholder #1 & #2: Foreign Address - Region

Ultimate Indirect 25% Shareholder #1 & #2: Foreign Address - Postal Code

Ultimate Indirect 25% Shareholder #1 & #2: Foreign Address - Country

Ultimate Indirect 25% Shareholder #1 & #2: U.S. Identifying Number

Ultimate Indirect 25% Shareholder #1 & #2: Principal Country Where Business is Conducted

Ultimate Indirect 25% Shareholder #1 & #2: Country of Citizenship or Incorporation

Ultimate Indirect 25% Shareholder #1 & #2: Country(ies) of Filing Income Tax Return as a Resident

Name of Related Party

Address of Related Party

City

U.S. Address - State

U.S. Address - ZIP Code

Foreign Address - Region

Foreign Address - Postal Code

Foreign Address - Country

U.S. Identifying Number

Principal Business Activity Code

Principal Business Activity

Principal Country(ies) Where Business is Conducted

Country(ies) of Filing Income Tax Return as a Resident

Type of Party: 1=Foreign Person, 2=U.S. Person

1=Related to Reporting Corporation

1=Related to 25% Foreign Shareholder

1=25% Foreign Shareholder

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

### **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

### **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

### **Deductions**

Other Deductions

### **Depreciation (4562)**

Description of Property

Form

Activity name or number

Category [O]

Date Placed in Service

Special Depreciation Allowance: 1=yes, 2=no [O]

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

## List of Converted Items: TaxWise to Lacerte

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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

### **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 Service)  
6765 Line 17 checkbox "Section 280 (c)"  
WORK OPPORTUNITY CREDIT (5472) – CARRYFORWARD

### **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

## List of Converted Items: TaxWise to Lacerte

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Date placed in service (m/d/y)

GAAP

IFRS

Tax-Basis

Other

### **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-2**

Other Increases

Other Decreases

### **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

Net Income (Loss) Reconciliation Account Standard Used:

### **Schedule B: Additional Information**

Questions 1-8 Yes or No

### **Form 5884: Work Opportunity Credit**

Carryforward of Credit

# S Corporation Converted Items (1120S)

The **underlined and bolded** titles in the following list correspond to the titles on the Contents screen of the Lacerte 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

## List of Converted Items: TaxWise to Lacerte

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Number of Forms 8865 Attached

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

ZIP Code

### **Stock Ownership**

Shareholder Number

Shareholder Name

Percentage of Stock Owned at Year End (xx.xxxxx) [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

Special Depreciation Allowance: 1=yes, 2=no [O]

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

## List of Converted Items: TaxWise to Lacerte

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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 Year

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 M-3**

Part I: Net Income (Loss) Reconciliation

Accounting Standard Used (Also Text for "Other")

### **Schedule K-1 Miscellaneous**

1=Final K-1