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 **DESTINATIONS OF SHARED DATA  
FROM SOURCE DATA ENTRY  
UltraTax CS**

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**Destinations of shared data (except K-1) from Source Data Entry**

Form Field Name	Not Shared	Transfers to		
		Screen	Field	Statement Column
<b>Form W-2</b>				
Box c Employer's Name		W-2	Employer's Name	
Box c Employer's Address		W-2	Employer's Address	
Box c Employer's City		W-2	Employer's City	
Box c Employer's State		W-2	Employer's State	
Box c Employer's Zip		W-2	Employer's Zip	
Box d Control number		W-2	Control number	
Box e Employee's first name and initial		W-2	Employee's name (if different than Screen 1040) First	
Box e Employee's last name		W-2	Employee's name (if different than Screen 1040) Last	
Box e Employee's address and ZIP code		W-2	Employee's address, and ZIP code (if different than Screen 1040)	
Box 1 Wages, tips, other compensation		W-2	Wages, tips	

Form Field Name	Not Shared	Transfers to		
		Screen	Field	Statement Column
Box 2 Federal Income Tax Withheld		W-2	Fed W/H	
Box 3 Social security wages		W-2	SS wages	
Box 4 Social security tax withheld		W-2	SS W/H	
Box 5 Medicare wages and tips		W-2	Medicare wages	
Box 6 Medicare tax withheld		W-2	Medicare W/H	
Box 7 Social Security Wages		W-2	SS tips	
Box 8 Allocated tips		W-2	Allocated tips	
Box 9 Verification code		W-2	Verification code	
Box 10 Dependent care benefits		W-2	Dependent care benefits	
Box 11 Nonqualified plans		W-2	Nonqualified plans	
Box 12a See instructions for box 12		W-2	Box 12 statement	
Box 12b See instructions for box 12		W-2	Box 12 statement	
Box 12c See instructions for box 12		W-2	Box 12 statement	
Box 12d See instructions for box 12		W-2	Box 12 statement	
Box 13 Statutory employee		W-2	Statutory employee	
Box 13 Retirement plan		W-2	Retirement plan	
Box 13 Third party sick pay		W-2	Third-party sick pay	
Box 14 Other		W-2	Box 14 Other statement	
Box 15 State		W-2	Postal code	
Box 15 Employer's state ID number		W-2	State ID number	
Box 16 State Wages, tips, etc.		W-2	State wages	
Box 17 State income tax		W-2	State W/H	
Box 18 Local wages, tips, etc.		W-2	Local wages	
Box 19 Local income tax		W-2	Local W/H	
Box 20 Locality name		W-2	Name of locality	

Form Field Name	Not Shared	Transfers to		
		Screen	Field	Statement Column
<b>Form W-2G</b>				
PAYER'S name		W2G	Payer's name	
PAYER'S address and ZIP code		W2G	Payer's address, and ZIP code	
PAYER's telephone number		W2G	Telephone number	
WINNER's name, address, and ZIP code		W2G	Winner's name, address, and ZIP code (if different from Screen 1040)	
Box 1 Gross winnings		W2G	Gross winnings	
Box 2 Date won		W2G	Date won	
Box 3 Type of wager		W2G	Type of wager	
Box 4 Federal income tax withheld		W2G	Fed W/H	
Box 5 Transaction		W2G	Transaction	
Box 6 Race		W2G	Race	
Box 7 Winnings from identical wagers		W2G	Identical wager winnings	
Box 8 Cashier		W2G	Cashier	
Box 9 Winner's taxpayer identification number		W2G	TIN	
Box 10 Window		W2G	Window	
Box 11 First I.D.		W2G	First ID	
Box 12 Second I.D.		W2G	Second ID	
Box 13 State/Payer's state identification no.		W2G	Payer's state ID no.	
Box 14 State winnings		W2G	State winnings	
Box 15 State income tax withheld		W2G	State W/H	
Box 16 Local winnings		W2G	Local winnings	
Box 17 Local income tax withheld		W2G	Local W/H	
Box 18 Name of locality		W2G	Name of locality	
<b>Form 1099-R</b>				
PAYER'S name		1099R	Payer's name	

Form Field Name	Not Shared	Transfers to		
		Screen	Field	Statement Column
PAYER'S address and ZIP code		1099R	Payer's address, and ZIP code	
Box 1 Gross distribution		1099R	Gross distribution	
Box 2a Taxable amount		1099R	Taxable amount	
Box 2b Taxable amount not determined		1099R	Taxable amount not determined	
Box 3 Capital gain (included in box 2a)		1099R	Capital gain (included in box 2a)	
Box 4 Federal income tax withheld		1099R	Fed W/H	
Box 5 Employee contributions/Designated Roth contributions or insurance premiums		1099R	Employee contributions/designated Roth basis	
Box 6 Net unrealized appreciation in employer's securities		1099R	Net unrealized appreciation	
Box 7 Distribution code(s)		1099R	Distribution code	
Nonqualified annuity (Code D)		1099R	Nonqualified annuity (Code D)	
IRA/SEP/SIMPLE		1099R	IRA/SEP/SIMPLE	
Box 8 Other and %		1099R	Other and %	
Box 9a Your percentage of total distribution		1099R	Percentage of total distribution	
Box 9b Total employee contributions		1099R	Total employee contributions	
Box 10 Amount allocable to IRR within 5 years		1099R	Amount allocable to IRR within 5 years	
Box 11 1st year of desig. Roth contrib.		1099R	1st year of designated Roth contrib	
FATCA filing requirement		1099R	FATCA filing requirement	
Box 12 State tax withheld		1099R	State W/H	
Box 13 State/Payer's state no.		1099R	Payer's state ID no.	
Box 14 state distribution	X			
Box 15 Local tax withheld		1099R	Local W/H	
Box 16 Name of locality		1099R	Name of locality	
Box 17 Local distribution		1099R	Local distribution (SDE reporting only)	
Account number		1099R	Account number (optional)	
Date of payment		1099R	Date of payment	

Form Field Name	Not Shared	Transfers to		
		Screen	Field	Statement Column
<b>Form 2439</b>				
Name of RIC or REIT		2439	Name of RIC or REIT	
Address and ZIP code of RIC or REIT		2439	RIC or REIT address, and ZIP code	
Box 1a Total undistributed long-term capital gains		2439	Total undistributed long-term capital gains	
Box 1b Unrecaptured section 1250 gain		2439	Unrecaptured section 1250 gain	
Box 1c Section 1202 gain		2439	Section 1202 gain	
Box 1d Collectibles (28%) gain		2439	Collectibles (28%) gain	
Box 2 Tax paid by the RIC or REIT on the box 1a gains		2439	Tax paid by the RIC or REIT on the box 1a gains	
<b>Form 1099-Q</b>				
PAYER'S name		1099-Q	Payer's/Trustee's name	
PAYER'S address and telephone		1099-Q	Payer's/Trustee's address	
PAYER'S TIN		1099-Q	EIN	
Account number		1099-Q	Account number	
Box 1 Gross distribution		1099-Q	Gross distribution	
Box 2 Earnings		1099-Q	Earnings	
Box 3 Basis		1099-Q	Basis	
Box 4 Trustee-to-trustee		1099-Q	Trustee-to-trustee	
Box 5 Check one		1099-Q		
' - Private		1099-Q	Private	
' - State		1099-Q	State	
' - Coverdell ESA		1099-Q	Coverdell ESA	
Box 6 If this box is checked, the recipient is not the designated beneficiary		1099-Q	Check if the recipient is not the designated beneficiary	
<b>Form 1099-MISC</b>				
Box 1 Rents		1099M	Rents	
PAYER'S name		1099M	Payer's name	
PAYER's TIN		1099M	FIN	
PAYER's address		1099M	Payer's address fields	

Form Field Name	Not Shared	Transfers to		
		Screen	Field	Statement Column
Box 2 Royalties		1099M	Royalties	
Box 3 Other Income		1099M	Other Income	
Box 4 Federal income tax withheld		1099M	Federal income tax withheld	
Box 5 Fishing boat proceeds		1099M	Fishing boat proceeds	
Box 6 Medical and health care payments		1099M	Medical and health care payments	
Box 7 Nonemployee compensation		1099M	Nonemployee compensation	
Box 8 Substitute payments in lieu of dividends or interest		1099M	Substitute payments in lieu of dividends/interest	
Box 9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale		1099M	Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale	
Box 10 Crop Insurance proceeds		1099M	Crop Insurance proceeds	
Account number		1099M	Account number (see instructions)+	
FATCA filing requirement		1099M	FATCA filing requirement	
Box 13 Excess golden parachute payments		1099M	Excess golden parachute payments	
Box 14 Gross proceeds paid to an attorney		1099M	Gross proceeds paid to an attorney	
Box 15a Section 409A deferrals		1099M	Section 409A deferrals	
Box 15b Section 409A income		1099M	Section 409A income	
Box 16 State tax withheld		1099M	State tax withheld	
Box 17 State/Payer's state no.		1099M	State/Payer's state no.	
Box 18 State distribution		1099M	Box 18 State income	
<b>Form 1099-INT</b>				
PAYER'S Name		B&D	Interest Income	Description
RECIPIENT'S TIN		B&D	Interest Income	T S J
Box 1 Interest income		B&D	Interest Income	Interest Income (sum of Box 1 + Box 3)
Box 2 Early withdrawal penalty		B&D	Interest Income	Early W/D penalty

Form Field Name	Not Shared	Transfers to		
		Screen	Field	Statement Column
Box 3 Interest on US Savings Bonds and Treas obligations		B&D	Interest Income	US Ob (\$ or %); sum of Box 3 + Box 1 to Interest Income
Box 4 Federal income tax withheld		B&D	Interest Income	Fed W/H
Box 6 Foreign tax paid		B&D	Interest Income	Foreign Tax Paid
Box 7 Foreign country or us possession	X			
Box 8 Tax-exempt interest		B&D	Interest Income	Tax Exempt Amount
Box 9 Specified private activity bond interest		B&D	Interest Income	AMT Int Inc
Box 10 Market discount		B&D	Interest Income	Interest Income
Box 11 Bond premium		B&D	Interest Income	Interest Income, Type code = 6
Box 12 Bond premium on Treasury obligations		B&D	Interest Income	Sum of Box 3 – Box 12 to US Ob (\$ or %); Interest Income, Type code = 6
Box 13 Bond premium on tax-exempt bond	X			
Box 14 Tax-exempt and tax credit bond CUSIP no.	X			
Box 15 State		B&D	Interest Income	State
Box 16 State identification no.		B&D	Interest Income	State ID No.
Box 17 State tax withheld		B&D	Interest Income	State W/H
Boxes 15, 16, and 17, second state	X			
Payer's name		A	Interest Expenses	Description
Recipient's TIN		A	Interest Expenses	T S J
Box 5 Investment expenses		B&D	Interest Income	Inv Exp
FATCA filing requirement		B&D	Interest Income	FATCA

Form 1099-DIV				
PAYER'S name		B&D	Dividend Income	Description
RECIPIENT'S TIN		B&D	Dividend Income	T S J
Box 1a Total ordinary dividends		B&D	Dividend Income	Ordinary Dividend

Form Field Name	Not Shared	Transfers to		
		Screen	Field	Statement Column
Box 1b Qualified dividends		B&D	Dividend Income	Qualified Dividend
Box 2a Total capital gain distr		B&D	Dividend Income	Total Cap Gain
Box 2b Unrecap Sec. 1250 gain		B&D	Dividend Income	Sec. 1250
Box 2c Section 1202 gain		B&D	Dividend Income	Sec. 1202
Box 2d Collectibles (28%) gain		B&D	Dividend Income	28% Cap Gain
Box 4 Federal income tax withheld		B&D	Dividend Income	Fed W/H
Box 5 Section 199A dividends		B&D	Dividend Income	Sec. 199A Div
Box 7 Foreign tax paid		B&D	Dividend Income	Foreign Tax Paid
Box 8 Foreign country or US possession	X			
Box 11 Exempt-interest dividends		B&D	Dividend Income	Tax Exempt Amount
Box 12 Specified private activity bond interest dividends		B&D	Dividend Income	AMT Exempt Div (PAB)
Box 13 State		B&D	Dividend Income	State
Box 14 State identification no.		B&D	Dividend Income	State ID No.
Box 15 State tax withheld		B&D	Dividend Income	State W/H
Boxes 13, 14, and 15, second state	X			
Payer's name		A	Interest expenses	Description
Recipient's TIN		A	Interest expenses	T S J
Box 5 Investment expenses		B&D	Dividend Income	Inv Exp
Payer's name		Info	Record of nondividend and liquidating distributions	Description
Recipient's TIN		Info	Record of nondividend and liquidating distributions	T S J
Box 3 Nondividend distributions		Info	Record of nondividend and liquidating distributions	Nondividend distribution
Box 9 Cash liquidation distributions		Info	Record of nondividend and liquidating distributions	Cash Liquidation Distribution
Box 10 Noncash liquidation distributions		Info	Record of nondividend and liquidating distributions	Noncash Liquidation Distribution
FATCA filing requirement		B&D	Dividend Income	FATCA



Form Field Name	Not Shared	Transfers to		
		Screen	Field	Statement Column
<b>Form 1099-B</b>				
PAYER'S name		Various		Description
PAYER's street address, city, state, zip, telephone no.	X			
RECIPIENT'S identification number		Various	All fields that receive data	T S J
RECIPIENT'S name	X			
RECIPIENT'S street address, city, state, zip	X			
Account number	X			
CUSIP number	X			
Applicable check box on Form 8949		B&D	Schedule for detail	8949 Box
Box 1a Description of property	X			
Box 1b Date acquired		B&D	Schedule for detail	Date Acq'd
Box 1c Date sold or disposed		B&D	Schedule for detail	Date Sold
Box 1d Proceeds		B&D	Schedule for detail	Sales Price
Box 1e Cost or other basis		B&D	Schedule for detail	Cost/Basis
Box 1f Accrued market discount		B&D	Schedule for detail	Adj to G/L, Adj code
Box 1g Wash sale loss disallowed		B&D	Schedule for detail	Adj to G/L, Adj Code
Box 2 Type of gain or loss		B&D	Schedule for detail	1=S, 2=L, 3=28% if date fields are blank
Box 3 If checked, basis reported to IRS		B&D	Schedule for detail	8949 Box = 1
Box 4 Federal Income tax withheld		B&D	Schedule for detail	Fed W/H
Box 5 If checked, noncovered security		B&D	Schedule for detail	8949 Box = 2
Box 6 Reported to IRS	X			
Box 7 If checked, loss is not allowed based on amount in 1d		B&D	Schedule for detail	Adj to G/L, Adj Code
Box 8 Profit or (loss) realized in 2018 on closed contracts	X			

Form Field Name	Not Shared	Transfers to		
		Screen	Field	Statement Column
Box 9 Unrealized profit or (loss) on open contracts—12/31/2017	X			
Box 10 Unrealized profit or (loss) on open contracts—12/31/2018	X			
Box 11 Aggregate profit or (loss) on contracts		6781	Section 1256 contracts marked to market	-Loss/Gain Entire Yr
Box 12 Check if proceeds from collectibles		B&D	Schedule for detail	Type
Box 13 Bartering		Income	Other income	Amount
Box 13 Bartering		C	Other income	Amount
Box 13 Bartering		Rent	Rent and royalties	Amount
Box 13 Bartering		F	Farm income	Amount, Sales Code = 5
Box 13 Bartering		4835	Income from production	Amount
Box 14 State		B&D	Schedule for detail	State
Box 15 State identification no.	X			
Box 16 State tax withheld		B&D	Schedule for detail	State W/H
FATCA filing requirement		B&D	Schedule for detail	FATCA
<b>Form 1099-G</b>				
PAYER'S name		Various	All fields that receive data	
PAYER'S street address, city, state, zip, telephone no.	X			
RECIPIENT'S TIN		Various	All fields that receive data	T S J
RECIPIENT'S name	X			
RECIPIENT'S street address, city, state, zip	X			
Account number	X			
Box 1 Unemployment compensation		Income	Unemployment compensation received	Taxpayer Amount or Spouse Amount based on TIN
Box 2 State or local income tax refunds, credits, or offsets		Refunds	State/local income tax refunds	Refund Amount
Box 3 Box 2 amount is for tax year		Refunds	State/local income tax refunds	Description
Box 4 Federal Income tax withheld		Income	Unemployment compensation received	Federal W/H

Form Field Name	Not Shared	Transfers to		
		Screen	Field	Statement Column
Box 5 RTAA payments		Income	Other Income statement	Fed Code = 18; Amount
Box 6 Taxable grants		Income	Other Income statement	Fed Code = 19; Amount
Box 7 Agriculture payments		F	Agricultural program payments - Total	Total Agriculture Payments
Box 7 Agriculture payments		F	Total crop insurance proceeds received in the current year	Total Crop Insurance Proceeds
Box 7 Agriculture payments		4835	Agricultural program payments - Total	Total Agriculture Payments
Box 7 Agriculture payments		4835	Total crop insurance proceeds received in the current year	Total Crop Insurance Proceeds
Box 8 Box 2 is trade or business income		Refunds	State/local income tax refunds	Trade or business
Box 9 Market gain		F	Agricultural program payments - total	Market gain
Box 9 Market gain		4835	Agricultural program payments - total	Market gain
Box 10a State		Income	Unemployment compensation received	State
Box 10b State identification no.	X			
Box 11 State income tax withheld		Income	Unemployment compensation received	State W/H
Boxes 10a, 10b, and 11, second state	X			
<b>Form 1098-E</b>				
RECIPIENT'S/LENDER'S name		Educate	Qualified education loan interest paid in 2018	Description
Box 1 Student loan interest received by lender		Educate	Qualified education loan interest paid in 2018	Interest Received by Lender (Box 1)
Box 2 If checked, box 1 does <b>not</b> include loan origination fees and/or capitalized interest for loans made before September 1, 2004		Educate	Qualified education loan interest paid in 2018	Loan org fees (Box 2)
<b>Form 1098</b>				
RECIPIENT/LENDER'S Name		Various		Description

Form Field Name	Not Shared	Transfers to		
		Screen	Field	Statement Column
Box 1 Mortgage Interest		A	Mortg interest/pts – Form 1098	Total Amount Paid (1098 Box 1)
Box 1 Mortgage Interest		C-2	Mortgage interest	Total Amount Paid (1098 Box 1)
Box 1 Mortgage Interest		Rent	Mortgage interest - 1098	Total Amount Paid (1098 Box 1)
Box 1 Mortgage Interest		F-2	Mortgage interest	Total Amount Paid (1098 Box 1)
Box 1 Mortgage Interest		4835	Interest - mortgage	Total Amount Paid (1098 Box 1)
Box 1 Mortgage Interest		8829 Indirect	Deductible mortgage interest	Total Amount Paid (1098 Box 1)
Box 1 Mortgage Interest		8829 Direct	Deductible mortgage interest	Total Amount Paid (1098 Box 1)
Box 2 Outstanding mortgage principal as of 1/1/2018	X			
Box 3 Mortgage origination date	X			
Box 4 Refund of Overpaid interest		A	Mortg interest/pts – Form 1098	Refunded Interest (1098 Box 4)
Box 10 Other information, Code 1 = Real estate taxes		A	Real estate	Amount
Box 10 Other information, Code 1 = Real estate taxes		C-2	Taxes/licenses	Amount, Code = 2
Box 10 Other information, Code 1 = Real estate taxes		Rent	Taxes	Amount, Code = 2
Box 10 Other information, Code 1 = Real estate taxes		F-2	Taxes	Amount, Code = 2
Box 10 Other information, Code 1 = Real estate taxes		4835	Taxes	Amount, Code = 2
Box 10 Other information, Code 1 = Real estate taxes		8829 Indirect	Real estate taxes	Amount
Box 10 Other information, Code 1 = Real estate taxes		8829 Direct	Real estate taxes	Amount
Box 10 Other information, Code 2 = Insurance paid from escrow		C-2	Insurance	Amount
Box 10 Other information, Code 2 = Insurance paid from escrow		Rent	Insurance	Amount
Box 10 Other information, Code 2 = Insurance paid from escrow		F-2	Insurance	Amount

Form Field Name	Not Shared	Transfers to		
		Screen	Field	Statement Column
Box 10 Other information, Code 2 = Insurance paid from escrow		4835	Insurance	Amount
Box 10 Other information, Code 2 = Insurance paid from escrow		8829 Indirect	Insurance	Amount
Box 10 Other information, Code 2 = Insurance paid from escrow		8829 Direct	Insurance	Amount
Box 5 Mortgage insurance premiums		A	Mortg interest/pts – Form 1098	Mortgage insurance premiums
Box 5 Mortgage insurance premiums		C-2	Mortgage interest	Mortg. Ins. Premiums SDE Reporting Only
Box 5 Mortgage insurance premiums		Rent	Mortgage interest – 1098	Mortgage insurance premiums
Box 5 Mortgage insurance premiums		F-2	Mortgage interest	Mortg. Ins. Premiums SDE Reporting Only
Box 5 Mortgage insurance premiums		4835	Interest - mortgage	Mortg. Ins. Premiums SDE Reporting Only
Box 5 Mortgage insurance premiums		8829 Indirect	Deductible mortgage interest	Mortgage insurance premiums
Box 5 Mortgage insurance premiums		8829 Direct	Deductible mortgage interest	Mortgage insurance premiums
Box 6 Points paid on purchase of principal residence		A	Mortg interest/pts – Form 1098	Points paid (1098 Box 6)
Box 7 If address of property securing mortgage is the same as PAYER'S/BORROWER'S address, the box is checked, or the address or description is entered in box 8.	X			
Box 8 Address of property security mortgage	X			
Box 9 Number of mortgage properties	X			
<b>Form 1098-T</b>				
STUDENT'S taxpayer identification no.		Educate	Eligible student information	Student's SSN
FILER'S name		Educate	Eligible student information	Name
FILER'S address		Educate	Eligible student information	Institution address columns

Form Field Name	Not Shared	Transfers to		
		Screen	Field	Statement Column
FILER'S federal identification no.		Educate	Eligible student information	Institution EIN
Box 1 Payments received for qualified tuition		Educate	Eligible student information	Pymt Rec'd Qual Tuition
Box 2 Amounts billed for qualified tuition	X			
Box 3 Check if you have changed your reporting method		Educate	Eligible student information	Inst. Changed Method
Box 4 Adjustments made for a prior year		Educate	Eligible student information	Adj for Prior Yr
Box 5 Scholarships or grants		Educate	Eligible student information	Scholarships and Grants
Box 6 Adjustments to scholarships for a prior year		Educate	Eligible student information	Adj to Schol Prior Yr
Box 7 Checked if the amount in box 1 or 2 includes amounts for an academic period beginning January – March 2019		Educate	Eligible student information	Amts for 2019 Semester
Box 8 Checked if at least half-time student		Educate	Eligible student information	If blank, AOTC Disqualifier = 2, Not enrolled at least half-time
Box 9 Checked if a graduate student		Educate	Eligible student information	Graduate student, 1 = Yes
Box 10 Ins. contract reimb./refund		Educate	Eligible student information	Ins Contract Reimb
<b>Form 1099-C</b>				
CREDITOR'S name		1099C	Creditor's or Lender's name	
CREDITOR'S TIN		1099C	FIN+	
Account number		1099C	Account number	
Box 1 Date of identifiable event		1099C	Date of identifiable event	
Box 2 Amount of debt discharged		1099C	Amount of debt discharged	
Box 3 Interest if included in box 2		1099C	Interest if included in box 2	
Box 4 Debt description		1099C	Debt description+	
Box 5 Check here if the debtor was personally liable for repayment of the debt		1099C	Check here if the debtor was personally liable for repayment of the debt	

Form Field Name	Not Shared	Transfers to		
		Screen	Field	Statement Column
Box 6 Identifiable event code		1099C	Identifiable event code	
Box 7 Fair market value of property		1099C	Fair market value of property	
<b>Form SSA-1099</b>				
Box 1 Name	X			
Box 2 Beneficiary's SSN		SSA-1099	Used to determine T or S in the T, S field	
Box 3 Benefits paid in 2018		SSA-1099	Benefits paid in 2018+	
Box 4 Benefits repaid to SSA in 2018		SSA-1099	Benefits repaid to SSA in 2018+	
Box 5 Net benefits for 2018		SSA-1099	Box 5 Net benefits for 2018	
Description of amount in box 3 - Code 1, Medicare Premiums		SSA-1099	Medicare premiums	
Description of amount in box 3 - Code 2, Benefits paid for 2017		SSA-1099	Lump sum social security benefits	Year Pymt Rec for, Lump Sum Payment Received
Description of amount in box 3 - Code 3, Benefits paid for 2016		SSA-1099	Lump sum social security benefits	Year Pymt Rec for, Lump Sum Payment Received
Description of amount in box 3 - Code 4, Benefits paid for years prior to 2016		SSA-1099	Lump sum social security benefits	Year Pymt Rec for, Lump Sum Payment Received
Description of amount in box 3 - Code 5, Prescription drug (Part D) premiums		SSA-1099	Prescription drug (Part D) premiums	
Description of amount in box 4	X			
Box 6 Voluntary Federal Income Tax Withholding		SSA-1099	Voluntary Federal Income Tax Withheld	
Box 7 Address	X			
Box 8 Claim number	X			
<b>Form RRB-1099</b>				
Box 1 Claim Number		SSA-1099	Claim Number	
Box 1 Payee Code		SSA-1099	Payee Code	

Form Field Name	Not Shared	Transfers to		
		Screen	Field	Statement Column
Box 2 Recipient's Identifying Number		SSA-1099	Used to determine T or S in the T, S field	
Box 2 Name	X			
Box 3 Gross Social Security Equivalent Benefit Portion of Tier 1 paid in 2018		SSA-1099	Gross Social Security Equivalent Benefit Portion of Tier 1 paid in 2018+	
Box 4 Social Security Equivalent Benefit Portion of Tier 1 repaid to RRB in 2018		SSA-1099	Social Security Equivalent Benefit Portion of Tier 1 repaid to RRB in 2018+	
Box 5 Net Social Security Equivalent Benefit Portion of Tier 1 paid in 2018		SSA-1099	Net Social Security Equivalent Benefit Portion of Tier 1 paid in 2018	
Box 6 Worker's Compensation Offset in 2018		SSA-1099	Box 6 Worker's Compensation Offset in 2018+	
Box 7 Social Security Equivalent Benefit Portion of Tier 1 paid for 2017		SSA-1099	Lump sum social security benefits	Year Pymt Rec for, Lump Sum Payment Received, Reported on RRB
Box 8 Social Security Equivalent Benefit Portion of Tier 1 paid for 2016		SSA-1099	Lump sum social security benefits	Year Pymt Rec for, Lump Sum Payment Received, Reported on RRB
Box 9 Social Security Equivalent Benefit Portion of Tier 1 paid for years prior to 2016		SSA-1099	Lump sum social security benefits	Year Pymt Rec for, Lump Sum Payment Received, Reported on RRB
Box 10 Federal Income Tax Withheld		SSA-1099	Federal Income Tax Withheld	
Box 11 Medicare premium total		SSA-1099	Medicare premium total	
<b>Consolidated Brokerage Statement</b>				
Payer's Name		Broker	Payer's Name	
Payer's Federal Identification Number		Broker	EIN	
Account Number		Broker	Account number	
Recipient's Identification Number		Broker	Determines T or S in the T, S, J field	



Form Field Name	Not Shared	Transfers to		
		Screen	Field	Statement Column
Description, 8949 Box, 1099B Errors, Type, Quantity Sold, Stock/Other Symbol, Date Acq'd, Date Sold, Force, Sales Price, Cost/Basis, Adj to G/L, Adj Code, Fed W/H, State W/H, State, 1099B Box 2, FATCA		Broker	Capital Gains and Losses – Form 8949 and Schedule D: Proceeds from broker transactions	Description, 8949 Box, 1099B Errors, Type, Quantity Sold, Stock/Other Symbol, Date Acq'd, Date Sold, Force, Sales Price, Cost/Basis, Adj to G/L, Adj Code, Fed W/H, State W/H, State, 1099B Box 2, FATCA
1099-DIV tab		Broker	Dividend income	See Form 1099-DIV destinations
1099-INT tab		Broker	Interest income	See Form 1099-INT destinations
1099-MISC tab		1099M	See Form 1099-MISC destinations	
1099-OID tab		Broker	Interest income	See Form 1099-OID destinations
1099-R tab		1099R	See Form 1099-R destinations	
1098 tab		Various	See Form 1098 destinations	
Other tab		Broker	Investment management/advisory fees; Margin interest	
<b>Form 1099-LTC</b>				
PAYER'S name		1099SA	Trustee Name	
PAYER'S TIN		1099SA	EIN	
POLICYHOLDER'S TIN		1099SA	T S J; Policyholder's identification number+	
INSURED'S TIN		1099SA	Insured's social security number	
Insured's Name		1099SA	Insured's Name	
Box 1 Gross long-term care benefits paid		1099SA	Gross long-term care benefits paid	
Box 2 Accelerated death benefits paid		1099SA	Accelerated death benefits paid	
Box 3 Per diem		1099SA	Per diem	
Box 3 Reimbursed amount		1099SA	Reimbursed amount	
Box 4 Qualified contract		1099SA	Qualified contract	

Form Field Name	Not Shared	Transfers to		
		Screen	Field	Statement Column
Box 5 Chronically ill/Terminally ill		1099SA	Chronically ill / Terminally ill	
<b>Form 1099-OID</b>				
PAYER'S Name		B&D	Interest Income	Payer
RECIPIENT'S TIN		B&D	Interest Income	T S J
FATCA filing requirement		B&D	Interest Income	FATCA
Box 1 Original issue discount for 2018		B&D	Interest Income	Interest income
Box 2 Other periodic interest		B&D	Interest Income	Interest income; Tax Exempt if amount in Box 11
Box 3 Early withdrawal penalty		B&D	Interest Income	Early W/D penalty
Box 4 Federal income tax withheld		B&D	Interest Income	Fed W/H
Box 5 Market discount		B&D	Interest Income	Interest income
Box 6 Acquisition premium		B&D	Interest Income	Interest Income, Type Code = 5
Box 8 Original issue discount on U.S. Treasury obligations		B&D	Interest Income	Interest Income, US Ob (% or \$) = 100%
Box 9 Investment expenses		B&D	Interest Income	Inv Exp
Box 10 Bond premium		B&D	Interest Income	Interest Income, Type Code = 6
Box 11 Tax-exempt OID		B&D	Interest Income	Tax Exempt
Box 12 State		B&D	Interest Income	State
Box 13 State identification no.		B&D	Interest Income	State ID No.
Box 14 State tax withheld		B&D	Interest Income	State W/H
Box 12, 13, and 14, second state	X			
<b>Form 1099-PATR</b>				
PAYER'S Name		1099P	Payer's name	
PAYER'S TIN		1099P	Payer's EIN	
PAYER'S address and telephone no.	X			
RECIPIENT'S TIN		1099P	T, S, J	
Account number		1099P	Account number (see instructions)+	

Form Field Name	Not Shared	Transfers to		
		Screen	Field	Statement Column
Box 1 Patronage dividends		1099P	Patronage dividends	
Box 2 Nonpatronage distributions		1099P	Nonpatronage dividends	
Box 3 Per-unit retain allocations		1099P	Per-unit retain allocations	
Box 4 Federal income tax withheld		1099P	Federal income tax withheld	
Box 5 Redemption of nonqualified notices and retain allocations		1099P	Redemption of nonqualified notices and retain allocations	
Box 6 Domestic production activities deduction		1099P	Domestic production activities deduction	
Box 7 Investment credit		1099P	Investment credit	
Box 8 Work opportunity credit		1099P	Work opportunity credit	
Box 9 Patron's AMT adjustment		1099P	Patron's AMT adjustments	
Box 10 Other credits and deductions		1099P	Other credits and deductions	
<b>Form 1099-SA</b>				
TRUSTEE'S/PAYER'S name		1099SA	Trustee name	
TRUSTEE'S/PAYER'S address	X			
PAYER'S TIN		1099SA	EIN	
RECIPIENT'S TIN		1099SA	T, S	
Account number		1099SA	Account number+	
Box 1 Gross distribution		1099SA	Gross distribution	
Box 2 Earnings on excess cont.		1099SA	Earnings on excess contributions	
Box 3 Distribution code		1099SA	Distribution code	
Box 4 FMV on date of death		1099SA	FMV on date of death	
Box 5 HSA		1099SA	has (Form 8889)	
Box 5 Archer MSA		1099SA	Archer MSA (Form 8853)	
Box 5 MA MSA		1099SA	MA MSA (Form 8853)	
<b>Form 5498-SA</b>				
TRUSTEE'S name		5498SA	Trustee name	
TRUSTEE'S address	X			

Form Field Name	Not Shared	Transfers to		
		Screen	Field	Statement Column
TRUSTEE'S TIN		5498SA	EIN	
PARTICIPANT'S TIN		5498SA	T, S	
Account number		5498SA	Account number+	
Box 1 Employee or self-employed person's Archer MSA contributions made in 2017 and 2019 for 2018		5498SA	Total HSA/MSA contributions for 2018	
Box 2 Total contributions made in 2018	X			
Box 3 Total HSA or Archer MSA contributions made in 2019 for 2018	X			
Box 4 Rollover contributions		5498SA	Rollover contributions	
Box 5 Fair market value of HSA, Archer MSA, or MA MSA		5498SA	Fair market value of HSA, Archer MSA, or MA MSA	
Box 6 HSA		5498SA	HSA (Form 8889)	
Box 6 Archer MSA		5498SA	Archer MSA (Form 8853)	
Box 6 MA MSA		5498SA	MA MSA (Form 8853)	
<b>Form 1098-C</b>				
CORRECTED		1098C	Corrected	
DONEE'S name		1098C	Donee's name	
DONEE'S address		1098C	Donee's address	
DONEE'S telephone		1098C	Donee's telephone number+	
DONEE'S federal identification number		1098C	EIN	
DONOR'S identification number		1098C	T, S	
DONOR'S address		1098C	Donor's address+	
Box 1 Date of contribution		1098C	Date of contribution	
Box 2a Odometer mileage			Odometer mileage	
Box 2b Year		1098C	Year	
Box 2c Make		1098C	Make	
Box 2d Model		1098C	Model	
Box 3 Vehicle or other identification number		1098C	Vehicle or other identification number	

Form Field Name	Not Shared	Transfers to		
		Screen	Field	Statement Column
Box 4a Donee certifies vehicle sold in arm's length transaction to unrelated party		1098C	Donee certifies vehicle sold in arm's length transaction to unrelated party	
Box 4b Date of sale		1098C	Date of sale	
Box 4c Gross proceeds from sale		1098C	Gross proceeds from sale	
Box 5a Donee certifies vehicle will not be transferred for money, other property, or services before completion of material improvements or significant intervening use		1098C	Donee certifies vehicle will not be transferred for money, other property, or services before completion of material improvements or significant intervening use	
Box 5b Donee certifies that vehicle is to be transferred to a needy individual for significantly below fair market value in furtherance of donee's charitable purpose		1098C	Donee certifies that vehicle is to be transferred to a needy individual for significantly below fair market value in furtherance of donee's charitable purpose	
Box 5c Donee certifies the following detailed description of material improvements or significant intervening use and duration of use		1098C	Detailed description of material improvements or significant intervening use and duration of use	
Box 6a Did you provide goods or services in exchange for the vehicle?		1098C	Did you provide goods or services in exchange for the vehicle?	
Box 6b Value of goods and services provided in exchange for the vehicle		1098C	Value of goods and services provided in exchange for the vehicle	
Box 6c Describe the goods and services, if any, that were provided. If this box is checked, donee certifies that the goods and services consisted solely of intangible religious benefits		1098C	Donee certifies that any goods and services provided consisted solely of intangible religious benefits	
Box 6c Description of goods and services		1098C	Description of goods and services	
Box 7 Under the law, the donor may not claim a deduction of more than \$500 for this vehicle if this box is checked		1098C	Under the law, the donor may not claim a deduction of more than \$500 for this vehicle if this box is checked	
<b>Form 1099-A</b>				
Lender's name		1099C	Creditor's or Lender's name	

Form Field Name	Not Shared	Transfers to		
		Screen	Field	Statement Column
Lender's FIN		1099C	FIN	
Account number		1099C	Account number	
Box 1 Date of lender's acquisition or knowledge of abandonment		1099C	Box 1 Date of lender's acquisition or knowledge of abandonment	
Box 2 Balance of principal outstanding		1099C	Box 2 Balance of principal outstanding	
Box 4 Fair market value of property		1099C	Box 4 Fair market value of property	
Box 5 Check here if the borrower was personally liable...		1099C	Box 5 Check here if the borrower was personally liable...	
Box 6 Description of the property		1099C	Box 6 Description of the property	
<b>Form 1099-K</b>				
Filer's name		Various		Description
Box 1 Gross amount of merchant card/third party network payments		C	Gross receipts and sales	Amount
Box 1 Gross amount of merchant card/third party network payments		Rent	Rent and royalties	Amount
Box 1 Gross amount of merchant card/third party network payments		F	Farm income	Amount
Box 1 Gross amount of merchant card/third party network payments		4835	Income from production	Amount
Box 1 Gross amount of merchant card/third party network payments		Income	Other income	Amount
Box 4 Federal income tax withheld		C	Gross receipts and sales	Federal W/H
Box 4 Federal income tax withheld		Rent	Rent and royalties	Federal Withholding
Box 4 Federal income tax withheld		F	Farm income	Federal W/H
Box 4 Federal income tax withheld		4835	Income from production	Federal W/H
Box 4 Federal income tax withheld		Income	Other income	Federal W/H
Box 6 State		C	Gross receipts and sales	Withholding State

Form Field Name	Not Shared	Transfers to		
		Screen	Field	Statement Column
Box 6 State		Rent	Rent and royalties	Withholding State
Box 6 State		F	Farm income	Withholding State
Box 6 State		4835	Income from production	Withholding State
Box 6 State		Income	Other income	State
Box 8 State income tax withheld		C	Gross receipts and sales	State W/H
Box 8 State income tax withheld		Rent	Rent and royalties	State Withholding
Box 8 State income tax withheld		F	Farm income	State W/H
Box 8 State income tax withheld		4835	Income from production	State W/H
Box 8 State income tax withheld		Income	Other income	State W/H
Boxes 6 and 8, second state	X			

**Form 1099-S (Mark if taxpayer principal residence is marked)**

Transferor's identification number		Home	T/S	
Box 1 Date of closing		Home	Date former home was sold	
Box 2 Gross proceeds		Home	Selling price of home	
Box 3 Address or legal description		Home	Description	
Box 4 Transferor received or will receive property or services as part of the consideration	X			
Box 5 Buyer's part of real estate tax		Home	Buyer's part of real estate tax, amount	

**Form 1099-S (Mark if taxpayer principal residence is not marked)**

Transferor's identification number		Sale	T/S	
Box 1 Date of closing		Sale	Date sold	
Box 2 Gross proceeds		Sale	Gross sales price or insurance proceeds received	
Box 3 Address or legal description		Sale	Description	

Form Field Name	Not Shared	Transfers to		
		Screen	Field	Statement Column
Box 4 Transferor received or will receive property or services as part of the consideration	X			
Box 5 Buyer's part of real estate tax		Sale	Buyer's part of real estate tax, amount	
<b>Form RRB-1099-R</b>				
Box 1 Claim Number	X			
Box 1 Payee Code	X			
Box 2 Recipient's Identification Number		1099R	T/S	
Box 3 Employee Contributions		1099R	Box 9b Total employee contributions	
Box 4 Contributory Amount Paid		1099R	First periodic payment amount	
Box 5 Vested Dual Benefit	X			
Box 6 Supplemental Annuity	X			
Box 7 Total Gross Paid		1099R	Box 1 Gross distribution	
Box 8 Repayments		1099R-2	RRB-1099-R box 8 Repayments	
Box 9 Federal Income Tax Withheld		1099R	Box 4 Fed W/H	
Box 10 Rate of Tax	X			
Box 11 Country	X			
Box 12 Medicare premium total		1099R	Health ins premiums	
<b>Form 1097-BTC</b>				
Form 1097-BTC Issuer's name		8912	Issuer's name	
Form 1097-BTC Issuer's federal identification no.		8912	Issuer's employer identification number	
Recipient's taxpayer identification no.		8912	T, S, J	
Box 1 Total		8912	Box 1 Total	
Box 2a Code		8912	Box 2a Code	
Box 2b Unique Identifier		8912	Box 2b Unique Identifier	
Box 3 Bond type		8912	Box 3 Bond type	
Box 5a January		8912	Box 5a January	



Form Field Name	Not Shared	Transfers to		
		Screen	Field	Statement Column
Box 5b February		8912	Box 5b February	
Box 5c March		8912	Box 5c March	
Box 5d April		8912	Box 5d April	
Box 5e May		8912	Box 5e May	
Box 5f June		8912	Box 5f June	
Box 5g July		8912	Box 5g July	
Box 5h August		8912	Box 5h August	
Box 5i September		8912	Box 5i September	
Box 5j October		8912	Box 5j October	
Box 5k November		8912	Box 5k November	
Box 5l December		8912	Box 5l December	
<b>Form 1095-A</b>				
Box 1 Marketplace identifier		1095-A	Marketplace identifier	
Box 2 Marketplace-assigned policy number		1095-A	Marketplace-assigned policy number	
Box 3 Policy issuer's name		1095-A	Policy issuer's name	
Box 5 Recipient's SSN		1095-A	T, S	
Box 21 January, columns A, B and C		1095-A	January, columns A, B and C	
Box 22 February, columns A, B and C		1095-A	February, columns A, B and C	
Box 23 March, columns A, B and C		1095-A	March, columns A, B and C	
Box 24 April, columns A, B and C		1095-A	April, columns A, B and C	
Box 25 May, columns A, B and C		1095-A	May, columns A, B and C	
Box 26 June, columns A, B and C		1095-A	June, columns A, B and C	
Box 27 July, columns A, B and C		1095-A	July, columns A, B and C	
Box 28 August, columns A, B and C		1095-A	August, columns A, B and C	
Box 29 September, columns A, B and C		1095-A	September, columns A, B and C	
Box 30 October, columns A, B and C		1095-A	October, columns A, B and C	

Form Field Name	Not Shared	Transfers to		
		Screen	Field	Statement Column
Box 31 November, columns A, B and C		1095-A	November, columns A, B and C	
Box 32 December, columns A, B and C		1095-A	December, columns A, B and C	
Box 33 Annual Totals, columns A, B and C		1095-A	Annual Totals, columns A, B and C	
<b>Form 1095-B</b>				
Box 1 Name of responsible individual		Coverage	Detail of individual health care coverage or exemptions	T/S
Box 2 Social security number		Coverage	Detail of individual health care coverage or exemptions	T/S
Part IV Column (a), Name of covered individual		Coverage	Detail of individual health care coverage or exemptions	First Name, Last Name
Part IV Column (b), SSN		Coverage	Detail of individual health care coverage or exemptions	SSN
Part IV Column (c), DOB		Coverage	Detail of individual health care coverage or exemptions	Date of birth
Part IV Column (d), Covered all 12 months		Coverage	Detail of individual health care coverage or exemptions	Full Year
Part IV Column (e), Months of coverage		Coverage	Detail of individual health care coverage or exemptions	Months
<b>Form 1095-C</b>				
Box 1 Name of employee		Coverage	Detail of individual health care coverage or exemptions	T/S
Box 2 Social security number		Coverage	Detail of individual health care coverage or exemptions	T/S
Part II Line 14, Offer of coverage		Afford	Offer of Coverage code	
Part II Line 15, Employee share of lowest cost coverage		Afford	Monthly Premium Amount	
Part II Line 16, Applicable safe harbor	X			

Form Field Name	Not Shared	Transfers to		
		Screen	Field	Statement Column
Part III Column (a), Name of covered individual		Coverage	Detail of individual health care coverage or exemptions	First Name, Last Name
Part III Column (b), SSN		Coverage	Detail of individual health care coverage or exemptions	SSN
Part III Column (c), DOB		Coverage	Detail of individual health care coverage or exemptions	Date of birth
Part III Column (d), Covered all 12 months		Coverage	Detail of individual health care coverage or exemptions	Full Year

## Destinations of K-1 shared data from Source Data Entry

Form field	Form field description	Not shared	Transfers to	
			Screen	Field
<b>Schedule K-1, 1120S</b>				
Box 1	Ordinary business income (loss)		K1	Ordinary business income (loss)
Box 2	Net rental real estate income (loss)		K1	Net rental real estate income (loss)
Box 3	Other net rental income (loss)		K1	Other net rental income (loss)
Box 4	Interest income		K1	Interest
Box 5a	Ordinary dividends		K1	Dividends
Box 5b	Qualified dividends		K1	Dividends
Box 6	Royalties		K1	Royalties
Box 7	Net short-term capital gain (loss)		K1	Net short-term capital gain (loss)
Box 8a	Net long-term capital gain (loss)		K1	Net long-term capital gain (loss)
Box 8b	Collectibles (28%) gain (loss)		K1	Collectibles (28%) gain (loss)
Box 8c	Unrecaptured section 1250 gain	X		
Box 9	Net section 1231 gain (loss)		K1	Net section 1231 gain (loss)
Box 10	A - Other portfolio income (loss)		K1	Other portfolio income (loss)
	B - Involuntary conversions	X		
	C - Sec. 1256 contracts & straddles		K1	Section 1256 contracts and straddles
	D - Mining exploration costs recapture	X		
	E - Other income (loss)	X		
Box 11	Section 179 deduction	X		
Box 12	A - Cash contributions (50%)		K1-2	Cash contributions (50%)
	B - Cash contributions (30%)		K1-2	Cash contributions (30%)
	C - Noncash contributions (50%)	X		
	D - Noncash contributions (30%)		K1-2	Noncash contributions (30%)
	E - Capital gain property to a 50% organization (30%)		K1-2	Capital gain property to a 50% organization (30%)
	F - Capital gain property (20%)		K1-2	Capital gain property (20%)
	G - Contributions (100%)	X		
	H - Investment interest expense		K1-2	Investment interest expense
	I - Deductions--royalty income		K1-2	Royalty expenses
	J - Section 59(e)(2) expenditures	X		
	K - Deductions--portfolio (2% floor)		K1-2	Subject to 2% of AGI limitation

Form field	Form field description	Not shared	Transfers to	
			Screen	Field
	L - Deductions--portfolio (other)		K1-2	Not subject to 2% of AGI limitation
	M - Preproductive period expenses		K1-2	Preproductive period expenses
	N - Commercial revitalization deduction from rental real estate activities	X		
	O - Reforestation expense deduction		K1-2	Reforestation expense
	P - Domestic production activities information	X		
	Q - Qualified production activities income	X		
	R - Employer's Form W-2 wages		K1-2	Employer's W-2 wages
	S - Other deductions	X		
Box 13	A - Low-income housing credit (section 42(j)(5)) from pre-2008 buildings		K1Cr	Low-income housing (Form 8586) – Current Year Business Credit
	B - Low-income housing credit (other) from pre-2008 buildings		K1Cr	Low-income housing (Form 8586) – Current Year Business Credit
	C - Low-income housing credit (section 42(j)(5)) from post-2007 buildings		K1Cr	Low-income housing – acquired after 12/31/07 – Current Year Business Credit
	D - Low-income housing credit (other) from post-2007 buildings		K1Cr	Low-income housing – acquired after 12/31/07 – Current Year Business Credit
	E - Qualified rehabilitation expenditures (rental real estate)	X		
	F - Other rental real estate credits	X		
	G - Other rental credits	X		
	H - Undistributed capital gains credit		K1Cr	Undistributed capital gains (Form 1040, line 70a)
	I – Biofuel producer credit		K1Cr	Biofuel producer credit (Form 6478)
	J - Work opportunity credit		K1Cr	Work opportunity (Form 5884)
	K - Disabled access credit		K1Cr	Disabled access (Form 8826)
	L - Empowerment zone and renewal community employment credit		K1Cr	Empowerment zone credit (Form 8844)
	M - Credit for increasing research activities		K1Cr	Research (Form 6765)
	N - Credit for employer social security and Medicare taxes		K1Cr	Employer social security tax paid on tips (Form 8846)
	O - Backup withholding		K1-3	Federal income tax withheld/backup withholding
		P - Other credits	X	

Form field	Form field description	Not shared	Transfers to	
			Screen	Field
Box 14	A - Name of country or U.S. possession	X		
	B - Gross income from all sources	X		
	C - Gross income sourced at shareholder level	X		
	D - Foreign gross income sourced at corporate level - Passive category	X		
	E - Foreign gross income sourced at corporate level - General category	X		
	F - Foreign gross income sourced at corporate level - Other	X		
	G - Deductions allocated and apportioned at shareholder level - Interest expense	X		
	H - Deductions allocated and apportioned at shareholder level - Other	X		
	I - Deductions allocated and apportioned at corporate level to foreign source income - Passive category	X		
	J - Deductions allocated and apportioned at corporate level to foreign source income - General category	X		
	K - Deductions allocated and apportioned at corporate level to foreign source income - Other	X		
	L - Total foreign taxes paid	X		
	M - Total foreign taxes accrued	X		
	N - Reduction in taxes available for credit	X		
	O - Foreign trading gross receipts	X		
P - Extraterritorial income exclusion	X			
Q - Other foreign transactions	X			
Box 15	A - Post-1986 depreciation adjustment		K1-3	Post 1986 depreciation adjustment
	B - Adjusted gain or loss		K1-3	Adjusted gain or loss: Section 1231 gain/loss adjustment
	C - Depletion (other than oil & gas)		K1-3	Depletion (other than oil & gas)
	D - Oil, gas, & geothermal--gross income		K1-3	Oil, gas, & geothermal--gross income

Form field	Form field description	Not shared	Transfers to	
			Screen	Field
	E - Oil, gas, & geothermal--deductions		K1-3	Oil, gas, & geothermal--deductions
	F - Other AMT items	X		
Box 16	A - Tax-exempt interest income		K1	Interest
	B - Other tax-exempt income		K1-4	Other tax-exempt income
	C - Nondeductible expenses	X		
	D - Distributions		K1-4	Property distributions
	E - Repayment of loans from shareholders		K1-4	Repayment of loans from shareholders
Box 17	A - Investment income	X		
	B - Investment expenses		K1-4	Investment expenses
	C - Qualified rehabilitation expenditures (other than rental real estate)	X		
	D - Basis of energy property	X		
	E - Recapture of low-income housing credit (section 42(j)(5))	X		
	F - Recapture of low-income housing credit (other)	X		
	G - Recapture of investment credit	X		
	H - Recapture of other credits	X		
	I - Look-back interest--completed long-term contracts	X		
	J - Look-back interest--income forecast method	X		
	K - Dispositions of property with section 179 deductions	X		
	L - Recapture of section 179 deduction	X		
	M - Section 453(l)(3) information	X		
	N - Section 453A(c) information	X		
	O - Section 1260(b) information	X		
	P - Interest allocable to production expenditures	X		
Q - CCF nonqualified withdrawals	X			
R - Depletion Information--oil and gas	X			
S - Reserved	X			
T - Section 108(i) information	X			

Form field	Form field description	Not shared	Transfers to	
			Screen	Field
	U – Net investment income	X		
	V – Other information	X		
<b>Schedule K-1, 1065</b>				
Part 1, D	Check if this is a publicly traded partnership		K1	Type of entity
Box 1	Ordinary business income (loss)		K1	Ordinary business income (loss)
Box 2	Net rental real estate income (loss)		K1	Net rental real estate income (loss)
Box 3	Other net rental income (loss)		K1	Net other rental income (loss)
Box 4	Guaranteed payments		K1	Guaranteed payments
Box 5	Interest income		K1	Interest
Box 6a	Ordinary dividends		K1	Dividends
Box 6b	Qualified dividends		K1	Dividends
Box 7	Royalties		K1	Royalties
Box 8	Net short-term capital gain (loss)		K1	Net short-term capital gain (loss)
Box 9a	Net long-term capital gain (loss)		K1	Net long-term capital gain (loss)
Box 9b	Collectibles (28%) gain (loss)		K1	Collectibles (28%) gain (loss)
Box 9c	Unrecaptured section 1250 gain	X		
Box 10	Net section 1231 gain (loss)		K1	Net section 1231 gain (loss)
Box 11	A - Other portfolio income (loss)		K1	Other portfolio income (loss)
	B - Involuntary conversions	X		
	C - Sec. 1256 contracts & straddles		K1	Section 1256 contracts and straddles
	D - Mining exploration costs recapture	X		
	E - Cancellation of debt	X		
	F - Other income (loss)	X		
Box 12	Section 179 deduction	X		
Box 13	A - Cash contributions (50%)		K1-2	Cash contributions (50%)
	B - Cash contributions (30%)		K1-2	Cash contributions (30%)
	C - Noncash contributions (50%)		K1-2	Noncash contributions (50%)
	D - Noncash contributions (30%)		K1-2	Noncash contributions (30%)
	E - Capital gain property to a 50% organization (30%)		K1-2	Capital gain property to a 50% organization (30%)
	F - Capital gain property (20%)		K1-2	Capital gain property (20%)
	G - Contributions (100%)	X		
	H - Investment interest expense		K1-2	Investment interest expense



Form field	Form field description	Not shared	Transfers to	
			Screen	Field
	I - Deductions--royalty income		K1-2	Royalty expenses
	J - Section 59(e)(2) expenditures	X		
	K - Deductions--portfolio (2% floor)		K1-2	Subject to 2% of AGI limitation
	L - Deductions--portfolio (other)		K1-2	Not subject to 2% of AGI limitation
	M - Amounts paid for medical insurance		K1-2	Self-employed medical insurance premiums
	N - Educational assistance benefits	X		
	O - Dependent care benefits		K1-2	Dependent care benefits
	P - Preproductive period expenses		K1-2	Preproductive period expenses
	Q - Commercial revitalization deduction from rental real estate activities	X		
	R - Pensions and IRAs	X		
	S - Reforestation expense deduction		K1-2	Reforestation expense
	T - Domestic production activities information	X		
	U - Qualified production activities income	X		
	V - Employer's Form W-2 wages	X		
	W - Other deductions	X		
Box 14	A - Net earnings (loss) from self-employment		K1-3	Net earnings (loss) from self-employment
	B - Gross farming or fishing income		K1-3	Gross farming or fishing income
	C - Gross non-farm income		K1-3	Gross non-farm income
Box 15	A - Low-income housing credit (section 42(j)(5)) from pre-2008 buildings		K1Cr	Low-income housing (Form 8586) – Current Year Business Credit
	B - Low-income housing credit (other) from pre-2008 buildings		K1Cr	Low-income housing (Form 8586) – Current Year Business Credit
	C - Low-income housing credit (section 42(j)(5)) from post-2007 buildings		K1Cr	Low-income housing - acquired after 12/31/07 – Current Year Business Credit
	D - Low-income housing credit (other) from post-2007 buildings		K1Cr	Low-income housing - acquired after 12/31/07 – Current Year Business Credit
	E - Qualified rehabilitation expenditures (rental real estate)	X		
	F - Other rental real estate credits	X		
	G - Other rental credits	X		

Form field	Form field description	Not shared	Transfers to	
			Screen	Field
	H - Undistributed capital gains credit		K1Cr	Undistributed capital gains (Form 1040, line 70a)
	I - Biofuel producer credit		K1Cr	Biofuel producer credit (Form 6478) – Current Year Business Credit
	J - Work opportunity credit		K1Cr	Work Opportunity (Form 5884) – Current Year Business Credit
	K - Disabled access credit		K1Cr	Disabled access (Form 8826) – Current Year Business Credit
	L - Empowerment zone and renewal community employment credit		K1Cr	Empowerment zone credit (Form 8844) – Current Year Business Credit
	M - Credit for increasing research activities		K1Cr	Research (Form 6765) – Current Year Business Credit
	N - Credit for employer social security and Medicare taxes		K1Cr	Employer Social Security tax paid on tips (Form 8846) – Current Year Business Credit
	O - Backup withholding		K1-3	Federal income tax withheld/backup withholding
	P - Other credits	X		
Box 16	A - Name of country or U.S. possession	X		
	B - Gross income from all sources	X		
	C - Gross income sourced at partner level	X		
	D - Foreign gross income sourced at partnership level - Passive category	X		
	E - Foreign gross income sourced at partnership level - General category	X		
	F - Foreign gross income sourced at partnership level - Other	X		
	G - Deductions allocated and apportioned at partner level - Interest expense	X		
	H - Deductions allocated and apportioned at partner level - Other	X		
	I - Deductions allocated and apportioned at partnership level to foreign source income - Passive category	X		
	J - Deductions allocated and apportioned at partnership level to foreign source income - General category	X		

Form field	Form field description	Not shared	Transfers to	
			Screen	Field
	K - Deductions allocated and apportioned at partnership level to foreign source income - Other	X		
	L - Total foreign taxes paid	X		
	M - Total foreign taxes accrued	X		
	N - Reduction in taxes available for credit	X		
	O - Foreign trading gross receipts	X		
	P - Extraterritorial income exclusion	X		
	Q - Other foreign transactions	X		
Box 17	A - Post-1986 depreciation adjustment		K1-3	Depreciation adjustment post '86
	B - Adjusted gain or loss		K1-3	Adjusted gain or loss
	C - Depletion (other than oil & gas)		K1-3	Depletion (other than oil & gas)
	D - Oil, gas, & geothermal--gross income		K1-3	Oil, gas, & geothermal--gross income
	E - Oil, gas, & geothermal--deductions		K1-3	Oil, gas, & geothermal--deductions
	F - Other AMT items	X		
Box 18	A - Tax-exempt interest income		K1	Interest
	B - Other tax-exempt income		K1-4	Other tax-exempt income
	C - Nondeductible expenses		K1-4	Nondeductible expenses
Box 19	A - Cash and marketable securities		K1-4	Cash and marketable securities distributions
	B - Distribution subject to section 737	X		
	C - Other property		K1-4	Property distributions
Box 20	A - Investment income	X		
	B - Investment expenses		K1-4	Investment expenses
	C - Fuel tax credit information	X		
	D - Qualified rehabilitation expenditures (other than rental real estate)	X		
	E - Basis of energy property	X		
	F - Recapture of low-income housing credit (section 42(j)(5))	X		
	G - Recapture of low-income housing credit (other)	X		
	H - Recapture of investment credit	X		
	I - Recapture of other credits	X		

Form field	Form field description	Not shared	Transfers to	
			Screen	Field
	J - Look-back interest--completed long-term contracts	X		
	K - Look-back interest--income forecast method	X		Current Year Business Credit
	L - Dispositions of property with section 179 deductions	X		
	M - Recapture of section 179 deduction	X		
	N - Interest expense for corporate partners	X		
	O - Section 453(l)(3) information	X		
	P - Section 453A(c) information	X		
	Q - Section 1260(b) information	X		
	R - Interest allocable to production expenditures	X		
	S - CCF nonqualified withdrawals	X		
	T – Depletion information – oil and gas	X		
	U - Reserved	X		
	V - Unrelated business taxable income	X		
	W - Precontribution gain (loss)	X		
	X – Section 108(i) information	X		
	Y – Net investment income	X		
	Z – Other information	X		
<b>Schedule K-1, 1041</b>				
Box 1	Interest income		K1T	Interest
Box 2a	Ordinary dividends		K1T	Dividends
Box 2b	Qualified dividends		K1T	Dividends
Box 3	Net short-term capital gain		K1T	Net short-term capital gain
Box 4a	Net long-term capital gain		K1T	Net long-term capital gain
Box 4b	28% rate gain		K1T	Net 28% rate gain
Box 4c	Unrecaptured section 1250 gain		K1T	Unrecaptured section 1250 gain - Trust, RIC, REIT
Box 5	Other portfolio and nonbusiness income		K1T	Other portfolio and non-business income
Box 6	Ordinary business income		K1T	Ordinary business income
Box 7	Net rental real estate income		K1T	Net rental real estate income

Form field	Form field description	Not shared	Transfers to	
			Screen	Field
Box 8	Other rental income		K1T	Other rental income
Box 9	A - Depreciation		K1T	Depreciation
	B - Depletion		K1T	Depletion
	C - Amortization		K1T	Amortization
Box 10	Estate tax deduction		K1T-2	Estate tax deduction
Box 11	A - Excess deduction		K1T-2	Excess deductions on termination
	B - Short-term capital loss carryover		K1T-2	Short-term capital loss carryover
	C - Long-term capital loss carryover		K1T-2	Long-term capital loss carryover
	D - Net operating loss carryover--regular tax		K1T-2	Net operating loss carryover – regular tax
	E - Net operating loss carryover--minimum tax		K1T-2	Net operating loss carryover – minimum tax
Box 12	A - Adjustment for minimum tax purposes		K1T-2	Adjustment for minimum tax purposes
	B - AMT adjustment attributable to qualified dividends		K1T-2	AMT adjustment attributable to qualified dividends
	C - AMT adjustment attributable to net short-term capital gain		K1T-2	AMT adjustment attributable to net short-term capital gain
	D - AMT adjustment attributable to net long-term capital gain		K1T-2	AMT adjustment attributable to net long-term capital gain
	E - AMT adjustment attributable to unrecaptured section 1250 gain		K1T-2	AMT adjustment attributable to unrecaptured section 1250 gain
	F - AMT adjustment attributable to 28% rate gain		K1T-2	AMT adjustment attributable to net 28% rate gain
	G - Accelerated depreciation		K1T-2	Accelerated depreciation post '86
	H - Depletion		K1T-2	Depletion
	I - Amortization		K1T-2	Amortization
	J - Exclusion items		K1T-2	Exclusion items
Box 13	A - Credit for estimated taxes		K1T-2	Trust paid fed estimated tax
	B - Credit for backup withholding		K1T-2	Credit for backup withholding
	C - Low-income housing credit		K1Cr	Low-income housing (Form 8586) – Current Year Business Credit
	D – Rehabilitation credit and energy credit	X		
	E – Other qualifying investment credit	X		
	F – Work opportunity credit		K1Cr	Work opportunity (Form 5884) – Current Year Business Credit
	G – Credit for small employer health insurance premiums	X		

Form field	Form field description	Not shared	Transfers to	
			Screen	Field
	H – Biofuel producer credit		K1Cr	Biofuel producer credit (Form 6478) – Current Year Business Credit
	I – Credit for increasing research activities		K1Cr	Research (Form 6765) – Current Year Business Credit
	J - Renewable electricity, refined coal, and Indian coal production credit		K1Cr	Renewable elec & refined coal – Part 2 (Form 8835) – Current Year Business Credit
	K – Empowerment zone employment credit		K1Cr	Empower zone & renewal comm employ (Form 8844) – Current Year Business Credit
	L – Indian employment credit		K1Cr	Indian employment (Form 8845) – Current Year Business Credit
	M – Orphan drug credit		K1Cr	Orphan drug (Form 8820) – Current Year Business Credit
	N – Credit for employer provided child care and facilities		K1Cr	Employer-provided child care facilities (Form 8882) – Current Year Business Credit
	O – Biodiesel and renewable diesel fuels credit		K1Cr	Biodiesel and renewable diesel fuels (Form 8864) – Current Year Business Credit
	P – Nonconventional source fuel credit		K1Cr	Nonconventional source fuel (Form 8907) – Current Year Business Credit
	Q – Credit to holders of tax credit bonds	X		
	R – Agricultural chemicals security credit	X		
	S – Energy efficient appliance credit		K1Cr	Energy efficient appliance (Form 8909) – Current Year Business Credit
	T – Credit for employer differential wage payments	X		
	U – Recapture of credits	X		
Box 14	A – Tax-exempt interest		K1T	Interest
	B – Foreign taxes		K1T-2	Foreign taxes
	C – Qualified production activities income		K1T-2	Qualified production activities income
	D – Form W-2 wages		K1T-2	Employer's W-2 wages
	E – Net investment income	X		
	F – Gross farm and fishing income		K1T-2	Gross farming or fishing income
	G – Foreign trading gross receipts	X		
	H – Adjustment for Section 1411 net investment income or deductions	X		
	I – Other information	X		