

## List of Converted Items: Lacerte to ProSeries

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# Individual Converted Items (1040)

All calculated carryover amounts are indicated in UPPERCASE format.

### Client Information

Filing Status

1=Married Filing Separate and Lived with Spouse

1=Married Filing Separate and Must Itemize

Year Spouse Died, if Qualifying Widow(er)

Taxpayer First Name and Initial

Taxpayer Last Name

Taxpayer Title / Suffix

Taxpayer Social Security Number

Taxpayer Occupation

Taxpayer Date of Birth

Taxpayer Date of Death

Taxpayer Dependency Status

1=Blind - Taxpayer

Spouse First Name and Initial

Spouse Last Name

Spouse Title / Suffix

Spouse Social Security Number

Spouse Occupation

Spouse Date of Birth

Spouse Date of Death

1=Blind - Spouse

Street Address

Apartment Number

City, State, ZIP

Foreign Address - Country

Home Phone

Work Phone

Work Extension

Daytime Phone

Mobile Phone

Fax Number

E-Mail Address

Prepared By

State Information - State Return

State Information - 1=Full-Year Resident

Multi-State Return - 1=Full-Year Resident

### Dependent Information

First Name

Last Name

Title/Suffix

Date of Birth

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 discussion

Designee's Name [O]

Designee's Phone Number [O]

Designee's PIN (5-Digit Numeric) [O]

### Direct Deposit of Refund / Electronic Payment

1=Direct Deposit of Refund

Financial Institution #1 Name of Financial Institution

Financial Institution #1 Routing Transit Number

Financial Institution #1 Depositor Account Number

Financial Institution #1 Type of Account

Financial Institution #2 Routing Transit Number

Financial Institution #2 Depositor Account Number

Financial Institution #2 Type of Account

Financial Institution #3 Routing Transit Number

Financial Institution #3 Depositor Account Number

Financial Institution #3 Type of Account

### Republic Bank RAL Information

Application Type

Type Taxpayer

Number Taxpayer

Type Spouse

Number Spouse

Physical Address

### Invoice & Letter

Preparation Fee

### Current Year Estimated Tax (1040 ES)

Estimate Options [O]

Estimate Threshold [O]

Rounding: 1=\$1, 2=\$10, 3=\$100, 4=\$1000 [O]

### Withholding Allowance Certificate (W-4/W-4P)

W-4 Taxpayer: 1=Single 2=Married 3=Married but Withhold at Single Rate

W-4 Spouse: 1=Single 2=Married 3=Married but Withhold at Single Rate

### Penalties & Interest

Adjusted Gross Income

Tax Liability

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 10: Dependent Care Benefits

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Box 12a Code	Gross Distribution
Box 12b Code	Taxable Amount
Box 12c Code	1=Taxable Amount Not Determined
Box 12d Code	1=Total Distribution
Box 13: 1=Statutory Employee	Federal Income Tax Withheld
Box 13: 1=Retirement Plan	Employee Contributions of Insurance Premiums
State Income Tax Withheld	Net Unrealized Appreciation in Securities
Local Income Tax Withheld	Distribution Code #1
1=Ministers Wages Subject to SE Tax	Distribution Code #2
<b><u>Electronic Filing (W-2)</u></b>	1=IRA/SEP/SIMPLE
Employer Identification Number (B)	Other Distributions
Employer Address (C)	Other Distribution % (.xxxx or 1=100%)
1=Foreign Address	Total Distribution % (.xxxx or 1=100%)
Employer City, State, Zip (C)	Total employee contributions
Employee 1=Foreign Address	State Income Tax Withheld
Employee Name	Local Income Tax Withheld
Employee SSN	Name of Locality
Employee Address	Rollover amount if Indirect rollover
Employee City, State, Zip	1=Railroad Retirement Benefits (RRB-1099-R)
State #1: State Name	1=Inherited IRA
State #1: State ID Number	Health Insurance Premiums of Retired Public Safety Officer
State #1: State wages, tips, etc.	Health Savings Account Funding Distribution
State #1: Local wages, tips, etc.	Cost in Plan at Annuity Starting Date
State #1: Locality name	Annuity Starting Date
State #2: State Name	Age at Annuity Starting Date
State #2: State ID Number	Combined Ages at Annuity Starting Date
State #2: State wages, tips, etc.	Exclusion Amount [O]
State #2: Local wages, tips, etc.	Other than IRAs: Repayments made before filing prior year/current year tax return
State #2: Locality name	IRAs: Repayments made before filing prior year/current year tax return
<b><u>Interest Income</u></b>	Other than IRAs: Repayments made before filing current year tax return
Name of Payer	IRAs: Repayments made before filing current year tax return
SFM - Social Security Number	1=Lump Sum Distribution
SFM – Employer ID Number	1=Disability Payments: Report taxable amt. as wages
SFM - Street Address	Recipient Name
SFM - City, State, ZIP Code	Recipient Address
Banks, Savings and Loans	Recipient City, State Zip
Seller Financed Mortgage	Recipient Foreign Address
U.S. Bonds, T-Bills	Recipient Account Number
Total Municipal Bonds	<b><u>Gambling Winnings &amp; Losses – W2G</u></b>
1=Interest in Foreign Account	Payer's State ID Number
Name of Foreign Country	Name of Payer
1=Grantor / Transferor or Distrib. from Foreign Trust	Payer Address
<b><u>Dividend Income</u></b>	Payer City, State, Zip
Name of Payer	Payer Federal ID Number
Ordinary Dividends	Payer Phone
Qualified Dividends	Payer Foreign Address
Total Capital Gain Distributions	1=Spouse
<b><u>Pensions, IRA Distributions</u></b>	Gross Winnings
Payer Name	Federal Income Tax Withheld
Payer Federal ID Number	State Name
Payer Address	
Payer City, ST, Zip	
Payer Foreign Address	
1=Spouse	

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State Income Tax Withheld	Employer ID Number
Recipient Name	If Accounting Method Not Cash/Accrual, Specify
Recipient Address	Accounting Method: 1=Cash, 2=Accrual
Recipient City, State, Zip	Inventory Method: 1=Cost, 2=Lower C/M, 3=Other
Recipient 1=Foreign Address	1=Spouse, 2=Joint
<b><u>Miscellaneous Income</u></b>	1=W-2 Earnings as Statutory Employee [O]
Social Security Benefits	1=Not Subject to Self-Employment Tax
Medicare Premiums Paid (SSA-1099)	1=Did Not Materially Participate
Tier 1 Railroad Retirement Benefits (RRB-1099, Box 5)	1=Minister's Schedule C
Alimony Received	1=This Business Activity is Within GO Zone
Taxable Scholarships and Fellowships	Gross Receipts or Sales
Jury duty pay	Returns and Allowances
Household Employee Income Not on W-2	Inventory at Beginning of Year
Alaska permanent funds dividends	Purchases
Income from the Rental of Personal Property	Cost of items for personal use
Income Subject to SE Tax	Cost of Labor
Other Income	Materials and Supplies
Federal income tax withheld	Costs of Goods Sold / Other Costs
<b><u>State / Local Tax Refunds / Unemployment Compensation (1099-G)</u></b>	Inventory at End of Year
Name of Payer	Advertising
1=Spouse	Car and Truck Expenses [A]
Total Unemployment compensation received	Commissions
Current year overpayment repaid	Contract Labor
State Tax Refund	Employee Benefit Programs
Federal income tax withheld	Insurance (Other Than Health)
Taxable Grants: Federal taxable amount	Mortgage Interest - Banks, Etc. (1098)
Agriculture Payments	Other Interest [A]
1=Box 2 is trade or business income	Legal and Professional
State income tax withheld	Office Expense
<b><u>Education Distributions</u></b>	Pension & Profit Sharing Plans: contributions
Name of Payer	Pension & Profit Sharing Plans: administrative & education costs
1=Spouse	Vehicles, Machinery, Equipment Rental
Gross Distributions (1)	Other Rental [A]
Earnings (2)	Repairs
Basis (3)	Supplies
1=Private 529 program, 2=State 529 program, 3=Coverdell	Real estate taxes
ESA: 2008 contribution to this ESA	Payroll taxes
ESA: Value of this account at end of year	Sales tax included in gross receipts
ESA: Basis in this ESA as of preceding year end	Other Taxes and Licenses [A]
Administering state	Travel
<b><u>Net Operating Losses</u></b>	Meals and Entertainment (50%)
Year of Loss	DOT Meals in Full (75%)
Initial Loss	Utilities
Carryover available next year	Total Wages
AMT Initial Loss	Other Expenses
AMT Carryover available next year	<b><u>Disposition (Schedule D, 4797, Etc.)</u></b>
<b><u>Business Income (Schedule C)</u></b>	Description of Property
Principal Business or Profession	Date Acquired (m/d/y or -m/d/y)
Principal Business Code	Date Sold (m/d/y or -m/d/y)
Business Name, if Different from Form 1040	1=short-term, 2=long-term [O]
Business Address, if Different from Form 1040	1=Collectible
City, State, ZIP, if Different from Form 1040	Current year principal payments

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GROSS PROFIT RATIO (.XXXX OR 1=100%) (FORM 6252)

AMT GROSS PROFIT RATIO

PRIOR YEARS' PAYMENTS

ORDINARY INCOME (-1 IF NONE, TRIGGERS 4797)

6252 Payments: Year

6252 Payments: Principal Payments

6252 Payments: Total gain

6252 Payments: Ordinary Income

8824 Like-Kind: Description of Property Received

8824 Like-Kind: Date property identified

8824 Like-Kind: Date property received

Name of Related Party

Related Party: Address

Related Party: City

Related Party: State

Related Party: ZIP

Related Party: Taxpayer ID number

Related Party: Relationship to taxpayer

CAPITAL LOSS C/O REG: SHORT-TERM

CAPITAL LOSS C/O REG: LONG-TERM

CAPITAL LOSS C/O AMT: SHORT-TERM

CAPITAL LOSS C/O AMT: LONG-TERM

### **Rental & Royalty Income (Schedule E)**

Kind of Property

Location of Property

Percentage of Ownership if Not 100% (.xxxx)

1=Spouse, 2=Joint

1=Nonpassive Activity, 2=Passive Royalty

1=Did Not Actively Participate

1=Real Estate Professional

1=This Business Activity is Within GO Zone

Rents Received

Royalties Received

Advertising

Auto and Travel [A]

Cleaning and Maintenance

Commissions

Insurance

Legal and Professional

Management Fees

Mortgage Interest - Banks, Etc. (Form 1098)

Qualified Mortgage Insurance Premiums

Other Interest [A]

Repairs

Supplies

Real Estate Taxes

Utilities

Other Expenses

Vacation Home Number of Days Rented

Number of Days Personal Use

### **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 (Schedule F Only)

1=Did Not Actively Participate (4835 Only)

1=Real Estate Professional (4835 Only)

1=This Business Activity is Within GO Zone

Sales of Items Bought for Resale (Cash Method)

Cost or Basis of Items (Cash Method)

Sales of Livestock You Raised (Cash Method)

Sales of Livestock, Produce, Etc. (Accrual Method)

Cost of Livestock, Etc. Purchased (Accrual Method)

Ending Inventory of Livestock, Etc. (Accrual Method)

Total Cooperative Distributions

Taxable Cooperative Distributions

Total Agricultural Program Payments

Total Conservation Reserve Program Payments

Taxable Conservation Reserve Program Payments

Taxable Agricultural Program Payments

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

Taxable Crop Insurance Proceeds Deferred from Prior

Year

Custom Hire

Other Income

Car and Truck Expenses [A]

Chemicals

Custom Hire (Machine Work)

Employee Benefit Programs

Feed Purchased

Fertilizers and Lime

Freight and Trucking

Gasoline

Insurance

Mortgage Interest - Banks, Etc. (Form 1098)

Other Interest [A]

Labor Hired

Pension and Profit Sharing Plans

Vehicle Rent [A]

Other Rent (Land, Animals, Etc.)

Repairs and Maintenance

Seeds and Plants Purchased

Storage and Warehousing

Supplies Purchased

Taxes [A]

Utilities

Veterinary, Breeding and Medicine

Other Expenses

Section 179 Carryover

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### Partnership Information

Name of Partnership  
Employer Id Number  
1=Publicly Traded Partnership  
1=Foreign Partnership  
1=Spouse, 2=Joint  
1=Not a Passive Activity  
1=Actively Participated in Real Estate  
1=Real Estate Professional  
SECTION 179 CARRYOVER  
AMT SECTION 179 CARRYOVER  
CHARITABLE: CASH 50% LIMITATION  
CHARITABLE: NONCASH 50% LIMITATION  
CHARITABLE: CASH 30% LIMITATION  
CHARITABLE: NONCASH 30% LIMITATION  
CHARITABLE: CAP. GAIN 30% LIMITATION  
CHARITABLE: CAP. GAIN 20% LIMITATION  
PORTFOLIO DEDUCTIONS 2%  
PORTFOLIO DEDUCTIONS  
Nondeductible expenses  
UNREIMBURSED EXPENSES  
SECTION 59(e)(2) EXPENSE  
COMMERCIAL REVITALIZATION  
Other passive items  
Other nonpassive items  
ORDINARY LOSS  
RENTAL REAL ESTATE LOSS  
OTHER RENTAL LOSS  
SECTION 1231 LOSS  
CAPITAL LOSS SHORT TERM  
CAPITAL LOSS LONG TERM  
CAPITAL LOSS LONG TERM 28%  
PASSIVE CAPITAL LOSS ST  
PASSIVE CAPITAL LOSS LT  
OTHER PASSIVE CARRYOVER  
AMT ORDINARY LOSS  
AMT SECTION 1231 LOSS  
AMT SHORT TERM CAPITAL LOSS  
AMT LONG TERM CAPITAL LOSS  
AMT PASSIVE LT CAPITAL LOSS  
AMT PASSIVE ST CAPITAL LOSS  
AT RISK C/O: ORDINARY LOSS  
AT RISK C/O: RENTAL REAL ESTATE LOSS  
AT RISK C/O: OTHER RENTAL LOSS  
AT RISK C/O: PORTFOLIO ST CAPITAL LOSS  
AT RISK C/O: LT CAPITAL LOSS  
AT RISK C/O: ST CAPITAL LOSS  
AT RISK C/O: PASSIVE LT CAPITAL LOSS  
AT RISK C/O: PASSIVE ST CAPITAL LOSS  
AT RISK C/O: CHARITABLE CONT. CASH 50%  
AT RISK C/O: CHARITABLE CONT. CASH 30%  
AT RISK C/O: CHARITABLE CONT. NONCASH 50%  
AT RISK C/O: CHARITABLE CONT. NONCASH 30%  
AT RISK C/O: CHARITABLE CONT. CAP GAIN 30%  
AT RISK C/O: CHARITABLE CONT. CAP GAIN 20%

AT RISK C/O: CHARITABLE CONT. CAP GAIN 20%  
AT RISK C/O: SECTION 179 EXPENSE  
AT RISK C/O: PORTFOLIO DEDUCTIONS  
AT RISK C/O: OTHER PASSIVE  
AT RISK C/O: UNREIMBURSED EXPENSES  
AT RISK C/O: SECTION 59(E)(2) EXPENSE  
AT RISK C/O: COMMERCIAL REVITALIZATION

### S Corporation Information

Name of S Corporation  
Employer Identification Number  
1=Spouse, 2=Joint  
1=Not a Passive Activity  
1=Actively Participated in Real Estate  
1=Real Estate Professional  
Portfolio Deductions 2%  
Portfolio Deductions – Other  
Section 59(e)(2) expenses  
Nondeductible expenses  
ORDINARY LOSS  
SECTION 179 CARRYOVER  
COMMERCIAL REVITALIZATION DEDUCTION  
CAPITAL LOSS SHORT TERM  
CAPITAL LOSS LONG TERM  
SECTION 1231 LOSS  
AMT ORDINARY LOSS  
AMT SECTION 179 CARRYOVER  
AMT COMMERCIAL REVITALIZATION DEDUCTION  
AMT CAPITAL LOSS SHORT TERM  
AMT CAPITAL LOSS LONG TERM  
AMT SECTION 1231 LOSS  
AT RISK C/O: ORDINARY LOSS  
AT RISK C/O: RENTAL REAL ESTATE LOSS  
AT RISK C/O: OTHER RENTAL LOSS  
AT RISK C/O: PORTFOLIO ST CAPITAL LOSS  
AT RISK C/O: LT CAPITAL LOSS  
AT RISK C/O: ST CAPITAL LOSS  
AT RISK C/O: PASSIVE LT CAPITAL LOSS  
AT RISK C/O: PASSIVE ST CAPITAL LOSS  
AT RISK C/O: CHARITABLE CONT. CASH 50%  
AT RISK C/O: CHARITABLE CONT. CASH 30%  
AT RISK C/O: CHARITABLE CONT. NONCASH 50%  
AT RISK C/O: CHARITABLE CONT. NONCASH 30%  
AT RISK C/O: CHARITABLE CONT. CAP GAIN 30%  
AT RISK C/O: CHARITABLE CONT. CAP GAIN 20%  
AT RISK C/O: SECTION 179 EXPENSE  
AT RISK C/O: PORTFOLIO DEDUCTIONS  
AT RISK C/O: OTHER PASSIVE  
AT RISK C/O: UNREIMBURSED EXPENSES  
AT RISK C/O: SECTION 59(E)(2) EXPENSE  
AT RISK C/O: COMMERCIAL REVITALIZATION

### Estate and Trust Information

Name of Estate or Trust  
Employer Identification Number  
1=Spouse, 2=Joint

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1=Not a Passive Activity  
1=Actively Participated in Real Estate  
1=Real estate professional  
ORDINARY LOSS  
AMT ORDINARY LOSS  
Foreign Country  
Category of Foreign Income  
**Depreciation (4562)**  
Description of Property  
Form  
Number of Form  
Asset Category  
Date Placed in Service  
Special depreciation allowance: 1=yes, 2=no  
Gulf Opportunity Zone Asset  
Cost or Basis  
Current section 179 expense  
Method  
1=Half-Year, 2=Mid-Quarter  
Amortization Code Section  
Current Depreciation [O]  
Current Special Depreciation Allowance (-1 if None) [O]  
Prior Depreciation  
Prior Special Depreciation Allowance  
Prior Section 179 Expense  
AMT - Basis [O]  
1=Real property, 2=Leased personal property pre-1987  
AMT -Current Depreciation [O]  
AMT -Prior Depreciation (MACRS Only)  
Percentage of Business Use (.xxxx)  
1=general asset account election  
1=alternative depreciation system (ADS)  
1=150% DB, 2=200% DB  
1=IRS tables, 2=DB/SL formula (MACRS)  
Qualified disaster property (see table)  
1=asset is not Section 179 property [O]  
1=Qualified Indian Reservation Property  
1=Listed Property  
1=No evidence to support  
1=No written evidence to support  
1=Sport utility vehicle over 6,000 pounds  
1=Increase deduction limits for electric vehicle, 2=no limits  
1=Vehicle is available for off-duty personal use  
1=no other vehicle is available for personal use  
1=Vehicle is used primarily by a more than 5% owner  
Employer: 1=Provide vehicles for employee use  
Employer: 1=Prohibit employee personal use of vehicles  
Employer: 1=Prohibit employee personal use, except commuting  
Employer: 1=Treat all use of vehicles as personal use  
Employer: 1=Provide more than 5 vehicles and retain information  
Employer: 1=Meet qualified auto demonstration requirements  
Total Mileage  
Business mileage: 1/1/08-6/30/08  
Business mileage: 7/1/08-12/31/08  
Commuting mileage  
1=Force actual expenses, 2=Force standard mileage rate  
Vehicle: Gasoline, lube, oil  
Name/Number of primary asset in Like-kind exchange  
Date traded  
Date Sold, Disposed or retired (m/d/y or -m/d/y)  
Expenses of Sale  
Sales Price (Form 4797)  
Blank=1245, 1=1250  
Section 1250 ..., applicable percentage  
**Adjustments to Income**  
IRA Contributions (1=Maximum Deduction)  
1=Catch-Up Contributions for Certain Employer Bankruptcies  
IRA basis for current & earlier years  
Basis in IRA as of end of year  
Roth IRA Contributions (1=Maximum)  
Basis in Roth IRA Contributions as of end of year  
Basis in Roth IRA Conversions as of end of year  
Economic Stimulus Payment Withdrawn from IRA  
Student loan interest deduction  
Long term care premiums  
Clean Fuel vehicles deduction  
Alimony SSN  
Domestic Production Activities Deduction  
Jury duty pay given to employer  
Expenses from the rental of personal property  
Other Adjustments  
**Itemized Deductions**  
Prescription Medicines and Drugs  
Doctors, Dentists, and Nurses  
Hospitals and Nursing Homes  
Insurance Premiums [A]  
Long-Term Care Premiums (Taxpayer/Spouse)  
Insurance Reimbursement [A]  
Transportation and Lodging  
Number of Medical Miles  
Out of pocket expenses  
Other Medical  
State/Local Taxes Paid with Extension  
City/Local Taxes Paid with Extension  
Real estate taxes  
Property Held for Investment  
Portion of Taxes Attributed to Foreign Property  
Other Taxes  
Home Mortgage Interest on Form 1098 [A]  
Home Mortgage Interest Not on Form 1098  
HMI: Payee's Name

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HMI: Payee's SSN	Direct Expenses - Excess Mortgage Interest
HMI: Payee's Street Address	Other Direct Expenses
HMI: Payee's City, ST, Zip	% or Amount of gross income if not 100%
Points Not on Form 1098 [A]	<b><u>Vehicle / Employee Business Expense (2106)</u></b>
Investment Interest	Occupation, if Different from Form 1040
Cash Contributions 50%	1=Spouse (Form 2106)
Cash Contributions 30%	1=Qualified performing artist, 2=Handicapped, 3=Fee-basis gov't official
Charitable Miles Driven	Activity within GOZone
<b>CONTRIBUTION CARRYOVERS</b>	Meals/Entertainment: Expenses in Full
Cash Contributions made for Midwestern Disaster Relief	Meals/Entertainment: Reimbursements Not Incl. on W-2
Union and Professional Dues	1=Department of Transportation
Unreimbursed Employee Expenses	Local Transportation (Bus, Taxi, Train, Etc.)
Investment interest expense	Travel Expenses While Away from Home Overnight
Tax Preparation Fees	Other Business Expenses
Safe Deposit Box Rental	1=Vehicle is Available for Off-Duty Personal Use
Miscellaneous Deductions (2%)	1=No Other Vehicle Available for Personal Use
Gambling Losses to Extent of Winnings	1=No Evidence to Support Your Deduction
Estate Tax, Section 691(c) [A]	1=No Written Evidence to Support Deduction
Other Misc. Deductions	Date Placed in Service (m/d/y)
<b><u>Noncash Contributions (8283)</u></b>	Description of Vehicle
Name of Charitable Organization (Donee)	Total Mileage
Street Address	Business Mileage
City, State, ZIP Code	Commuting Mileage
Description of Donated Property	Average Daily Round-Trip Commute
Date of Contribution	Gas, Lube and Oil
Date Acquired By Donor	Vehicle Rent or Lease Payments
How Acquired By Donor	Inclusion Amount
Donor's Cost or basis	Value of Employer-Provided Vehicle on Form W-2
Fair Market Value	<b><u>Foreign Income Exclusion (2555)</u></b>
Method Used to Determine FMV	1=Spouse
Donee: EIN (of charitable org.)	Foreign Address if Diff – Street Address
<b><u>Business Use of Home</u></b>	Foreign Address if Diff – City, Region
Business Use Area	Foreign Address if Diff – Postal Code
Total Area of Home	Foreign Address if Diff – Country
Total Hours Facility Used (Daycare Facilities Only)	Employer: Name
Carryover of Casualty Losses & Depreciation	Employer US: Address
Total Hours Available (if Not 8760) [O]	Employer US: City, ST Zip
Indirect Expenses - Mortgage Interest	Employer Foreign: Address
Indirect Expenses - Real Estate Taxes	Employer Foreign: City, Region
Indirect Expenses - Casualty Losses	Employer Foreign: Postal Code
Indirect Expenses - Insurance	Employer Foreign: Country
Indirect Expenses - Rent	Employer Type
Indirect Expenses - Repairs and Maintenance	Employer Type, if Other
Indirect Expenses - Utilities	Enter Last Year (After '81) Form 2555/2555-EZ filed
Indirect Expenses - Excess Mortgage Interest	Type of Exclusion & Tax Year Rev. Was Effective
Other Indirect Expenses	Country of Citizenship
Direct Expenses - Mortgage Interest	City and Country of Foreign Residence
Direct Expenses - Real Estate Taxes	No. of Days During Year at Separate Foreign Address
Direct Expenses - Casualty Losses	Tax Home(s) During Tax Year
Direct Expenses - Insurance	Dates Tax Home(s) Were Established
Direct Expenses - Rent	Country Code
Direct Expenses - Repairs and Maintenance	1=Bona Fide Residence test; 2=Physical Presence test
Direct Expenses - Utilities	Travel: Name of Country

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Travel: Date Arrived	Name of Insured (Defaults to Policyholder)
Travel: Date Left	SSN of Insured (Defaults to Policyholder)
Travel: Days in US on Business	1=Spouse is Policyholder
Travel: Income earned in US	1=Other Individuals Received Payments for Insured
Travel: Days in Country	1=Insured is Terminally Ill
Beginning Date for Bona Fide Residence	1=Accelerated Death Benefits were only Pymts Rec'd
Living Quarters in Foreign Country	<b><u>Child and Dependent Care Expenses</u></b>
Names of Family members living abroad	Dependent Care Expenses Incurred - not Paid in Current Year
Period Family lived abroad	DCB Employer Provided (W-2 box 10) [O]
1=Submit Stmt to Country of Bona Fide Residence	DCB Forfeited in Current Year
1=Req'd to Pay Income Tax to Country of Residence	Person Qualifying: Name
Contractual Terms Related to Employment Abroad	Person Qualifying: Date of Birth
Type of Visa You Enter Foreign Country Under	Person Qualifying: Social security number
Expl. why Visa Limited Length of Stay or Employment	Person Qualifying: Qual. exp incurred & paid in Current Year
Address of Home in US maintained	Person Providing Care: Name
1=US Home Rented	Person Providing Care: Street address
Names of Occupants in US Home	Person Providing Care: City, ST, Zip
Relationship of Occupants in US Home	Person Providing Care: Total amount paid in Current Year
Physical Presence Test Beginning Date [O]	<b><u>Foreign Tax Credit (1116)</u></b>
Physical Presence Test Ending Date [O]	Resident of (Name of Country)
Principal Country of Employment	Name of Foreign Country
Moving Exp Connected: Current Year Foreign Income Excl.	Category of Income
Moving Exp Connected: Current Year Foreign Earned Income	1=Employee compensation over \$250,000 with alternative basis
Other allocable deductions	Alternative basis information
Foreign Wages: Wages, Tips, Other Compensation	Other Foreign Source Income
Foreign Wages: Home (Lodging)	Other Deductions (Not Subject to Section 68 Limit)
Foreign Wages: Meals	Other Deductions Not Directly Allocable [a]
Foreign Wages: Car	FTC CARRYOVERS – REGULAR TAX
Foreign Wages: Other Properties or Facilities	FTC CARRYOVERS – AMT TAX
Foreign Wages: Cost of Living & Overseas Differential	<b><u>Qualified Adoption Expenses (8839)</u></b>
Foreign Wages: Family	First Name [O]
Foreign Wages: Education	Last Name [O]
Foreign Wages: Home Leave	Identification Number [O]
Foreign Wages: Quarters	Date of birth
Foreign Wages: Other Purposes	1=Born Before 1990 and Was Disabled
Foreign Wages: Other Foreign Earned Income	1=Special Needs Child
Foreign Wages: Business or profession [A]	1=Foreign Child
Foreign Wages: Partnership	1=Employer Has Qual. Adoption Assistance Program
Foreign Wages: Partnership Name/Address/Nature	Prior: Limited qualified adoption expenses
Foreign Wages: Allocation Methods	Prior: Limited employer provided benefits
Foreign Wages: Total number of days worked	Prior: Employer provided benefits for foreign adoption not finalized in Prior Year
Foreign Wages: Total days worked before & after foreign assignment	<b><u>Education Credits (8863)</u></b>
Foreign Wages: Foreign days worked before & after foreign assignment	Prior Year: MAGI Limitation, Line 12
<b><u>Health Savings Account</u></b>	First Name [O]
1=Self-Only Coverage, 2=Family Coverage	Last Name [O]
1=acquired interest in HAS after death of account holder	Social Security Number [O]
<b><u>Medical Savings Accounts (8853)</u></b>	1=Hope Credit, 2=Lifetime Learning Credit
1=were uninsured when MSA was established	Qualified Tuition and Fees Paid in Current Year
1=Self-Only Coverage, 2=Family coverage	<b><u>EIC, Residential Energy, &amp; Other Credits</u></b>
<b><u>Long-Term Care Insurance Contracts (8853)</u></b>	Mortgage Interest Credit: Address

## List of Converted Items: Lacerte to ProSeries

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Mortgage Interest Credit: City, State, Zip  
Mortgage Interest Credit: Certificate Credit Rate  
MORTGAGE INTEREST CREDIT CARRYOVER  
Minimum Tax Credit: 1=TP had MTC Carryforward  
Minimum Tax Credit: 2<sup>nd</sup> Preceding Year Form 8801, lines 18 & 20  
Minimum Tax Credit: Prior Year Form 8801, lines 18 & 20  
Minimum Tax Credit: Taxable Income  
Minimum Tax Credit: Exclusion Items  
Minimum Tax Credit: Tax less Foreign Tax Credit  
Minimum Tax Credit: Alternative Minimum Tax  
Minimum Tax Credit: Child Under 18  
Minimum Tax Credit: Foreign Income/Housing Excl  
Minimum Tax Credit: Unallowed Item. Ded related to foreign excl income  
Minimum Tax Credit: Refundable Credit [O]  
MINIMUM TAX CREDIT CARRYOVER  
Sch D Tax Computation Line 19  
Sch D Worksheet Line 10  
Sch D Tax Computation Line 13 or Worksheet Line 6  
Sch D Tax Computation Line 14 or Worksheet Line 7  
Retirement Savings: Distributions from IRAs & Elective Deferral Plans Prior Year/Current Year  
Retirement Savings: Filing status prior year other than MFJ  
Retirement Savings: Filing status current year other than MFJ  
**Household Employment Taxes**  
Employer Identification Number  
1=Paid Cash Wages of \$1,500 or More  
1=Withheld Federal Income Tax for Household Employee  
Total Cash Wages Subject to Social Security Taxes  
Total Cash Wages Subject to Medicare Taxes  
Federal Income Tax Withheld  
Advanced Earned Income Credit Payments  
1=Paid Total Cash Wages of 1,000 or More in any Quarter  
Total Cash Wages Subject to FUTA Tax  
1=Paid Unemployment Contributions to Only One State  
1=Paid All State Unemployment Contributions by 4/15/yy  
1=All Wages Taxable for FUTA Were Also Taxable for State Unemployment  
Section A - Name of State  
Section A - State Reporting Number  
Section A - Contributions Paid to State Unemployment Fund  
Section B - Name of State (Primary)  
Section B - State Reporting Number (Primary)  
Section B - Name of State (Secondary)  
Section B - State Reporting Number (Secondary)  
**Tax for Children Under 18 (8615)**  
Tax for Children Under 18 - First Name  
Tax for Children Under 18 - Last Name

Tax for Children Under 18 – SSN  
1=Both Parents are Deceased  
Other Children: First Name  
Other Children: Last Name  
**Parent's Election to Report Child's Income**  
Child's Name  
Child's Social Security Number  
Interest: Banks, Credit Union, Etc.  
Interest: US Bonds, T-Bills, etc.  
Interest: Nominee Distribution  
Interest: Accrued Interest  
Interest: OID adjustment  
Interest: ABP adjustment  
Dividends: Ordinary Dividends  
Dividends: Total Capital Gain Distributions  
Dividends: Unrecaptured Section 1250 Gains  
Dividends: Section 1202 Gains  
Dividends: 28% Rate Gain  
Dividends: Alaska permanent fund dividends  
**Self-Employment Tax (Schedule SE)**  
1=Exempt and Filed Form 4361  
1=Exempt and Filed Form 4029  
Conservation Reserve Payments not Subject to SE Tax  
**Injured Spouse Claim & Allocation**  
Injured Spouse: 1=Taxpayer, 2=Spouse  
1=Refund Check Payable to Injured Spouse Only  
1=Main Home Was in a Community Property State  
Name of Community Property State(s)  
**Form 8915**  
Taxable Distributions – Other  
Taxable Distributions – IRA  
2007 Repayments plus Excess Repayments – Other Distributions Subject to Tax in 2007  
2007 Repayments plus Excess Repayments – Other IRA  
2007 Repayments plus Excess Repayments – IRA Distributions Subject to Tax in 2007 before Repayment  
**Form 8914**  
Name  
SSN  
Address  
Number of Days Housing was Provided

## List of Converted Items: Lacerte to ProSeries

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# Partnership Converted Items (1065)

All calculated carryover amounts are indicated in UPPERCASE format.

### Client Information

Partnership Name  
Partnership DBA  
Federal Identification Number  
Street Address  
City, State, Zip  
Telephone Number  
Fax Number  
E-Mail Address  
Fiscal Year End (mm)  
Date Business Began (m/d/y)  
Business Code  
Business Activity  
Product or Service  
Accounting Method  
Other Accounting Method  
Tax Shelter Registration Number  
Type of Entity  
Tax Matters Partner  
Partner's Capital Accounts  
State Return

### Miscellaneous Information

Type of Entity Filing if "Other"  
Partner's Capital Accounts if "Other"  
Allow Preparer/IRS Discussion: 1=yes, 2=no, 3=blank  
Rounding partner number

### Invoice, Letter, Filing Instructions

Prior year preparation fee  
IRC Center  
Client's Salutation

### Other Information (Schedule B)

List any corporation, partnership, or trust that owns 50% or more of the partnership Entity name, EIN, Entity Type, Country if Not US, Maximum Percentage owned

List any individual estate or trust that owns 50% or more of the partnership Individual estate or trust, SSN or EIN, Country if Not US, Max Percentage Owned

20% or more or indirectly 50% of voting power corporate name, EIN, Country if Not US  
Owns directly 20% or more Entity name, EIN, or percentage owned

20% or more or indirectly 50% of profit, loss capital in any partnership or interest of trust name, EIN, Country if Not US max percentage owned

1=Partners in the Partnerships Also Partnerships  
1=Partnership is a Partner in Another Partnership  
1=Partnership Level Tax Treatment Election in Effect for the Current Year  
1=Partnership is a Publicly Traded Partnership  
1=Part. Has Interest in a Foreign Bank Account  
Name of Foreign Country  
1=Partnership is a Grantor of a Foreign Trust  
1=partnership is making, or has in effect, a section 754 election

### Partner Information

Partner Name  
Identification Number  
Street Address  
City, State, Zip  
Resident State  
Type of Entity  
1=Nominee  
1=General Partner  
1=Passive Partner  
1=Foreign Partner

### Partner Percentages – End of Year Only

Profit Sharing  
Loss Sharing  
Ownership of Capital

### Automatic Extension

1=Qualifies Under Reg. Section 1.6081-5

### Income

Other Income

### Cost of Goods Sold

Beginning Inventory  
Additional Section 263A Costs  
Other Costs  
Ending Inventory  
Method: 1=Cost  
Method: 1=Lower of Cost or Market  
Other Method  
1=LIFO Inventory Method Adopted  
1=Rules of Section 263A Apply

### Farm Income (Schedule F / Form 4835)

Agricultural Activity Code  
Accounting Method: 1=Cash, 2=Accrual  
1=Did Not Materially Participate (Sch. F Only)  
1=Delete this year 2=Delete Next Year  
1=This Business Activity is Within GO Zone  
Beginning Inventory of Livestock, Etc. - Accrual Method  
Other Income  
Other Expenses

### Deductions

Other Taxes

## List of Converted Items: Lacerte to ProSeries

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Other Deductions

### **Depreciation (4562)**

Description of Property

Form

Number of Form

Category

Date Placed in Service

Special depreciation allowance: 1=yes, 2=no

Gulf Opportunity Zone Asset

Cost or Basis

Current Section 179 Expense

Method

Life or Class Life

1=Half-Year, 2=Mid-Quarter

Amortization Code Section

Prior Depreciation

Prior Special Depreciation Allowance [O]

AMT - Basis [O]

AMT - Current Depreciation [O]

AMT - Prior Depreciation (MACRS Only)

Percentage of Business Use (.xxxx)

1=general asset account election

1=alternative depreciation system (ADS)

1=150% DB, 2=200% DB

1=IRS tables, 2=DB/SL formula (MACRS)

Qualified disaster property (see table)

1=asset is not Section 179 property [O]

1=Qualified Indian Reservation Property

1=Listed Property

1=Sport utility vehicle over 6,000 pounds

Name/Number of primary asset in Like-kind exchange

Date traded

Date Sold or Disposed of (m/d/y or -m/d/y)

Sales Price

Expenses of Sale

Blank=1245, 1=1250

Section 1250 ..., applicable percentage

### **Rental Real Estate Activities (Form 8825)**

Kind of Property

Location of Property

1=Delete This year 2=Delete Next Year

1=This Business Activity is Within GO Zone

Other Expenses

### **Other Rental Activities**

Other Expenses

### **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)

Current year principal payments

GROSS PROFIT RATIO (.XXXX OR 1=100%) (FORM 6252)

AMT GROSS PROFIT RATIO

PRIOR YEARS' PAYMENTS

ORDINARY INCOME (-1 IF NONE, TRIGGERS 4797)

8824 Like-Kind: Description of Property Received

8824 Like-Kind: Date property identified

8824 Like-Kind: Date property received

1=Passive disposition, 2=Partial disposition,

3=Separately stated on K-1

Name of Related Party

Related Party: Address

Related Party: City

Related Party: State

Related Party: ZIP

Related Party: Taxpayer ID number

Related Party: 1=marketable security

Related Party: Relationship to taxpayer

### **Other Credits**

Increasing Research Credit: 1=Elect Reduced Credit

Indian Employment: Qualified Wages 1993

Indian Employment: Qualified Health Insurance 1993

### **Low-Income Housing**

Kind of building

Building ID Number

Date Building Was Placed in Service

1=newly constructed or existing building.

1=partnership does not have Form 8609 issued by housing credit agency

Building qualified as part of 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

Eligible Basis from Form 8609, Part II. Line 7b

Low-Income Portion (Line2) (.xxxx) [O]

Credit % from Form 8609, Part I, Line 2 (.xxxx)

Maximum Housing Credit Available from Form 8609, Part I, Line 1b

### **Other Schedule K Items**

Other Income

Other Deductions

Other Items

### **Passthrough Entity K-1 Information**

Name of K-1 Entity

Address of K-1 Entity

Employer Identification Number

### **Balance Sheet - Ending Amounts Only**

Other Current Assets

Other Investments

Other Assets

Other Current Liabilities

Other Liabilities

### **Schedule M-1**

Income on Schedule K Not Recorded on Books

Expenses on Books Not on Schedule K - Non-Deductible Expenses

Expenses on Books Not on Schedule K - Other

Income on Books Not on Schedule K - Tax-Exempt

Income on Books Not on Schedule K - Other

## List of Converted Items: Lacerte to ProSeries

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Deductions on Sch. K Not Charged Against Book  
Income - Other

### **Schedule M-2**

Other Increases  
Other Decreases

Ending Capital

### **Schedule M-3**

Schedule M-3: 1=Force 2=Suppress

1=Filing Schedule M-3 as Alternative Disclosure

Reportable Entity Partner: Name

Reportable Entity Partner: EIN

Reportable Entity Partner: Ownership Percentage

Type of Income Statement Prepared

Income Statement Restated – Explanation

Accountant Standard Used (Table 2)

if "other" accountant standard used, specify

Net Income/Loss from Nonincludable Foreign Entities

Net Income/Loss from Nonincludable US Entities

Net Income/Loss of Other Foreign Disregarded Entities

Income or Loss from Equity Method Foreign

Corporations: Entity Name

Income or Loss from Equity Method Foreign

Corporations: Entity Type

Income or Loss from Equity Method Foreign

Corporations: EIN, if Applicable

Gross Foreign Dividends Not Previously Taxed:

Dividend Payer

Gross Foreign Dividends Not Previously Taxed: Class  
of Voting Stock

Gross Foreign Dividends Not Previously Taxed: Payers  
EIN, if Applicable

Subpart F, QEF, and Similar Income Inclusions: Entity  
Name

Subpart F, QEF, and Similar Income Inclusions: Entity  
Type

Subpart F, QEF, and Similar Income Inclusions: EIN, if  
Applicable

Gross Foreign Distributions Previously Taxed: Entity  
Name

Gross Foreign Distributions Previously Taxed: Entity  
Type

Gross Foreign Distributions Previously Taxed: EIN, if  
Applicable

Income or Loss from Equity Method U.S. Corporations:  
Entity Name

Income or Loss from Equity Method U.S. Corporations:  
Entity Type

Income or Loss from Equity Method U.S. Corporations:  
EIN, if Applicable

U.S. Dividends: Dividend Payer

U.S. Dividends: Class of Voting Stock

U.S. Dividends: Payers EIN, if Applicable

Income/Loss from US Partnership – Partnership Name

Income/Loss from Foreign Partnership – Partnership  
Name

Income/Loss from Other Pass-Through Entities – Entity  
Name

Items Related to Reportable Transactions

Worthless Stock Options

Other Income/Loss Items with Differences

Other Expense/Deduction Items with Differences

### **Supplemental Attachment to Schedule M-3**

Other Items with Differences

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

Final K-1

Partner's Capital Account: 1=Tax Basis 2=GAAP  
3=704(b) Book

Partner's Capital Account: Other

## List of Converted Items: Lacerte to ProSeries

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# Corporation Converted Items (1120)

All calculated carryover amounts are indicated in UPPERCASE format.

### Client Information

Corporation Name  
Federal Identification Number  
Street Address  
City  
State  
ZIP Code  
Telephone Number  
Fax Number  
E-Mail Address  
Fiscal Year End (mm)  
Date Incorporated (m/d/y)  
Business Code  
Business Activity  
Product or Service  
Accounting Method  
Number of Shareholders

### Officer Information

Officer Name  
Social Security Number  
Time Devoted to Business  
Country of citizenship, if not US  
% of Common Stock Owned (xx.xx)  
% of Preferred Stock Owned (xx.xx)  
% of Constructive Ownership (xx.xx)

### Affiliations Schedule (851)

Common Parent Name, if Different Name [O]  
Street Address [O]  
City, State ZIP Code [O]  
Employer ID Number [O]  
Principal Business Activity [O]  
Business Code Number [O]  
Voting Stock Information - Number of Shares  
Voting Stock Information - Percent of Voting Power (xxx.xx)  
Voting Stock Information - Percent of Value (xxx.xx)  
Voting Stock Information - Owned by Corporation Number (Defaults to Parent)  
1=This Corporation Had More than One Class of Stock Outstanding

If Yes Above, List and Describe

1=This Member Had an Agreement in Existence by Which Persons that Were Not Members of the Affiliated Group Could Acquire Stock or Acquire Voting Power in the Corporation from this Corporation or Another Corporation

Percentage of the Value of the Outstanding Stock that the Person(s) Could Acquire (xxx.xx)

Percentage of the Value of the Outstanding Voting Stock that the Person(s) Could Acquire (xxx.xx)

If the Arrangement Was Associated with the Acquisition of Voting Power Without the Acquisition of the Related Stock, Enter the Percentage of Voting Power that the Person(s) Could Acquire (xxx.xx).

Describe the Arrangements

### Miscellaneous / Other Information

Title of Signing Officer

Allow Preparer / IRS Discussion: 1=Yes, 2=No, 3=Blank [O]

1=Qualified Personal Service Corporation

1=Consolidated Return

1=Personal Holding Company

1=EFTPS Required for All Payments

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 [O]

1=Corporation is a Subsidiary in Affiliated/Controlled Group

Parent Name

Parent ID Number

1=direct deposit of refund

Name of bank

Routing Number

Depositor Account Number

Type of Account: 1=Checking, 2=Savings

1=print corporation's phone number

Number of Forms 8858 Attached

Number of Forms 8865 Attached

1=Corporation is a Shareholder of a Controlled Foreign Corporation

Country of Foreign Bank Account

Number of Forms 8873 Attached

### Invoice & Letter

Prior Year Preparation Fee (Memo Only)

IRS Center

Salutation [O]

### 50% or More Owners of this Corporation

Owner type

Name

Federal Identification Number

Country of citizenship/ organization, if not U.S.

% of Common Stock Owned (xxx.xx)

% Constructively owned, if diff (xxx.xx)

If Schedule PH:

## List of Converted Items: Lacerte to ProSeries

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Street	Address of Related Party
City,state,zip code	U.S. Identifying Number
% of preferred stock owned [O]	Principal Business Activity Code
<b><u>50% or More Owned Domestic Corporations</u></b>	Principal Business Activity
Entity type	Principal Country(ies) Where Business is Conducted
Name	Country(ies) of Filing Income Tax Return as a Resident
Country of incorporation/ organization, if not U.S	Type of Party: 1=Foreign Person, 2=U.S. Person
Federal Identification Number	Type of Relationship: 1=Related to Reporting Corporation
Percentage Owned (xxx.xx)	Type of Relationship: 1=Related to 25% Foreign Shareholder
Constructive % owned (xxx.xx), if diff	Type of Relationship: 1=25% Foreign Shareholder 1=Reasonable Estimates are Used
<b><u>Foreign Owned Corporation Information (5472)</u></b>	<b><u>Controlled Group Apportionment Consent</u></b>
Country of Incorporation	Name
Principal Country(ies) Where Business is Conducted	Street Address
Country(ies) of Filing Income Tax Return as a Resident	City, State, ZIP Code
1=Consolidated Filing of Form 5472	ID Number
1=if foreign person owned at least 50% of the Preferred corporation	Officers Name for Signature
Direct 25% Shareholder #1 - Name	Officers Title
Direct 25% Shareholder #1 - Address	Taxable Year Ended (m/d/y)
Direct 25% Shareholder #1 - U.S. Identifying Number	<b><u>Current Year Estimates</u></b>
Direct 25% Shareholder #1 - Principal Country(ies) Where Business is Conducted	Credit to Next Year (Options 1 or 4 only, or Dollar Amount)
Direct 25% Shareholder #1 - Country of Citizenship or Incorporation	Rounding: 1=\$1, 2=\$10, 3=\$100 [O]
Direct 25% Shareholder #1 - Country(ies) of Filing Income Tax Return as a Resident	<b><u>Penalties and Interest</u></b>
Direct 25% Shareholder #2 - Name	Form 2220 options, 2=suppress, 3=force
Direct 25% Shareholder #2 - Address	Optional Annualized Methods: 1=Option 1, 2=Option 2, Blank=Standard
Direct 25% Shareholder #2 - U.S. Identifying Number	<b><u>Income</u></b>
Direct 25% Shareholder #2 - Principal Country(ies) Where Business is Conducted	Other Income
Direct 25% Shareholder #2 - Country of Citizenship or Incorporation	<b><u>Cost of Goods Sold</u></b>
Direct 25% Shareholder #2 - Country(ies) of Filing Income Tax Return as a Resident	Additional Section 263A Costs
Ultimate Indirect 25% Shareholder #1 - Name	Other Costs
Ultimate Indirect 25% Shareholder #1 - Address	1=Cost
Ultimate Indirect 25% Shareholder #1 - U.S. Identifying Number	1=Lower of Cost or Market
Ultimate Indirect 25% Shareholder #1 - Principal Country(ies) Where Business is Conducted	Other Method
Ultimate Indirect 25% Shareholder #1 - Country of Citizenship or Incorporation	1=Rules of Section 263a Apply
Ultimate Indirect 25% Shareholder #1 - Country(ies) of Filing Income Tax Return as a Resident	<b><u>Disposition (Schedule D, 4797, Etc.)</u></b>
Ultimate Indirect 25% Shareholder #2 - Name	Description of Property
Ultimate Indirect 25% Shareholder #2 - Address	Date Acquired (m/d/y or -m/d/y)
Ultimate Indirect 25% Shareholder #2 - U.S. Identifying Number	Date Sold (m/d/y or -m/d/y)
Ultimate Indirect 25% Shareholder #2 - Principal Country(ies) Where Business is Conducted	1=short-term, 2=long-term [O]
Ultimate Indirect 25% Shareholder #2 - Country of Citizenship or Incorporation	Current year principal payments
Ultimate Indirect 25% Shareholder #2 - Country(ies) of Filing Income Tax Return as a Resident	GROSS PROFIT RATIO (.XXXX OR 1=100%) (FORM 6252)
Name of Related Party	AMT GROSS PROFIT RATIO
	PRIOR YEARS' PAYMENTS
	ORDINARY INCOME (-1 IF NONE, TRIGGERS 4797)
	8824 Like-Kind: Description of Property Received
	8824 Like-Kind: Date property identified
	8824 Like-Kind: Date property received
	1=Passive disposition, 2=Partial disposition, 3=Separately stated on K-1
	Name of Related Party

## List of Converted Items: Lacerte to ProSeries

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Related Party: Address

Related Party: City

Related Party: State

Related Party: ZIP

Related Party: Taxpayer ID number

Related Party: 1=marketable security

Related Party: Relationship to taxpayer

### **Rental / Other Passive Activities**

Description of Property/Activity

1=entire disposition

### **Deductions**

Other Expenses

### **Depreciation (4562)**

Description of Property

Form

Number of Form

Asset Category

Date Placed in Service

Special depreciation allowance: 1=yes, 2=no

Gulf Opportunity Zone Asset

Cost or Basis

Current section 179 expense

Method

Life or Class Life

1=Half-Year, 2=Mid-Quarter

Amortization Code Section

Current Depreciation [O]

Current Special Depreciation Allowance (-1 if None) [O]

Prior Depreciation

Prior Special Depreciation Allowance

Prior Section 179 Expense

Basis reduction

AMT - Basis [O]

1=Real property, 2=Leased personal property pre-1987

AMT -Current Depreciation [O]

AMT -Prior Depreciation (MACRS Only)

Percentage of Business Use (.xxxx)

1=general asset account election

1=alternative depreciation system (ADS)

1=150% DB, 2=200% DB

1=IRS tables, 2=DB/SL formula (MACRS)

Qualified disaster property (see table)

1=asset is not Section 179 property [O]

1=Qualified Indian Reservation Property

1=Listed Property

1=Sport utility vehicle over 6,000 pounds

Name/Number of primary asset in Like-kind exchange

Date traded

Date Sold, Disposed or retired (m/d/y or -m/d/y)

Expenses of Sale

Sales Price (Form 4797)

Blank=1245, 1=1250

Section 1250 ..., applicable percentage

### **Noncash Contributions**

Donee - Name of Charitable Organization

Donee - Street Address

Donee - City, State, ZIP Code

### **General Business Credits**

1=electing reduced credit

Alternative Simplified Method – Total qualified

Research expenses

Indian Employment Credit – Qualified wages 1993

Indian Employment Credit – Qualified health

Insurance 1993

### **Schedule A (8609) / LIH Recapture (8611)**

Kind of building

Building ID Number

1=Corporation Does Not Have Form 8609 Issued By the Housing Credit Agency

Building Met Section 42 Requirements: 1=Yes, 2=No  
1=Decrease in the Building's Qualified Basis for This Tax Year

Date Placed in Service (m/d/y)

Eligible Basis from Form 8609, Part II, Line 7b

Low-Income Portion (.xxxx) [O]

Credit Percentage from Form 8609, Part I, Line 2  
(.xxxx)

Maximum Housing Credit Available from Form 8609, Part I, Line 1b

### **Alternative Minimum Tax (4626)**

Form 4626: 2=Force [O]

Small Corporation Determination – Change date

1=Corporation is a Former AMT Small Corporation

Small Corporation Exemption: 1=Yes, 2=No [O]

### **Schedule PH**

Amounts Excluded Under Section 543(a)(1)(A),  
543(a)(1)(B)

Less Adjustments Described in Section 543(b)(2)(A)

Less Adjustments Described in Section 543(b)(2)(B)

War Profits and Excess Profits Taxes Not Deducted

### **Balance Sheet (Assets) - Ending Amounts Only**

Cash

Accounts Receivable

Less Allowance for Bad Debts

Inventories, if Different from Screen 10

U.S. Government Obligations

Tax-Exempt Securities

Pre-Paid Federal Tax

Pre-Paid State Tax

Other Current Assets

Loans to Stockholders

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

## List of Converted Items: Lacerte to ProSeries

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Less Accumulated Amortization

Other Assets

### **Balance Sheet (Liabilities and Capital) - Ending Amounts Only**

Accounts Payable

Mortgages, Notes Payable - Current Year

Other Current Liabilities

Loans from Stockholders

Mortgages, Notes Payable - Long-Term

Federal Tax Payable

State Tax Payable

Other Liabilities

Preferred Stock

Common Stock

Additional Paid-in Capital

Retained earnings: Approp

Adjustments to Shareholders Equity

Less Cost of Treasury Stock

### **Balance Sheet (Miscellaneous)**

Current Year Book Depreciation (Table or Dollar Amount)

Current Year Book Amortization (Table or Dollar Amount)

### **Schedule M-1**

Income Subject to Tax Not Recorded on Books

Expenses on Books Not Included on 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**

1=Force Schedule M-3

If Corporations Income Statement Has Been Re-Styled for Any of the 5 Preceding Income Statement Periods, Provide Explanation

1=filing Schedule M-3 as alternative disclosure under Rev. Proc. 2004-45

Any of the Corporation's Common Stock is Publicly Traded

Symbol of Primary U.S. Publicly Traded Voting Common Stock

Accounting Standard Used

If "other" accounting standard used, specify

Stock's CUSIP Number

Worldwide consolidated net income from the Income statement source

Net income or loss from Nonincludible Foreign Entities

Net income or loss from Other Includible Foreign Entities

Net income or loss from Nonincludible U.S. Entities

Net income or loss from Other Includible Disregarded Entities

Other Necessary Reconciliation Adjustments

Total assets and liabilities of entities included in worldwide consolidated net income or loss

Total assets and liabilities of all non includible entities

Total assets and liabilities of all non includible U.S. entities

Total assets and liabilities of all disregarded entities

### **Other Schedule M-3 Items (Descriptions Only)**

Income (Loss) From U.S. Partnerships

Income (Loss) From Foreign Partnerships

Income (Loss) From Other Passthrough Entities

Items Relating to Reportable Transactions

Worthless Stock Deduction

Other Income (Loss) Items With Differences

Other Expense / Deduction Items With Differences

### **Form 1120-H**

1=homeowners associations

Type of Homeowner's Association: Condominium Management Association

Type of Homeowner's Association: Residential Real Estate Association

Type of Homeowner's Association: Timeshare Association

Taxable Interest

Other Income

Other Taxes

Licenses

Other Deductions

### **At-Risk Limitations (6198)**

Description of activity

Adjusted basis in the activity on the first day of the tax year

From Prior Year Form 6198, line 19b

## List of Converted Items: Lacerte to ProSeries

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# S Corporation Converted Items (1120S)

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  
Fax Number  
E-Mail Address  
Fiscal Year End (mm)  
Date Incorporated (m/d/y)  
Date Elected S Corporation (m/d/y)  
Business Code  
Business Activity  
Product or Service  
Accounting Method  
Other Accounting Method

### Miscellaneous Info., Other Info. (Sch. B) Amended Return

Accounting Method: Other  
1=EFTPS Required for All Payments  
Own Domestic Corporation? - Name of Corp.  
Own Domestic Corporation? - Address  
Own Domestic Corporation? - City  
Own Domestic Corporation? - State  
Own Domestic Corporation? - ZIP Code  
Own Domestic Corporation? - Federal ID No.  
Own Domestic Corporation? - Percentage Owned  
Foreign Entity Name  
Foreign Country  
EIN of Foreign Entity  
1=Corporation Owned Foreign Disregarded Entity  
Number of Forms 8858 Attached  
Number of Forms 8865 Attached  
Foreign Partnership Name  
Foreign Partnership EIN  
Forms Filed  
QSub Election

Section 6111 Election  
Title of Signing Officer  
Allow Preparer / IRS Discussion  
Routing Number  
Depositor Account Number  
Type of Account  
1=Print Corporation's Phone Number  
Tax Matters Shareholder  
1=Corporation is a Shareholder of Controlled Foreign Corp.  
1=Distribution From or Grantor of Foreign Trust  
1=Interest in Foreign Bank Account  
Name of Foreign Country  
Number of Forms 8873 Attached  
Number of Forms 5471 Attached  
Tax Shelter Registration Number  
1=Issued OID Debt Instruments

### Invoice, Letter, Filing Instructions

Prior Year Preparation Fee  
Client's Salutation  
IRS Center

### Shareholder Information

Shareholder Name  
Identification Number  
Street Address  
City  
State  
ZIP Code  
Resident State  
Shareholder Basis

### Stock Ownership

Shareholder Name  
Number of Shares Owned at Year End  
Percentage of Stock Owned at Year End (xx.xxxxxx)  
[O]

### Penalties & Interest

Form 2220 Options (Options 2 and 3 Only) [O]  
Optional Annualized Method: Option I, Option II, and Standard  
Overpayment from prior year  
Excess net passive income tax from prior year

### Ordinary Income

Other Income

### Cost of Goods Sold

Additional Section 263A Costs  
Other Costs  
Beginning Inventory  
Ending Inventory  
Inventory Method: 1=Cost  
Inventory Method: 1=Lower of Cost or Market  
Inventory Method: Other Method  
1=Rules of Section 263A Apply

### Ordinary Deductions

Taxes - Other

## List of Converted Items: Lacerte to ProSeries

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Other Ordinary Deductions

### **Depreciation (4562)**

Description of Property

Form

Number of Form

Asset Category

Date Placed in Service

Special depreciation allowance: 1=yes, 2=no

Gulf Opportunity Zone Asset

Cost or Basis

Current section 179 expense

Method

Life or Class Life

1=Half-Year, 2=Mid-Quarter

Amortization Code Section

Current Depreciation [O]

Current Special Depreciation Allowance (-1 if None) [O]

Prior Depreciation

Prior Special Depreciation Allowance

Prior Section 179 Expense

Basis reduction

AMT - Basis [O]

1=Real property, 2=Leased personal property pre-1987

AMT -Current Depreciation [O]

AMT -Prior Depreciation (MACRS Only)

Percentage of Business Use (.xxxx)

1=general asset account election

1=alternative depreciation system (ADS)

1=150% DB, 2=200% DB

1=IRS tables, 2=DB/SL formula (MACRS)

Qualified disaster property (see table)

1=asset is not Section 179 property [O]

1=Qualified Indian Reservation Property

1=Listed Property

1=Sport utility vehicle over 6,000 pounds

Name/Number of primary asset in Like-kind exchange

Date traded

Date Sold, Disposed or retired (m/d/y or -m/d/y)

Expenses of Sale

Sales Price (Form 4797)

Blank=1245, 1=1250

Section 1250 ..., applicable percentage

### **Farm Income / Expenses**

Principal Product

Employer ID Number (if Different)

Accounting Method: 1=Cash 2=Accrual [O]

1=Do Not Materially Participate

1=Delete This Year, 2=Delete Next Year

1=This Business Activity is Within GO Zone

End Inventory of Livestock, Etc.

Other Income

Other Expenses

### **Noncash Contributions (Form 8283)**

Name

EIN

Donee Address

Donee City

Donee State

Donee ZIP Code

### **Schedule K Income and Deductions**

Other Income (Loss)

Deductions Related to Portfolio Income (Loss)

Other Deductions

Section 59(e)(2) expenses

Section 179 carryover

### **Rental Real Estate Activities (Form 8825)**

Kind of Property

Location of Property

1=Delete This Year, 2=Delete Next Year

1=This Business Activity is Within GO Zone

Other Expenses

### **Disposition (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)

1=short-term, 2=long-term [O]

1=Collectible

Current year principal payments

GROSS PROFIT RATIO (.XXXX OR 1=100%) (FORM 6252)

AMT GROSS PROFIT RATIO

PRIOR YEARS' PAYMENTS

ORDINARY INCOME (-1 IF NONE, TRIGGERS 4797)

8824 Like-Kind: Description of Property Received

8824 Like-Kind: Date property identified

8824 Like-Kind: Date property received

Name of Related Party

Related Party: Address

Related Party: City

Related Party: State

Related Party: ZIP

Related Party: Taxpayer ID number

Related Party: 1=marketable security

Related Party: Relationship to taxpayer

### **Credits (Schedule K)**

Real Estate Rehabilitation Expenditures

Rental Real Estate Credits

Other Rental Credits

Other Credits

### **Pass-through K-1**

Name

Address

EIN

Other Income

Other Deductions

Other Credits (Ctrl+E)

Other Foreign Transactions

Other AMT Items

## List of Converted Items: Lacerte to ProSeries

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Other Information

### **Schedule A (8609) / LIH Recapture (8611)**

Kind of Building

Building ID Number

Building is part of a low-income housing project and met section 42 requirements

1=Newly Constructed or Existing Building, 2=Section 42(e) Rehabilitation

Decrease in the Building's Qualified Basis for This Tax Year

Date Placed in Service (m/d/y)

Eligible Basis from Form 8609, Part II, Line 7b

Low-Income Portion (Line 2) (.xxx) [O]

Credit Percentage from Form 8609, Part I, Line 2 (.xxxx)

Maximum Housing Credit Available from Form 8609, Part I, Line 1b

1=S corporation does not have Form 8609 issued by the housing credit agency.

### **Other Schedule K Items**

Foreign Taxes - Foreign Country

Foreign Income Sourced at Corporate Level - Listed Categories

Deductions Allocation/Apportionable at Corporate Level - Listed Categories

Foreign Taxes - Reduction in Taxes for Credit and Gross Income

Other Foreign Transactions

### **Balance Sheet (Assets) - Ending Amounts Only**

Cash

Accounts Receivable

Less Allowance for Bad Debts

Inventories, if Different from Screen 14

U.S. Government Obligations

Tax-Exempt Securities

Pre-Paid Federal Tax

Pre-Paid State Tax

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 Only**

Accounts Payable

Mortgages, Notes Payable - Current Year

Other Current Liabilities

Loans from Shareholders

Mortgages, Notes Payable - Long-Term

Federal Tax Payable

State Tax Payable

Other Liabilities

Capital Stock

Additional Paid-in Capital

Adjustments to Shareholders' Equity

Less Cost of Treasury Stock

### **Balance Sheet Miscellaneous**

Current Book Depreciation

Current Year Book Amortization

Current Year Book Depletion

### **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 - Tax-Exempt Income

Deductions on Sch. K Not Charged Against Book Income - Other

### **Schedule M-2**

Beginning Balance

Other Additions

Other Reductions

Other Adjustment Account beginning balance

Shareholder undistributed taxable income beginning balance

### **Schedule M-3**

Schedule M-3: 1=Force, 2=Suppress

1=Filing Schedule M-3 as Alternative Disclosure Under Rev. Proc. 204-45

Type of Income Statement Prepared: 1=Certified Audited, 2=Other, 3=None

If Income Statement Was Prepared – If Corporation's Income Statement Has Been Restated for Any of the 5 Preceding Income Statement Periods, Provide Explanation and Amounts of Each Item Restated

Net Income (Loss) Reconciliation – Net Income or Loss from Nonincludible Foreign Entities

Net Income (Loss) Reconciliation – Net Income or Loss from Nonincludible U.S. Entities

Net Income (Loss) Reconciliation – Net Income or Loss from Other Includible Corporations

Income or Loss from Equity Method Foreign Corporations: Entity Name

Income or Loss from Equity Method Foreign Corporations: Entity Type

Income or Loss from Equity Method Foreign Corporations: EIN, if Applicable

Gross Foreign Dividends Not Previously Taxed: Dividend Payer

Gross Foreign Dividends Not Previously Taxed: Class of Voting Stock

Gross Foreign Dividends Not Previously Taxed: Payers EIN, if Applicable

Subpart F, QEF, and Similar Income Inclusions: Entity Name

## List of Converted Items: Lacerte to ProSeries

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Subpart F, QEF, and Similar Income Inclusions: Entity Type  
Gross Foreign Distributions Previously Taxed: Entity Name  
Gross Foreign Distributions Previously Taxed: EIN, if Applicable  
Income or Loss from Equity Method U.S. Corporations: Entity Name  
Income or Loss from Equity Method U.S. Corporations: EIN, if Applicable  
U.S. Dividends not Eliminated in Tax Consolidation: Dividend Payer  
U.S. Dividends not Eliminated in Tax Consolidation: Class of Voting Stock  
U.S. Dividends not Eliminated in Tax Consolidation: Payers EIN, if Applicable  
Income or Loss from U.S. Partnerships: Partnership Name  
Income or Loss from Foreign Partnerships: Partnership Name  
Income or Loss from Other Pass-through Entities: Entity Name  
Items Relating to Reportable Transactions  
Worthless Stock Losses  
Other Income/Loss Items With Differences  
Other Expense/Deduction Items With Differences  
**Cost of Goods Sold Reconciliation (8916-A)**  
Other Items With Differences

## List of Converted Items: Lacerte to ProSeries

# Fiduciary Converted Items (1041)

All calculated carryover amounts are indicated in UPPERCASE format.

### Client Information

Entity Name  
Entity ID Number  
Fiduciary Name  
Fiduciary Title  
Financial instr. EIN  
Street Address  
City, ST Zip  
Telephone Number  
Fax Number  
E-Mail Address  
Date Entity Created  
Fiscal Year End  
Type of Entity  
Type of Charitable Trust

### Miscellaneous Information

1=Section 4947(a)(1)  
1=Not a Private Foundation  
1=Section 4947 (a)(2)  
Allow preparer/IRS discussion  
1=Earnings Received by Contract Assignment  
1=Grantor of a Foreign Trust  
Explanation for delay in closing estate  
Trust Beneficiary is a Skip Person  
If Interest in Foreign Bank, Enter Name of Country

### Invoice, Letter, Filing Instructions

IRS center  
Salutation

### Beneficiary/Grantor Information

Name  
Address  
Address, Line 2  
City, ST Zip  
Identification Number

### Distributions

Percentages: Required (Schedule B, Line 9): Ordinary  
Dollar: Required (Schedule B, Line 9): Ordinary  
Dollar: Other: (Schedule B, Line 10): Ordinary  
Annuity/Unitrust: Percentage  
Annuity/Unitrust: Amount  
Grantor: Name  
Grantor: Ordinary Income percentage

### Estimates

Estimate Options

### Interest Income

Name of Payer

### Dividend Income

Name of Payer

### Other Income

Description of Other Income

### Business Income (Schedule C)

Principal Business or Profession  
Principal Business Code  
Business Name, if Different from Form 1041  
Business Address, if Different from Form 1041  
City, State, ZIP Code, if Different from Form 1041  
Employer ID Number  
If Accounting Method not Cash or Accrual, Specify  
Accounting Method: Cash, Accrual  
1=Did Not "Materially Participate"

Other Income

COGS: Inventory at beginning of year

COGS: Other Costs

COGS: Inventory at End of Year

Other Expenses

### 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)

1=short-term, 2=long-term [O]

Sales Price

Cost or other basis

1=Collectible

Depreciation allowed (FID and IND Only)

Existing mortgage assumed by buyer (FID and IND Only)

Current year principal payments

GROSS PROFIT RATIO (.XXXX OR 1=100%) (FORM 6252)

AMT GROSS PROFIT RATIO

PRIOR YEARS' PAYMENTS

ORDINARY INCOME (-1 IF NONE, TRIGGERS 4797)

8824 Like-Kind: Description of Property Received

8824 Like-Kind: Date property identified

8824 Like-Kind: Date property received

1=Passive disposition, 2=Partial disposition, 3=Separately stated on K-1

Name of Related Party

Related Party: Address

Related Party: City

Related Party: State

Related Party: ZIP

Related Party: Taxpayer ID number

Related Party: 1=marketable security

Related Party: Relationship to taxpayer

CAPITAL LOSS C/O REG: SHORT-TERM

CAPITAL LOSS C/O REG: LONG-TERM

CAPITAL LOSS C/O AMT: SHORT-TERM

CAPITAL LOSS C/O AMT: LONG-TERM

### Rent & Royalty Income (Schedule E)

## List of Converted Items: Lacerte to ProSeries

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Kind of Property  
Location of Property  
Income: Rents Received  
Income: Royalties Received  
**Farm Income (Schedule F / Form 4835)**  
Principal Product  
Employer ID Number  
Agricultural activity code  
Accounting Method: Cash, Accrual  
1=Did Not "Materially Participate" (Sch. F only)  
Accrual Method: Ending Inventory of Livestock  
Other Income  
Other Expenses  
**Depreciation (4562)**  
Description of Property  
Form  
Number of Form  
Asset Category  
Date Placed in Service  
Special depreciation allowance: 1=yes, 2=no  
Gulf Opportunity Zone Asset  
Cost or Basis  
Method  
Life or Class Life  
1=Half-Year, 2=Mid-Quarter  
Amortization Code Section  
Current Depreciation [O]  
Current Special Depreciation Allowance (-1 if None) [O]  
Prior Depreciation  
Prior Special Depreciation Allowance  
Basis reduction  
AMT - Basis [O]  
1=Real property, 2=Leased personal property pre-1987  
AMT -Current Depreciation [O]  
AMT -Prior Depreciation (MACRS Only)  
Percentage of Business Use (.xxxx)  
1=general asset account election  
1=alternative depreciation system (ADS)  
1=150% DB, 2=200% DB  
1=IRS tables, 2=DB/SL formula (MACRS)  
Qualified disaster property (see table)  
1=asset is not Section 179 property [O]  
1=Qualified Indian Reservation Property  
1=Listed Property  
1=Sport utility vehicle over 6,000 pounds  
Name/Number of primary asset in Like-kind exchange  
Date traded  
Date Sold, Disposed or retired (m/d/y or -m/d/y)  
Expenses of Sale  
Sales Price (Form 4797)  
Blank=1245, 1=1250  
Section 1250 ..., applicable percentage  
**Credits from Passthrough Entities**  
Low-income housing credit

New Markets credit  
Employer provided Child care facilities  
**Other Taxes**  
Additional taxes  
**K-1/Other Grantor Information**  
Other Information Sch K-1, Line 14 Grantor Letter  
**Form 1041-A**  
1=Print Suppressed Lines When Income is Less Than \$25,000  
Accumulated income set aside in prior years for charitable purposes  
Principal distributions in prior years for charitable purposes  
**Balance Sheet**  
Cash  
Saving and Temporary Cash Investments  
Accounts Receivable  
Less: Allowance for Doubtful Accounts  
Receivables From Disqualified Persons  
Other Notes and Loans Receivable  
Less: Allowance for Doubtful Accounts  
Inventories for Sale or Use  
Prepaid Expenses and Deferred Charges  
U.S. and State Government Obligations  
Corporate Stock  
Corporate Bonds  
Investment - Buildings and Equipment  
Less: Accumulated Depreciation  
Land Investments  
Depletable assets  
Other investments  
Building and Equipment Used By Trust  
Less: Accumulated Depreciation  
Accounts Payable  
Accrued expenses  
Other current liabilities  
Mortgages and other notes payable  
Other liabilities