

UltraTax CS[®] Supported Forms & Fields PDF

In this document are all the supported forms for GruntWorx Populate Products. Fields with a green check populate into the Source Data Entry program for import into UltraTax CS. Fields that do not have the checkmark are not supported for population.

Click on a form below to go directly to the page:

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If you have any additional questions, you can reach us at:
Sales@GruntWorx.com • Support@GruntWorx.com
877.830.6059 • x2 for Sales • x3 for Support

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W-2

| Box | Field Name | Supported |
|-----|---|-----------|
| a | Employee's social security number | ✓ |
| b | Employer's federal ID number | ✓ |
| c | Employer's name | |
| | Employer's name and address | ✓ |
| d | Control Number | |
| e | Employee's first and last name | |
| f | Employee's name and address | |
| 1 | Wages, tips, other compensation | ✓ |
| 2 | Federal income tax withheld | ✓ |
| 3 | Social security wages | ✓ |
| 4 | Social security tax withheld | ✓ |
| 5 | Medicare wages and tips | ✓ |
| 6 | Medicare tax withheld | ✓ |
| 7 | Social security tips | ✓ |
| 8 | Allocated tips | ✓ |
| 9 | | |
| 10 | Dependent care benefits | ✓ |
| 11 | Nonqualified plans | ✓ |
| 12 | a | ✓ |
| | b | ✓ |
| | c | ✓ |
| | d | ✓ |
| | e | |
| 13 | Statutory Employee/Retire Plan/Sick Pay | ✓ |
| 14 | Other | ✓ |
| 15 | State | ✓ |
| | Employer's state ID number | ✓ |
| 16 | State wages, tips, etc. | ✓ |
| 17 | State income tax | ✓ |
| 18 | Local wages, tips, etc. | ✓ |
| 19 | Local income tax | ✓ |
| 20 | Locality name | ✓ |

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W-2G

| Box | Field Name | Supported |
|-----|--|-----------|
| | Corrected | |
| | Payer's name | |
| | Payer's name and address | ✓ |
| | Payer's federal ID number | ✓ |
| | Payer's telephone number | |
| | Winner's name and address | |
| 1 | Reportable winnings | ✓ |
| 2 | Date won | ✓ |
| 3 | Type of wager | ✓ |
| 4 | Federal income tax withheld | ✓ |
| 5 | Transaction | ✓ |
| 6 | Race | ✓ |
| 7 | Winnings from identical wagers | ✓ |
| 8 | Cashier | ✓ |
| 9 | Winner's tax identification number | ✓ |
| 10 | Window | ✓ |
| 11 | First ID | ✓ |
| 12 | Second ID | ✓ |
| 13 | ST/Payer's state identification number | ✓ |
| 14 | State winnings | ✓ |
| 15 | State income tax withheld | ✓ |
| 16 | Local winnings | ✓ |
| 17 | Local income tax withheld | ✓ |
| 18 | Name of locality | ✓ |

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1095-A

| Box | Field Name | Supported |
|------------------------|---|-----------|
| 1 | Marketplace identifier | ✓ |
| 2 | Marketplace assigned policy number | ✓ |
| 3 | Policy issuer name | ✓ |
| 4 | Recipient's name | |
| 5 | Recipient's social security number | ✓ |
| 6 | Recipient's date of birth | |
| 7 | Recipient's spouse's name | |
| 8 | Recipient's spouse's SSN | |
| 9 | Recipient's spouse's DOB | |
| 10 | Policy start date | |
| 11 | Policy termination date | |
| 12 | Street address | |
| 13 | City or town | |
| 14 | State or province | |
| 15 | Country and ZIP or foreign postal code | |
| Coverage Household: | | |
| A | Name** | |
| B | Social security number | ✓ |
| C | Date of birth** | |
| D | Start date | ✓ |
| E | Termination date | ✓ |
| Household Information: | | |
| A | Monthly premium amount | ✓ |
| B | Monthly premium amount of SLCSP | ✓ |
| C | Monthly advance payment of premium tax credit | ✓ |

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1098 Mortgage

| Box | Field Name | Supported |
|-----|---------------------------------------|-----------|
| | Corrected | |
| | Recipient/Lender's name | ✓ |
| | Recipient/Lender's name and address | |
| | Recipient/Lender's TIN | ✓ |
| | Payer's/Borrower's SSN | ✓ |
| | Payer's/Borrower's name and address | |
| | Account number | |
| 1 | Mortgage interest | ✓ |
| 2 | Outstanding mortgage principal | |
| 3 | Mortgage origination date | |
| 4 | Refund of overpaid interest | ✓ |
| 5 | Mortgage insurance premiums | ✓ |
| 6 | Points paid | ✓ |
| 7 | Address of property checkbox | |
| 8 | Address or description of property | |
| 9 | # of properties securing the mortgage | |
| 10 | Other | |
| 11 | Mortgage acquisition date | |
| | Real estate taxes paid | ✓ |

Before Accepting the new 1098 Mortgage record from Pending Updates in the client's return, you have an opportunity to assign the 1098 to the proper reporting form (A, C, E, F, 4835, or K-1). This must be done through Data Sharing.

Data Sharing - Update: Form 1098 Tp

New Form 1098 Tp source data from Source Data Entry

Source details... Fields: 10

| Field | Existing client data | New source data |
|--|----------------------|-----------------|
| 1098- Lender's Name <LENDER NAME> | | LENDER NAME |
| 1098- Total Amount Paid <LENDER NAME> | | 452 |
| 1098- Payer TIN <LENDER NAME> | | 27-0217289 |
| 1098- TIN <LENDER NAME> | | 122-00-2021 |
| 1098- Item ID <LENDER NAME> | | JMUJ66R |
| 1098- RE Taxes Name <LENDER NAME> | | LENDER NAME |
| 1098- Real Estate Taxes <LENDER NAME> | | 213 |
| 1098- RE Taxes Payer TIN <LENDER NAME> | | 27-0217289 |
| 1098- RE Taxes TIN <LENDER NAME> | | 122-00-2021 |
| 1098- RE Taxes Item ID <LENDER NAME> | | JMUJ66R |

Assign the proper reporting form (A, C, E, F, 4835, K-1):

Reporting form: A - Schedule A

Unit description: A - Schedule A

Statement: E - Schedule E

4835 - Form 4835

K-1 - Schedule K-1

Accept and import new data to reporting form A - unit 1
 2 dialogs will follow to process the updated statement data
 Retain existing client data and discard source data
 Postpone and defer selection for later

Accept

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1098-E

| Box | Field Name | Supported |
|-----|---|-----------|
| | Corrected | |
| | Recipient/Lender's name | ✓ |
| | Recipient/Lender's name and address | |
| | Recipient's TIN | ✓ |
| | Borrower's SSN | ✓ |
| | Borrower's name | |
| | Borrower's address | |
| | Account number | |
| 1 | Student loan interest received by lender | ✓ |
| 2 | Box 1 does NOT include loan origination fees and/or capitalized interest for loans made before September 1, 2004 checkbox | |

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1098-T

| Box | Field Name | Supported |
|-----|--|-----------|
| | Corrected | |
| | Filer's name | |
| | Filer's name and address | ✓ |
| | Filer's employer ID number | ✓ |
| | Student's SSN | ✓ |
| | Student's name | |
| | Student's address | |
| | Service provider/Account number | |
| 1 | Payments received for qualified tuition and related expenses | ✓ |
| 4 | Adjustments made for a prior year | ✓ |
| 5 | Scholarships or grants | ✓ |
| 6 | Adjustments to scholarships or grants for a prior year | ✓ |
| 7 | Amount includes an academic period beginning Jan-March (current year) checkbox | ✓ |
| 8 | Half-time student checkbox | ✓ |
| 9 | Graduate student checkbox | ✓ |
| 10 | Insurance contract reimbursement/refund | ✓ |

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1099-B

| Box | Field Name | Supported |
|-----|------------------------------------|-----------|
| | Payer name | ✓ |
| | Payer's federal ID number | ✓ |
| | Account number | ✓ |
| | Recipient's social security number | ✓ |
| | Statement date | |
| | Quantity sold | ✓ |
| | Share price | |
| 1a | Description of property | ✓ |
| 1b | Date acquired | ✓ |
| 1c | Date sold | ✓ |
| 1d | Net proceeds | ✓ |
| 1e | Cost or other basis | ✓ |
| 1g | Wash sale loss disallowed | ✓ |
| 2 | Type of gain or loss | ✓ |
| | Capital gain/loss | ✓ |
| 4 | Federal income tax withheld | ✓ |
| 5 | Noncovered security checkbox | ✓ |
| 12 | Basis reported to the IRS checkbox | ✓ |

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1099-DIV

| Box | Field Name | Supported |
|-----|--------------------------------------|-----------|
| | Corrected | |
| | Payer's name | ✓ |
| | Payer's name and address | |
| | Payer's federal ID number | ✓ |
| | Recipient's social security number | ✓ |
| | Recipient's name and address | |
| | Account number | |
| | Fund name | ✓ |
| 1a | Total ordinary dividends | ✓ |
| 1b | Qualified dividends | ✓ |
| 2a | Total capital gain distribution | ✓ |
| 2b | Unrecap. Sec. 1250 gain | ✓ |
| 2c | Section 1202 gain | ✓ |
| 2d | Collectibles (28%) gain | ✓ |
| 2e | Sec 897 Dividends | |
| 2f | Sec 897 Cap Gain | |
| 3 | Nondividend distributions | ✓ |
| 4 | Federal income tax withheld | ✓ |
| 5 | Section 199A dividends | ✓ |
| 6 | Investment expenses | ✓ |
| 7 | Foreign tax paid | ✓ |
| 8 | Foreign country or U.S. possession | |
| 9 | Cash liquidation distributions | ✓ |
| 10 | Noncash liquidation distributions | ✓ |
| 11 | FATCA filing requirement | |
| 12 | Exempt-interest dividends | ✓ |
| 13 | Specified private activity dividends | ✓ |
| 14 | State | |
| 15 | State identification number | |
| 16 | State tax withheld | ✓ |

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1099-G

| Box | Field Name | Supported |
|-----|--|-----------|
| | Corrected | |
| | Payer's name | ✓ |
| | Payer's name and address | |
| | Payer's federal ID number | ✓ |
| | Recipient's social security number | ✓ |
| | Recipient's name and address | |
| | Account number | |
| 1 | Unemployment compensation | ✓ |
| 2 | State or local income tax refunds, credits, or offsets | ✓ |
| 3 | Box 2 amount is for tax year | ✓ |
| 4 | Federal income tax withheld | ✓ |
| 5 | ATAA/RTAA payments | ✓ |
| 6 | Taxable grants | ✓ |
| 7 | Agriculture payments | ✓ |
| 8 | Trade or business income checkbox | ✓ |
| 9 | Market gain | ✓ |
| 10a | State | |
| 10b | State identification number | |
| 11 | State income tax withheld | ✓ |

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1099-INT

| Box | Field Name | Supported |
|-----|--|-----------|
| | Corrected | |
| | Payer's name | ✓ |
| | Payer's name and address | |
| | Payer's federal ID number | ✓ |
| | Recipient's social security number | ✓ |
| | Recipient's name and address | |
| | Account number | |
| 1 | Interest income | ✓ |
| 2 | Early withdrawal penalty | ✓ |
| 3 | Int on US Savings Bonds and Treas. Obligations | ✓ |
| 4 | Federal income tax withheld | ✓ |
| 5 | Investment expenses | ✓ |
| 6 | Foreign tax paid | ✓ |
| 7 | Foreign country or U.S. possession** | |
| 8 | Tax-exempt interest | ✓ |
| 9 | Specified private activity bond interest | ✓ |
| 10 | Market discount | ✓ |
| 11 | Bond premium | ✓ |
| 12 | Bond premium on Treasury obligations | ✓ |
| 13 | Bond premium on tax-exempt bond | ✓ |
| 14 | Tax-exempt and tax credit bond CUSIP no. | |
| 15 | State | |
| 16 | State identification number | |
| 17 | State tax withheld | ✓ |
| | FATCA filing requirement | |

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1099-MISC

| Box | Field Name | Supported |
|-----|---|-----------|
| | Corrected | |
| | Payer's name | ✓ |
| | Payer's name and address | |
| | Payer's federal ID number | ✓ |
| | Recipient's social security number | ✓ |
| | Recipient's name and address | |
| | Account number | |
| 1 | Rents | ✓ |
| 2 | Royalties | ✓ |
| 3 | Other income | ✓ |
| 4 | Federal income tax withheld | ✓ |
| 5 | Fishing boat proceeds | ✓ |
| 6 | Medical and health care payments | ✓ |
| 7 | Direct Sales checkbox | ✓ |
| 8 | Substitute payments in lieu of div or int | ✓ |
| 9 | Crop insurance proceeds | ✓ |
| 10 | Gross proceeds paid to attorney | ✓ |
| 11 | Fish purchased for resale | ✓ |
| 12 | Section 409A deferrals | ✓ |
| 13 | FATCA filing requirement checkbox | |
| 14 | Excess golden parachute payments | ✓ |
| 15 | Nonqualified deferred compensation | ✓ |
| 16 | State tax withheld | ✓ |
| 17 | State/Payer's state no. | ✓ |
| 18 | State income | ✓ |

Before Accepting the new MISC record from Pending Updates in the client's return, you have an opportunity to assign it to the proper reporting form (1040, C, E, F, or 4835). This must be done through Data Sharing.

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1099-NEC

| Box | Field Name | Supported |
|-----|------------------------------------|-----------|
| | Corrected | |
| | Payer's Name | ✓ |
| | Payer's name and address | |
| | Payer's federal ID number | ✓ |
| | Recipient's social security number | ✓ |
| | Recipient's name and address | |
| | Account number | |
| 1 | Nonemployee compensation | ✓ |
| 2 | Direct Sales checkbox | |
| 4 | Federal income tax withheld | ✓ |
| 5 | State tax withheld | ✓ |
| 6 | State/Payer's state no. | ✓ |
| 7 | State income | ✓ |

Before Accepting the new NEC record from Pending Updates in the client's return, you have an opportunity to assign it to the proper reporting form (1040, C or F). This must be done through Data Sharing.

Data Sharing - Update: 1099NEC (spouse) - Comcast (CC) of Willow Grove

New 1099NEC (spouse) source data from Source Data Entry

Source details... Fields: 6

| Field | Existing client data | New source data |
|-------------------------------|----------------------|-----------------|
| 1099 NEC Nonemp Comp | | 1,000 |
| 1099 NEC Fed Inc Tax | | 104 |
| 1099 NEC State Tax withheld 1 | | 50 |
| 1099 NEC Payer's state no 1 | | PA 232084784 |
| 1099 NEC State Income 1 | | 1,000 |
| 1099 NEC EIN Indicator | | X |

Assign the proper reporting form (1040, C, F):

Reporting form: 1040 - Form 1040

Unit description: 1040 - Form 1040
C - Schedule C
F - Schedule F

Accept and import new data to reporting form 1040 <New Unit>
 Retain existing client data and discard source data
 Postpone and defer selection for later

Accept

UltraTax CS[®] Supported Forms & Fields PDF

1099-OID

| Box | Field Name | Supported |
|-----|------------------------------------|-----------|
| | Corrected | |
| | Payer's name | ✓ |
| | Payer's name and address | |
| | Payer's federal ID number | ✓ |
| | Recipient's social security number | ✓ |
| | Recipient's name and address | |
| | Account number | |
| 1 | Original issue discount | ✓ |
| 2 | Other periodic interest | ✓ |
| 3 | Early withdrawal penalty | ✓ |
| 4 | Federal income tax withheld | ✓ |
| 5 | Market discount | ✓ |
| 6 | Acquisition premium | ✓ |
| 7 | Description | |
| 8 | OID on U.S. treasury obligations | ✓ |
| 9 | Investment expenses | ✓ |
| 10 | Bond premium | ✓ |
| 11 | Tax-exempt OID | ✓ |
| 12 | State | |
| 13 | State ID number | |
| 14 | State tax withheld | |
| | FATCA filing requirement | |

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1099-R

| Box | Field Name | Supported |
|-----|---|-----------|
| | Corrected | ✓ |
| | Payer's name | |
| | Payer's name and address | ✓ |
| | Payer's federal ID number | ✓ |
| | Recipient's social security number | ✓ |
| | Recipient's name and address | |
| | Account number | |
| 1 | Gross distribution | ✓ |
| 2a | Taxable amount | ✓ |
| 2b | Taxable amount not determined/Total distribution checkboxes | ✓ |
| 3 | Capital gain | ✓ |
| 4 | Federal income tax withheld | ✓ |
| 5 | Employee contributions | ✓ |
| 6 | Net unrealized appreciation | ✓ |
| 7 | Distribution code(s)** | ✓ |
| | IRA/SEP/SIMPLE checkbox | ✓ |
| 8 | Other | ✓ |
| | % | ✓ |
| 9a | Your percentage of total distribution | ✓ |
| 9b | Total employee contributions | ✓ |
| 10 | Amount allocable to IRR within 5 years | ✓ |
| 11 | 1st year of desig. Roth contribution | ✓ |
| 12 | FATCA filing requirement | |
| 13 | Date of payment | |
| 14 | State tax withheld | ✓ |
| 15 | State/Payer's state ID number | ✓ |
| 16 | State distribution | ✓ |
| 17 | Local tax withheld | ✓ |
| 18 | Name of locality | ✓ |
| 19 | Local distribution | ✓ |

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RRB-1099

| Box | Field Name | Supported |
|-----|---|-----------|
| | Payer's federal ID number | |
| 1 | Claim number and Payee code | |
| 2 | Recipient's social security number | ✓ |
| | Recipient's name and address | |
| 3 | Gross social security equivalent benefit portion of Tier 1 paid | ✓ |
| 4 | Social security equivalent benefit portion of Tier 1 repaid to RRB | ✓ |
| 5 | Net social security equivalent benefit portion of Tier 1 paid/Employee Contributions | ✓ |
| 6 | Worker's compensation offset | ✓ |
| 7 | Social security equivalent benefit portion of Tier 1 paid for prior year | ✓ |
| 8 | Social security equivalent benefit portion of Tier 1 paid two years ago | ✓ |
| 9 | Social security equivalent benefit portion of Tier 1 paid for years prior more than two years ago | ✓ |
| 10 | Federal income tax withheld | ✓ |
| 11 | Medicare premium total | ✓ |

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SSA-1099

| Box | Field Name | Supported |
|-----|---------------------------------------|-----------|
| | Corrected | |
| 1 | Beneficiary's name | |
| 2 | Beneficiary's social security number | ✓ |
| 3 | Benefits paid | ✓ |
| 4 | Benefits repaid to SSA | ✓ |
| 5 | Net benefits | ✓ |
| 6 | Voluntary federal income tax withheld | ✓ |
| 7 | Beneficiary's address | |
| 8 | Claim number | |
| | Medicare premiums A | ✓ |
| | Medicare premiums B | ✓ |
| | Medicare premiums C | ✓ |
| | Medicare premiums D | ✓ |

UltraTax CS® Supported Forms & Fields PDF

Consolidated 1099

| Box | Field Name | Supported |
|------------------|---|-----------|
| | Payer name | ✓ |
| | Payer's federal ID number | ✓ |
| | Account number | ✓ |
| | Recipient social security number | ✓ |
| | Statement date | |
| Interest section | | |
| 1 | Interest income | ✓ |
| 2 | Early withdrawal penalty | ✓ |
| 3 | Int. on U.S. Savings Bonds and Treas. Obligations | ✓ |
| 4 | Federal income tax withheld | ✓ |
| 5 | Investment expenses | ✓ |
| 6 | Foreign tax paid | ✓ |
| 7 | Foreign country or U.S. possession | |
| 8 | Tax-exempt interest | ✓ |
| 9 | Specified private activity bond interest | ✓ |
| 10 | Market discount | ✓ |
| 11 | Bond premium | ✓ |
| 12 | Bond premium on Treasury obligations | ✓ |
| 13 | Bond premium on tax-exempt bond | ✓ |
| Dividend section | | |
| 1a | Ordinary dividends | ✓ |
| 1b | Qualified dividends | ✓ |
| 2a | Total capital gain distribution | ✓ |
| 2b | Unrecap. Sec. 1250 gain | ✓ |
| 2c | Section 1202 gain | ✓ |
| 2d | Collectibles (28%) gain | ✓ |
| 2e | Sec 897 Dividends | |
| 2f | Sec 897 Cap Gain | |
| 3 | Nondividend distributions | ✓ |
| 4 | Federal income tax withheld | ✓ |
| 5 | Section 199A dividends | ✓ |
| 6 | Investment expenses | ✓ |
| 7 | Foreign tax paid | ✓ |
| 8 | Foreign country or U.S. possession | |
| 9 | Cash liquidation distributions | ✓ |

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Consolidated 1099 continued

| Box | Field Name | Supported |
|---------------------------------|---|------------------|
| Dividend section continued | | |
| 10 | Noncash liquidation distributions | ✓ |
| 12 | Exempt-interest dividends | ✓ |
| 13 | Specified private activity dividends | ✓ |
| Original Issue Discount section | | |
| 1 | Original issue discount | ✓ |
| 2 | Other periodic interest | ✓ |
| 3 | Early withdrawal penalty | ✓ |
| 4 | Federal income tax withheld | ✓ |
| 5 | Market discount | ✓ |
| 6 | Acquisition premium | ✓ |
| 8 | OID on treasury obligations | ✓ |
| 9 | Investment expenses | ✓ |
| 10 | Bond premium | ✓ |
| 11 | Tax-exempt OID | ✓ |
| Miscellaneous section | | |
| 2 | Royalties | ✓ |
| 3 | Other income | ✓ |
| 4 | Federal income tax withheld | ✓ |
| 8 | Substitute payments in lieu of div or int | ✓ |

UltraTax CS[®] Supported Forms & Fields PDF

1041 K-1

| Box | Field Name | Supported |
|-----|--|-----------|
| | Final K-1 | |
| | Amended K-1 | |
| | Beginning date | |
| | Ending date | |
| A | Estate's or trust's employer ID number | ✓ |
| B | Estate's or trust's name | ✓ |
| C | Fiduciary's name and address | |
| D | Checkbox for form 1041-T and date | |
| E | Final 1041 checkbox | |
| F | Beneficiary's ID number | ✓ |
| G | Beneficiary's name and address | |
| H | Domestic or foreign beneficiary checkbox | |
| 1 | Interest income | ✓ |
| 2a | Ordinary dividends | ✓ |
| 2b | Qualified dividends | ✓ |
| 3 | Net short-term capital gain | ✓ |
| 4a | Net long-term capital gain | ✓ |
| 4b | 28% rate gain | ✓ |
| 4c | Unrecaptured section 1250 gain | ✓ |
| 5 | Other portfolio and nonbusiness income | ✓ |
| 6 | Ordinary business income | ✓ |
| 7 | Net rental real estate income | ✓ |
| 8 | Other rental income | ✓ |
| 9 | Directly apportioned deductions | ✓ |
| 10 | Estate tax deduction | ✓ |
| 11 | Final year deductions | ✓ |
| 12 | Alternative minimum tax adjustment | ✓ |
| 13 | Credits and credit recapture | ✓ |
| 14 | Other information | ✓ |

UltraTax CS® Supported Forms & Fields PDF

1065 K-1

| Box | Field Name | Supported |
|-----|--|-----------|
| | Final K-1 | |
| | Amended K-1 | |
| | Beginning date | |
| | Ending date | |
| A | Partnership's employer ID number | ✓ |
| B | Partnership's name | ✓ |
| B | Partnership's name and address | |
| C | IRS Center where partnership filed return | |
| D | Publicly traded partnership checkbox | ✓ |
| E | Partner's SSN or TIN | ✓ |
| F | Partner's name and address | |
| G | General or limited partner checkbox | |
| H | Domestic/Foreign partner checkbox | |
| | Disregarded entity checkbox | |
| I1 | Type of entity | |
| I2 | IRA/SEP/Keogh/etc. checkbox | |
| J | Partner's share of profit, loss and capital: beg. & end | |
| K | Partner's share of liabilities Beginning | |
| | Nonrecourse Ending | ✓ |
| | Qual nonrecourse financing Ending | ✓ |
| | Recourse Ending | ✓ |
| L | Partner's Capital Account Analysis | |
| M | Built-in gain/loss contributed property | |
| N | Partner's share of Net Unrecognized Sec. 704(c) Gain or (Loss) | |
| 1 | Ordinary business income (loss) | ✓ |
| 2 | Net rental real estate income (loss) | ✓ |
| 3 | Other net rental income (loss) | ✓ |
| 4a | Guaranteed payments for services | ✓ |
| 4b | Guaranteed payments for capital | ✓ |
| 5 | Interest income | ✓ |

UltraTax CS[®] Supported Forms & Fields PDF

1065 K-1 continued

| Box | Field Name | Supported |
|------------|--|------------------|
| 6a | Ordinary dividends | ✓ |
| 6b | Qualified dividends | ✓ |
| 6c | Dividend equivalents | ✓ |
| 7 | Royalties | ✓ |
| 8 | Net short-term capital gain (loss) | ✓ |
| 9a | Net long-term capital gain (loss) | ✓ |
| 9b | Collectibles (28%) gain (loss) | ✓ |
| 9c | Unrecaptured section 1250 gain | |
| 10 | Net section 1231 gain (loss) | ✓ |
| 11 | Other income (loss) | ✓ |
| 12 | Section 179 deduction+ | |
| 13 | Other deductions | ✓ |
| 14 | Self-employment earnings (loss) | ✓ |
| 15 | Credits | ✓ |
| 16 | Schedule K-3 checkbox | |
| 17 | Alternative minimum tax (AMT) items | ✓ |
| 18 | Tax-exempt income and nondeductible expenses | ✓ |
| 19 | Distributions | ✓ |
| 20 | Other information | ✓ |
| 21 | Foreign taxes paid or accrued | ✓ |
| 22 | At-risk purposes checkbox | |
| 23 | Passive activity purposes checkbox | |

UltraTax CS® Supported Forms & Fields PDF

1120S K-1

| Box | Field Name | Supported |
|-----|--------------------------------------|-----------|
| | Final K-1 | |
| | Amended K-1 | |
| | Beginning & Ending date | |
| A | Corporation's employer ID number | ✓ |
| B | Corporation's name | ✓ |
| B | Corporation's name and address | |
| C | IRS center where corp. filed return | |
| D | Corporation's total number of shares | |
| E | Shareholder's identifying number | ✓ |
| F | Shareholder's name and address | |
| G | Current year allocation % | |
| H | Shareholder's number of shares | |
| I | Loans from shareholder | |
| 1 | Ordinary business income | ✓ |
| 2 | Net rental estate income (loss) | ✓ |
| 3 | Other net rental income (loss) | ✓ |
| 4 | Interest income | ✓ |
| 5a | Ordinary dividends | ✓ |
| 5b | Qualified dividends | ✓ |
| 6 | Royalties | ✓ |
| 7 | Net short-term capital gain (loss) | ✓ |
| 8a | Net long-term capital gain (loss) | ✓ |
| 8b | Collectibles (28%) gain (loss) | ✓ |
| 8c | Unrecaptured section 1250 gain | |
| 9 | Net section 1231 gain (loss) | ✓ |
| 10 | Other income (loss) | ✓ |
| 11 | Section 179 deduction | |
| 12 | Other deductions | ✓ |
| 13 | Credits | ✓ |
| 14 | Schedule K-3 is attached checkbox | |
| 15 | Alternative minimum tax (AMT) items | ✓ |
| 16 | Items affecting shareholder basis | ✓ |
| 17 | Other information | ✓ |
| 18 | At-risk purposes checkbox | |
| 19 | Passive activity purposes checkbox | |