CCH Axcess Supported Fields

GruntWorx®

In this document are all the supported forms for GruntWorx Populate Products. Fields that are highlighted in <mark>yellow</mark> import into Axcess. Fields that are highlighted in <mark>gray</mark> are **not supported for population.**

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

FORM W2

Box Number	Field Name
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	Verification Code
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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HOME

FORM W2-G

Box Number	Field Name
	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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FORM 1095-A

Box Number	Field Name
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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FORM 1098-E

Box Number	Field Name
	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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HOME

FORM 1098-T

Box Number	Field Name
	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
2	Amounts billed for qualified tuition and related expenses
3	Change in reporting method checkbox
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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FORM 1098

Box Number	Field Name
	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

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FORM 1099-B

Box Number	Field Name
	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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FORM 1099-DIV

Box Number	Field Name
	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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FORM 1099-G

Box Number	Field Name
	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

1099-G records are automatically marked 'do not populate'. If you wish for these records to import, you must delete the 'X' from the DNP field in column A of your Pointsheet.

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FORM 1099-INT

Box Number	Field Name
	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
1	Interest income
2	Early withdrawal penalty
3	Interest 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
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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HOME

FORM 1099-MISC

Box Number	Field Name
	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

1099-MISC records are automatically marked 'do not populate'. If you wish for these records to import, you must delete the 'X' from the DNP field in column A of your Pointsheet.

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FORM 1099-NEC

Box Number	Field Name
	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

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HOME

FORM 1099-OID

Box Number	Field Name
	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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FORM 1099-R

Box Number	Field Name
	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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FORM 5498

Box Number	Field Name
	Corrected
	Trustee or Issuer's name
	Issuer's name and address
	Issuer's federal ID number
	Participant's social security number
	Participant's name and address
	Account number
1	IRA contributions
2	Rollover contributions
3	Roth IRA conversion amount
4	Recharacterized contributions
5	Fair market value of account
6	Life insurance cost included in box 1
7	IRA/SEP/SIMPLE/Roth IRA checkbox
8	SEP contributions
9	SIMPLE contributions
10	Roth IRA contributions
11	RMD checkbox
12a	RMD date
12b	RMD amount
13a	Postponed/late contributions
13b	Year
13c	Code
14a	Repayments
14b	Code
15a	FMV of certain specified assets
15b	Code(s)

5498 records are automatically marked 'do not populate'. If you wish for these records to import, you must delete the 'X' from the DNP field in column A of your Pointsheet.

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FORM RRB-1099

Box Number	Field Name
	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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FORM SSA-1099

Box Number	Field Name
	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

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FORM BROKERAGE

Box Number	Field Name
	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	Interest 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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FORM BROKERAGE

Box Number	Field Name
Dividend section continued	
10	Noncash liquidation distributions
11	Exempt-interest dividends
12	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

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FORM 1041 K-1

Box Number	Field Name
	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

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FORM 1065 K-1

Box Number	Field Name
	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
H1	Domestic/Foreign partner checkbox
H2	Disregarded entity checkbox
I1	Type of entity
I2	IRA/SEP/Keogh/etc. checkbox
J	Partner's share of profit, loss and capital: beg. & end
	Partner's share of liabilities Beginning
K	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
4c	Total guaranteed payments
5	Interest income
6a	Ordinary dividends
6b	Qualified dividends
6c	Dividend equivalents

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FORM 1065 K-1

Box Number	Field Name
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) (C Only)
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

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FORM 1120S K-1

Box Number	Field Name
	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) (C & G Only)
11	Section 179 deduction
12	Other deductions
13	Credits (A, B, C & D Only)
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

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