

Drake Tax[®] Supported Forms & Fields PDF

In this document are all the supported forms for GruntWorx Populate Products. Fields with a green check import into your client's Drake Tax Data Entry Screen. 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

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 | ✓ |

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 | ✓ |

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 | ✓ |

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 | ✓ |

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 | ✓ |

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 | |

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 | ✓ |

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 | |

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 | |

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 | |

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 | |

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 | ✓ |

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 | ✓ |

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 | ✓ |

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 | ✓ |

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 | ✓ |

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 | ✓ |

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 | ✓ |

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 | |

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 | |