

Name(s) shown on Form IT-40

Your Social Security Number

**1. Federal filing information**

Are you filing a federal income tax return for 2009? Place "X" in appropriate box. Yes  No

**2. Out-of-state income**

Complete if you and/or your spouse (if filing a joint return) received any salary, wage, tip and/or commission income from Illinois, Kentucky, Michigan, Ohio, Pennsylvania or Wisconsin. Enter two-digit code number from page 40 for state where you and/or your spouse worked.

State where you worked

Your income

State where spouse worked

Spouse's income

\$   **00**

\$   **00**

**3. Extension of time to file**

- a. Place "X" in box if you have filed a federal extension of time to file, Form 4868.
- b. Place "X" in box if you have filed an Indiana extension of time to file, Form IT-9, or online via ePay.

**4. Farm / Fishing income**

Place "X" in box if at least two-thirds of your gross income was made from farming or fishing.

Important: If you placed an "X" in the box, you MUST attach Schedule IT-2210.

**5. Date of death**

If any individual listed at the top of the IT-40 died *during* 2009, enter date of death (MM/DD).

Taxpayer's date of death   **2009**

Spouse's date of death   **2009**

**Authorization Sign Form IT-40 after reading the following statement.**

Under penalty of perjury, I have examined this return and all attachments and to the best of my knowledge and belief, it is true, complete and correct. I understand that if this is a joint return, any refund will be made payable to us jointly and each of us is liable for all taxes due under this return. Also, my request for direct deposit of my refund includes my authorization to the Indiana Department of Revenue to furnish my financial institution with my routing number, account number, account type and Social Security number to ensure my refund is properly deposited. I give permission to the Department to contact the Social Security Administration to confirm that the Social Security number(s) used on this return is correct.

**6. Your daytime telephone number**

**Your e-mail address**

I authorize the Department to discuss my return with my personal representative (see page XX).

Yes  No  If yes, complete the information below.

Personal Representative's Name (please print)

Telephone number

Address

City

State  Zip Code

**Paid Preparer: Firm's Name** (or yours if self-employed)

IN-OPT on file with paid preparer if not filing electronically

Federal I.D. Number  PTIN OR  Social Security No.

Address

City

State  Zip Code



DRAFT 7/17/09