

04 **Indiana Deduction Worksheet**

06 1. Renter's deduction

07 Address where rented if different from the one on the front page (enter below)

09 XXX V Total amount of rent paid

10 Landlord's name and address (enter below)

11 \$ 9999999999.00W

12 XXX X

14 Number of months rented 99 Y Enter the lesser of \$3,000 OR total amount of rent paid _____ 1 9999999999.00

16 2. Enter the amount from line 7 of the unemployment compensation worksheet _____ 2 9999999999.00

18 3. Total deductions: Add lines 1 and 2. Carry this total to page 1, line 2 _____ 3 9999999999.00

20 **Extension of time to file**

21 Place "X" in box if you have filed a federal extension of time to file, Form 4868 BG

23 Place "X" in box if you have filed an Indiana extension of time to file, Form IT-9, or online via e-Pay. BH

25 **Date of Death**

26 If any individual listed at the top of the IT-40EZ died during 2015, enter date of death below (MMDD).

28 BI

BJ

29 Taxpayer's date of death 99 99 2015 Spouse's date of death 99 99 2015

30 **Authorization**

31 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
32 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
33 request for direct deposit of my refund includes my authorization to the Indiana Department of Revenue to furnish my financial institution with my routing
34 number, account number, account type, and Social Security number to ensure my refund is properly deposited. I give permission to the Department to
35 contact the Social Security Administration in order to confirm the Social Security number(s) used on this return are correct.

37 Your Signature

Date

Daytime telephone number

39 Spouse's Signature

Date

BV

9999999999999999

Email address where we can reach you

BW

XXXXXXXXXXXXXXXXXXXXXXXXXXXX

I authorize the Department to discuss my return with my personal representative. AG	Paid Preparer: Firm's Name (or yours if self-employed) AN XX
Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete the information below.	AO
Personal Representative's Name (please print)	<input checked="" type="checkbox"/> IN-OPT on file with paid preparer if not filing electronically
XX AH	PTIN 999999999 AQ
Telephone number 9999999999 AI	Address XX AR
Address XX AJ	City XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX AS
City XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX AK	State XX AT Zip Code 999999999 AU
State XX AL Zip Code 999999999 AM	Preparer's signature _____

- If enclosing payment mail to: Indiana Department of Revenue, P.O. Box 7224, Indianapolis, IN 46207-7224.
- Mail all other returns to: Indiana Department of Revenue, P.O. Box 40, Indianapolis, IN 46206-0040.

Keep a copy for your records.



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