IT-40EZ

State Form 48438
(R14 / 9-15)

2015

Indiana Income Tax Return for Full-Year Indiana Resident Filers With No Dependents

Due April 18, 2016

Your Social Security Number ☐ ☐ ☐ Spouse's Social Security Number ☐ ☐ ☐

☐ Check if applying for ITIN ☐ Check if applying for ITIN

Your first name	Initial	Last name	Suffix
If filing a joint return, spouse's first name	Initial	Last name	Suffix

Present address (number and street or rural route)			School Corporation Number (see inst.)
City	State	Zip/Postal code	Foreign country 2-character code

Enter the **2-digit county code** numbers (found on the back of Schedule CT-40EZ) for the county where you lived and worked on January 1, 2015.

County where you lived ☐ County where you worked ☐ County where spouse lived ☐ County where spouse worked ☐

Round all entries

1. Enter your federal adjusted gross income from federal Form 1040EZ, line 4	1		00
2. Enter the amount from line 3 of the *Indiana Deduction Worksheet* on the back of this form	2		00
3. Subtract line 2 from line 1 and enter total	3		00
4. Enter $1,000 if filing a single return **OR** $2,000 if filing a joint return	4		00
5. Subtract line 4 from line 3 (if less than zero, leave blank) **State Taxable Income**	5		00
6. State adjusted gross income tax: multiply line 5 by 3.3% (.033)	6		00
7. County income tax (see instructions)	7		00
8. Use tax due on out-of-state purchases (see instructions)	8		00
9. Add lines 6, 7 and 8 **Total Tax**	9		00
10. From W-2s: all Indiana state tax withheld	10		00
11. From W-2s: all Indiana county tax withheld	11		00
12. Add lines 10 and 11 **Total Credits**	12		00
13. If line 12 is more than line 9, subtract line 9 from line 12. This is an overpayment. (If line 9 is more than line 12, skip to line 19.) **Overpayment**	13		00
14. Amount from line 13 to be **donated** to the Indiana Nongame Wildlife Fund	14		00
15. Amount from line 13 to be **donated** to the Public K-12 Education Fund	15		00
16. Add lines 14 and 15. Enter total here (cannot be greater than line 13) **Total Donations**	16		00
17. Subtract line 16 from line 13. This is your refund **Your Refund**	17		00
18. a. Routing Number ☐☐☐☐☐☐☐☐☐ c.Type ☐ Checking ☐ Savings b. Account Number ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ ☐ Hoosier Works MC d. Place an "X" in the box if refund will go to an account outside the United States ☐		Direct Deposit (see page 7)	
19. If line 9 is more than line 12, subtract line 12 from line 9	19		00
20. Penalty if filed after due date (see instructions)	20		00
21. Interest if filed after due date (see instructions)	21		00
22. Add lines 19, 20 and 21. This is the amount you owe. See instructions for details on how to make your payment, including credit card options. **Amount You Owe**	22		00

15415111694

Indiana Deduction Worksheet

1.Renter's deduction

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

Total amount of rent paid

Landlord's name and address (enter below)

$ .00

Number of months rented Enter the lesser of $3,000 **OR** total amount of rent paid _____ 1 .00

2. Enter the amount from line 7 of the unemployment compensation worksheet _____ 2 .00

3. Total deductions: Add lines 1 and 2. Carry this total to page 1, line 2 _____ 3 .00

Extension of time to file

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

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

Date of Death

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

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

Authorization

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 in order to confirm the Social Security number(s) used on this return are correct.

Your Signature _____ Date _____ Daytime telephone number

Spouse's Signature _____ Date _____

Email address where we can reach you

I authorize the Department to discuss my return with my personal representative. **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 PTIN Address City State Zip Code 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.

15415121694