Form
IT-40
State Form 154
(R15 / 9-16)

2016 Indiana Full-Year Resident Individual Income Tax Return

Due April 18, 2017

If filing for a fiscal year, enter the dates (see instructions) (MM/DD/YYYY):

from 99 99 9999 to: 99 99 9999

Your Social Security Number A 999 99 9999

Spouse's Social Security Number B 999 99 9999

C X Place "X" in box if applying for ITIN

D X Place "X" in box if applying for ITIN

Your first name — Initial — Last name — Suffix

E XXXXXXXXXXXXXXX F X G XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX DU XXXXX

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

H XXXXXXXXXXXXXXX I X J XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX DV XXXXX

Present address (number and street or rural route)

K XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

City — State — Zip/Postal code

Place "X" in box if you are married filing separately. L X

M XXXXXXXXXXXXXXXXXXXX N XX O 9999999999

Foreign country 2-character code (see instructions)

P XX

Enter below the **2-digit county code** numbers (found on the back of Schedule CT-40) for the county where you lived and worked on January 1, 2016.

County where **you** lived 99 R

County where **you** worked 99 S

County where **spouse** lived 99 T

County where **spouse** worked 99 U

Round all entries

1. Enter your federal adjusted gross income (AGI) from your federal tax return (from Form 1040, line 37; Form 1040A, line 21; or from Form 1040EZ, line 4) _____ **Federal AGI** 1 99999999999.00
2. Enter amount from Schedule 1, line 8, and enclose Schedule 1 _____ **Indiana Add-Backs** 2 99999999999.00
3. Add line 1 and line 2 _____ 3 99999999999.00
4. Enter amount from Schedule 2, line 12, and enclose Schedule 2 _____ **Indiana Deductions** 4 99999999999.00
5. Subtract line 4 from line 3 _____ **Indiana Adjusted Income** 5 99999999999.00
6. You must complete Schedule 3. Enter amount from Schedule 3, line 5, and enclose Schedule 3 _____ **Indiana Exemptions** 6 99999999999.00
7. Subtract line 6 from line 5 _____ **State Taxable Income** 7 99999999999.00
8. State adjusted gross income tax: multiply line 7 by 3.3% (.033) (if answer is less than zero, leave blank) _____ 8 99999999999.00
9. County tax. Enter county tax due from Schedule CT-40 (if answer is less than zero, leave blank) _____ 9 99999999999.00
10. Other taxes. Enter amount from Schedule 4, line 4 (enclose sch.) 10 99999999999.00
11. Add lines 8, 9 and 10. Enter total here and on line 15 on the back _____ **Indiana Taxes** 11 99999999999.00

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12. Enter credits from Schedule 5, line 9 (enclose schedule)____ 12 99999999999.00

13. Enter offset credits from Schedule 6, line 8 (enclose schedule) 13 99999999999.00

14. Add lines 12 and 13 _____ **Indiana Credits** 14 99999999999.00

15. Enter amount from line 11_____ **Indiana Taxes** 15 99999999999.00

16. If line 14 is equal to or more than line 15, subtract line 15 from line 14 (if smaller, skip to line 23) 16 99999999999.00

17. Enter donations from Schedule IN-DONATE (enclose schedule); cannot be greater than line16 17 99999999999.00

18. Subtract line 17 from line 16_____ **Overpayment** 18 99999999999.00

19. Amount from line 18 to be applied to your 2017 estimated tax account (see instructions).

Enter your county code 99 county tax to be applied _$ a 99999999999.00

Spouse's county code 99 county tax to be applied _$ b 99999999999.00

Indiana adjusted gross income tax to be applied _____$ c 99999999999.00

Total to be applied to your estimated tax account (a + b + c; cannot be more than line 18)_____ 19d 99999999999.00

20. Penalty for underpayment of estimated tax from Schedule IT-2210 or IT-2210A (enclose sch.) _ 20 99999999999.00

21. Refund: Line 18 minus lines 19d and 20. Note: If less than zero, see line 23 ___ **Your Refund** 21 99999999999.00

22. Direct Deposit (see instructions)

a. Routing Number 9 9 9 9 9 9 9 9 9

b. Account Number 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9

c. Type: X Checking X Savings X Hoosier Works MC

d. Place an "X" in the box if refund will go to an account outside the United States X

23. If line 15 is more than line 14, subtract line 14 from line 15. Add to this any amount on line 20 (see instructions) _____ 23 99999999999.00

24. Penalty if filed after due date (see instructions) _____ 24 99999999999.00

25. Interest if filed after due date (see instructions) _____ 25 99999999999.00

26. Amount Due: Add lines 23, 24 and 25_____ **Amount You Owe** 26 99999999999.00
Do not send cash. Please make your check or money order payable to:
Indiana Department of Revenue. Credit card payers must see instructions.

Sign and date this return after reading the Authorization statement on Schedule 7. You must enclose Schedule 7.

_____ _____
Your Signature Date Spouse's Signature Date

- 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.

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