



**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 found on page 5  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 2011, enter date of death below (MMDD).

Taxpayer's date of death   2011 Spouse's date of death   2011

**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 \_\_\_\_\_

E-mail address where we can reach you

<p><b>I authorize the Department to discuss my return with my personal representative (see page 6).</b></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, complete the information below.</p> <p><b>Personal Representative's Name</b> (please print)</p> <input type="text"/> Telephone number <input type="text"/> Address <input type="text"/> City <input type="text"/> State <input type="text"/> Zip Code <input type="text"/>	<p><b>Paid Preparer: Firm's Name</b> (or yours if self-employed)</p> <input type="text"/> <input type="checkbox"/> IN-OPT on file with paid preparer if not filing electronically <input type="checkbox"/> Federal I.D. Number <input type="text"/> PTIN <b>OR</b> <input type="checkbox"/> Social Security Number <input type="text"/> Address <input type="text"/> City <input type="text"/> State <input type="text"/> Zip Code <input type="text"/>
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- 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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