



# 2012 Indiana Full-Year Resident Individual Income Tax Return

Due April 15, 2013

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

from [ ] [ ] [ ] to: [ ] [ ] [ ]

Your Social Security Number [ ] [ ] [ ] [ ] [ ] [ ]

Spouse's Social Security Number [ ] [ ] [ ] [ ] [ ] [ ]

Place "X" in box if applying for ITIN

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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)

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

City State Zip/Postal code  
[ ] [ ] [ ]

Foreign country 2-character code (see pg. 6 )  
[ ]

School corporation number (see pages 59 and 60 )  
[ ]

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, 2012.

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 (AGI) from your federal tax return (from Form 1040, line 37; Form 1040A, line 21; or from Form 1040EZ, line 4) \_\_\_\_\_ **Federal AGI** 1 [ ] [ ] [ ] [ ] [ ] [ ] .00
2. Enter amount from Schedule 1, line 8, and enclose Schedule 1 \_\_\_\_\_ **Indiana Add-Backs** 2 [ ] [ ] [ ] [ ] [ ] [ ] .00
3. Add line 1 and line 2 \_\_\_\_\_ 3 [ ] [ ] [ ] [ ] [ ] [ ] .00
4. Enter amount from Schedule 2, line 12, and enclose Schedule 2 \_\_\_\_\_ **Indiana Deductions** 4 [ ] [ ] [ ] [ ] [ ] [ ] .00
5. Subtract line 4 from line 3 \_\_\_\_\_ **Indiana Adjusted Income** 5 [ ] [ ] [ ] [ ] [ ] [ ] .00
6. You must complete Schedule 3. Enter amount from Schedule 3, line 5, and enclose Schedule 3 \_\_\_\_\_ **Indiana Exemptions** 6 [ ] [ ] [ ] [ ] [ ] [ ] .00
7. Subtract line 6 from line 5 \_\_\_\_\_ **State Taxable Income** 7 [ ] [ ] [ ] [ ] [ ] [ ] .00
8. State adjusted gross income tax: multiply line 7 by 3.4% (.034) (if answer is less than zero, leave blank) \_\_\_\_\_ 8 [ ] [ ] [ ] [ ] [ ] [ ] .00
9. County tax. Enter county tax due from Schedule CT-40 (if answer is less than zero, leave blank) \_\_\_\_\_ 9 [ ] [ ] [ ] [ ] [ ] [ ] .00
10. Other taxes. Enter amount from Schedule 4, line 4 (enclose sch.) \_\_\_\_\_ 10 [ ] [ ] [ ] [ ] [ ] [ ] .00
11. Add lines 8, 9 and 10. Enter total here and on line 16 on the back \_\_\_\_\_ **Indiana Taxes** 11 [ ] [ ] [ ] [ ] [ ] [ ] .00



12. Enter credits from Schedule 5, line 8 (enclose schedule)  12  .00


13. Enter offset credits from Schedule 6, line 7 (enclose schedule)  13  .00

**14. Automatic Taxpayer Refund credit.** Leave blank if not eligible. See instructions on page 9.  
 Enter \$ 111 if you are eligible  
 Enter \$ 222 if joint filing and both are eligible  
 Enter \$ 111 if joint filing but only one is eligible  14  .00

15. Add lines 12, 13 and 14 \_\_\_\_\_ **Indiana Credits**  15  .00

16. Enter amount from line 11 \_\_\_\_\_ **Indiana Taxes**  16  .00

17. If line 15 is equal to or more than line 16, subtract line 16 from line 15 (if smaller, skip to line 24)  17  .00

18. Amount from line 17 to be donated to the Indiana Nongame Wildlife Fund   18  .00

19. Subtract line 18 from line 17 \_\_\_\_\_ **Overpayment**  19  .00

20. Amount from line 19 to be applied to your 2013 estimated tax account (see instructions on page 11 ).  
 Enter your county code  county tax to be applied \_ \$  a  .00  
 Spouse's county code  county tax to be applied \_ \$  b  .00  
 Indiana adjusted gross income tax to be applied \_\_\_\_\_ \$  c  .00  
 Total to be applied to your estimated tax account (a + b + c; cannot be more than line 19) \_\_\_\_\_ **20d**   .00

21. Penalty for underpayment of estimated tax from Schedule IT-2210 or IT-2210A (enclose sch.) \_  21  .00

**22. Refund:** Line 19 minus lines 20d and 21. Note: If less than zero, see line 24 \_\_\_\_ **Your Refund**  22  .00

**23. Direct Deposit** (see page 12) c. Type:  Checking  Savings  Hoosier Works MC  
 a. Routing Number   
 b. Account Number   
 d. Place an "X" in the box if refund will go to an account outside the United States

24. If line 16 is more than line 15, subtract line 15 from line 16. Add to this any amount on line 21 (see instructions on page 13) \_\_\_\_\_  24  .00

25. Penalty if filed after due date (see instructions) \_\_\_\_\_  25  .00

26. Interest if filed after due date (see instructions) \_\_\_\_\_  26  .00

**27. Amount Due:** Add lines 24, 25 and 26 \_\_\_\_\_ **Amount You Owe**  27  .00  
 Do not send cash. Please make your check or money order payable to: Indiana Department of Revenue.

**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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