

2012

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

Due April 15, 2013

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)	Sci	hool Corporation		
Number (see pg. 12, 13)			13)	
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, 2012.				
County where you lived County where you worked County where s	spouse lived C	County where spous	se worked	
		Round a	ıll entries	
Enter your federal adjusted gross income from federal Form 1040EZ, line 4		1	00	
Enter the amount from line 3 of the <i>Indiana Deduction Worksheet</i> on the ba		2	00	
		3	00	
 Subtract line 2 from line 1 and enter total 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 Stat		5	00	
6. State adjusted gross income tax: multiply line 5 by 3.4% (.034) (if less than	6	00		
7. County income tax (see instructions on page 9) (if less than zero, leave blan	7	00		
8. Use tax due on out-of-state purchases (see instructions on page 6)	8	00		
9. Add lines 6, 7 and 8	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. Automatic Taxpayer Refund credit. See eligibility requirements on page 6.				
Enter \$111 if you are eligible; enter \$222 if joint filing and both are eligible; or				
enter \$111 if joint filing but only one is eligible. Leave blank if not eligible	12	00		
13. Add lines 10, 11 and 12		13	00	
14. If line 13 is more than line 9, subtract line 9 from line 13. This is an	rotal ordato			
overpayment. (If line 9 is more than line 13, skip to line 18.)	Overpayment	14	0.0	
15. Amount from line 14 to be donated to the Indiana Nongame Wildlife Fu	ınd	15	00	
16. Subtract line 15 from line 14. This is your refund	Your Refund	16	00	
17. a. Routing Number C.Type □ C	hecking Savings			
		1 1	ect	
b. Account Number Hoosier Works MC		1 1	oosit age 7)	
d. Place an "X" in the box if refund will go to an account outside the United	States □	(656 þ	ago / /	
18. If line 9 is more than line 13, subtract line 13 from line 9		18	0.0	
19. Penalty if filed after due date (see instructions on page 8)		19	0.0	
20. Interest if filed after due date (see instructions on page 8)		20	0.0	
21. Add lines 18, 19 and 20. This is the amount you owe. See page 8 for details				
make your payment, including credit card options.	Amount You Owe	[21 	00	

Indiana Deduction Worksheet

 Renter's deduction Address where rented if different from the one on the front page 	go (ontor bolow)			
Address where rented it different from the one on the front pat				
Landlord's name and address (enter below)	lotal amour	nt of rent paid		
	\$. 00		
Number of months rented Enter the lesser of \$3,00	OOR total amount of r	ent paid1.00		
2. Enter the amount from line 7 of the unemployment compensation worksheet found on page 8				
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.				
<u>Date of Death</u> If any individual listed at the top of the IT-40EZ died during 2012, each	nter date of death belo	w (MMDD).		
Taxpayer's date of death Authorization Under penalty of perjury, I have examined this return and all attachments an understand that if this is a joint return, any refund will be made payable to u request for direct deposit of my refund includes my authorization to the Indianumber, account number, account type, and Social Security number to ensu contact the Social Security Administration in order to confirm the Social Security.	us jointly and each of us is ana Department of Reven ure my refund is properly o	liable for all taxes due under this return. Also, my ue to furnish my financial institution with my routing deposited. I give permission to the Department to		
Your Signature	<u>e</u>	Daytime telephone number		
Spouse's Signature	e			
		E-mail address where we can reach you		
I authorize the Department to discuss my return with my personal representative (see page 11).	Paid Preparer: Firm's	Name (or yours if self-employed)		
representative (see page 11).				
Yes No If yes, complete the information below. Personal Representative's Name (please print)				
reisonal representative s name (piease print)				
Telephone	PTIN			
number				
Address	Address			
City	City			
State Zip Code	State	Zip Code		

- 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.

