



Indiana Full-Year Resident Individual Income Tax Return

Due April 15, 2014

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

☐ Place "X" in box 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)

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 55 and 56)

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, 2013.

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 15 on the back | | Indiana Taxes | 11 | | .00 |



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

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.

