

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

Due April 15, 2014

| Your Social Security Number | Spouse's Social | | | | | | |
|--|-----------------|-----------------------|---------|------------|-------------|---------|-----|
| ☐ Check if applying for ITIN ☐ Check if applying for ITIN | | | | | | | |
| Your first name Initial La | ast name | | | | | Suffix | |
| | | | | | | | |
| If filing a joint return, spouse's first name Initial Last name | | | | | | Suffix | |
| Present address (number and street or rural route) School Corporation | | | | | == | | |
| , | | | | | see pg. 12, | 13) | |
| | | | | | country | | |
| 2-chara | | | | | ter 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, 2013. | | | | | | | |
| County where you lived County where you worked County where spouse lived County where spouse worked | | | | | | | |
| Round all entries | | | | | | | |
| Enter your federal adjusted gross income from formal contents. | ederal Form 10 | 040F7 line 4 | | 1 | | | 0.0 |
| Enter the amount from line 3 of the <i>Indiana Deduction Worksheet</i> on the back of this form | | | | 2 | | | 0.0 |
| Subtract line 2 from line 1 and enter total | | | | 3 | | | 00 |
| 4. Enter \$1,000 if filing a single return OR \$2,000 if filing a joint return | | | 4 | | | 0.0 | |
| 5. Subtract line 4 from line 3 (if less than zero, leave blank) State Taxable Income | | | 5 | | | 0.0 | |
| 6. State adjusted gross income tax: multiply line 5 by 3.4% (.034) | | | | 6 | | | 00 |
| 7. County income tax (see instructions on page 8) | | | | | | | 0.0 |
| 8. Use tax due on out-of-state purchases (see instructions on page 6) | | | | | | | 00 |
| 9. Add lines 6, 7 and 8 | | | | | | | 0.0 |
| 10. From W-2s: all Indiana state tax withheld | | | | | | | 00 |
| 11. From W-2s: all Indiana county tax withheld | | | | | | | 0.0 |
| 12. Add lines 10 and 11 | | | | | | | 0.0 |
| 13. If line 12 is more than line 9, subtract line 9 from | | | | | | | |
| overpayment. (If line 9 is more than line 12, skip to line 17.) Overpayment | | | | 13 | | | 00 |
| 14. Amount from line 13 to be donated to the Indiana Nongame Wildlife Fund | | | | 14 | | | 00 |
| 15. Subtract line 14 from line 13. This is your refund | | Your R | Refund | 15 | | | 00 |
| 16. a. Routing Number | | c.Type ☐ Checking ☐ : | Savings | | D | irect | |
| | | | | | De | posit | |
| b. Account Number | | | | ; | (see | page 7) | |
| d. Place an "X" in the box if refund will go to an account outside the United States \Box | | | | | | | |
| 7. If line 9 is more than line 12, subtract line 12 from line 9 | | | | 17 | | | 00 |
| 18. Penalty if filed after due date (see instructions on page 7) | | | | 18 | | | 00 |
| Interest if filed after due date (see instructions on page 7) | | | | 19 | | | 00 |
| 20. Add lines 17, 18 and 19. This is the amount you | . • | | | 20 | | | 0.0 |
| make your payment, including credit card option | ა | Alliount 10 | u Owe | Z U | | | |

Indiana Deduction Worksheet

| Renter's deduction Address where rented if different from the one on the front page | ra (antar halaw) | | | |
|---|--|--|--|--|
| Address where rented it different from the one on the front pat | | | | |
| Landlord's name and address (enter below) | Total amount of rent paid | | | |
| | \$.00 | | | |
| | | | | |
| Number of months rented Enter the lesser of \$3,00 | 00 OR total amount of rent paid1 .00 | | | |
| 2. Enter the amount from line 7 of the unemployment compensation worksheet found on page 82 | | | | |
| 3. Total deductions: Add lines 1 and 2. Carry this total to page 1, lin | e 23.00 | | | |
| 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 | e, 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 2013, en | nter date of death below (MMDD). | | | |
| Authorization Under penalty of perjury, I have examined this return and all attachments as 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 India | date of death 2013 nd to the best of my knowledge and belief, it is true, complete and correct. I is jointly and each of us is liable for all taxes due under this return. Also, my ana Department of Revenue to furnish my financial institution with my routing are my refund is properly deposited. I give permission to the Department to curity number(s) used on this return are correct. | | | |
| Your Signature | e Daytime telephone number | | | |
| Spouse's Signature | 9 | | | |
| | Email address where we can reach you | | | |
| | | | | |
| I authorize the Department to discuss my return with my personal representative (see page 10). | Paid Preparer: Firm's Name (or yours if self-employed) | | | |
| representative (see page 10). | | | | |
| Yes No If yes, complete the information below. Personal Representative's Name (please print) | IN-OPT on file with paid preparer if not filing electronically | | | |
| Tersonal Representative 3 Name (piease print) | | | | |
| Telephone | PTIN L | | | |
| number | Address | | | |
| Address | City | | | |
| City | State Zip Code | | | |
| State Zip Code | Preparer's signature | | | |
| | | | | |

- 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.

