

## 2015

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

Due April 18, 2016

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	
		0.45	
If filing a joint return, spouse's first name Initial Last name		Suffix	
Present address (number and street or rural route)	hool Corporation		
Nu	imber (see inst.)		
,	oreign country character code		
		2015	
Enter the 2-digit county code numbers (found on the back of Schedule CT-40EZ) for the county where you live	d and worked on Jar	nuary 1, 2015.	
nty where you lived County where you worked County where spouse lived County where spouse worked		e worked	
	Round al	l entries	
Enter your federal adjusted gross income from federal Form 1040EZ, line 4	1	00	
2. Enter the amount from line 3 of the <i>Indiana Deduction Worksheet</i> on the back of this form	2	00	
3. Subtract line 2 from line 1 and enter total	3	0.0	
4. Enter \$1,000 if filing a single return <b>OR</b> \$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 3.3% (.033)	6	0.0	
7. County income tax (see instructions)	7	00	
Use tax due on out-of-state purchases (see instructions)	8	00	
9. Add lines 6, 7 and 8			
10. From W-2s: all Indiana state tax withheld		00	
11. From W-2s: all Indiana county tax withheld11		0.0	
12. Add lines 10 and 11Total Credits	12	0.0	
13. If line 12 is more than line 9, subtract line 9 from line 12. This is an			
overpayment. (If line 9 is more than line 12, skip to line 19.) Overpayment	13	00	
14. Amount from line 13 to be <b>donated</b> to the Indiana Nongame Wildlife Fund	14		
15. Amount from line 13 to be <b>donated</b> to the Public K-12 Education Fund	15	00	
16. Add lines 14 and 15. Enter total here (cannot be greater than line 13) <b>Total Donations</b>	16	00	
17. Subtract line 16 from line 13. This is your refund	17	0.0	
18. a. Routing Number ☐ Checking ☐ Savings	Direct		
b. Account Number	Depo (see pa		
d. Place an "X" in the box if refund will go to an account outside the United States □	(See pa	gc //	
19. If line 9 is more than line 12, subtract line 12 from line 9	19	00	
20. Penalty if filed after due date (see instructions)	20	0.0	
21. Interest if filed after due date (see instructions)	21	00	
22. Add lines 19, 20 and 21. This is the amount you owe. See instructions for details on how to			
make your payment, including credit card options Amount You Owe	22	0.0	

## **Indiana Deduction Worksheet**

<ol> <li>Renter's deduction</li> <li>Address where rented if different from the one on the front page</li> </ol>	ao (antar halaw)
Address where refited it different from the one on the front pat	
Landlord's name and address (enter below)	Total amount of rent paid
,	\$
Number of months rented Enter the lesser of \$3,00	00 <b>OR</b> total amount of rent paid1
2. Enter the amount from line 7 of the unemployment compensation	n worksheet
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 2015, e	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 us request for direct deposit of my refund includes my authorization to the India.	nd to the best of my knowledge and belief, it is true, complete and correct. It 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 ture 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	е
	Email address where we can reach you
I authorize the Department to discuss my return with my personal representative.	Paid Preparer: Firm's Name (or yours if self-employed)
representative.	
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
resonantepresentative sixtane (prease print)	
Telephone	PTIN L
number	Address
Address	
	City
City	City Zip Code
City 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.

