| No. of the second se | Form IT-40 | 2016 | Indiana Full-Yea Individual Income | | | | Du | ie April 1 | 18, 2017 | | |
|-----------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|-------------------------------------------------|---------------------------|----------------|-------|------------------------------|------------|----------|--|--|
| (;; [a] | State Form 154 (R15 / 9-16) | If filing for a fis | cal year, enter the dates (| see instruc | tions) (MM/DD | /YYYY | <i>"</i>): | | | | |
| | | from | to: | | | | | | | | |
| | Your Social | | | e's Social ity Number | r | | | | | | |
| ١ | Your first name Initial Last name | | | | | | | | | | |
| | f filing a joint return, | spouse's first name | Initial Last name | | | | | | Suffix | | |
| F | Present address (number and street or rural route) Place "X" in box if married filing sepa | | | | | | | | | | |
| (| City | | | State | | Zip/P | ostal code | | 7 | | |
| E | Foreign country 2-character code (see instructions) 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, 2016. | | | | | | | | | | |
| (| County where | County where you worked | | County whe spouse live | | | ty where se worked | | | | |
| 1. | • | | e (AGI) from your federal rm 1040EZ, line 4) | | | | Round | d all en | tries | | |
| 2. | Enter amount from | Schedule 1, line 8, a | nd enclose Schedule 1 | I | ndiana Add-B | acks | 2 | | | | |
| 3. | Add line 1 and line | Add line 1 and line 2 | | | | | | 00 | | | |
| 4. | Enter amount from | Schedule 2, line 12, | and enclose Schedule 2 $_$ | Ir | ndiana Deduc | tions | 4 | | | | |
| 5. | Subtract line 4 fron | n line 3 | | Indiana | a Adjusted Inc | ome | 5 | | .00 | | |
| 6. | | | mount from Schedule 3, lin | | idiana Exemp | tions | 6 | | .00 | | |
| | Subtract line 6 fron State adjusted gros | | y line 7 by 3.3% (.033) | Sta | te Taxable Inc | ome | 7 | | .00 | | |
| | (if answer is less th County tax. Enter o | nan zero, leave blank county tax due from S nan zero, leave blank | chedule CT-40 | 8 | | o | | | | | |
| 10. | | | le 4, line 4 (enclose sch.) | 10 | | .0 | 0 | | | | |
| 11. | Add lines 8, 9 and | 10. Enter total here a | nd on line 15 on the back | | Indiana T | axes | 11 | | .00 | | |

| 12. | Enter credits from Schedule 5, line 9 (enclose schedule) 12 | .00 | | |
|--------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-------------------------|------|
| 13. | Enter offset credits from Schedule 6, line 8 (enclose schedule) 13 | .00 | | |
| 14. | Add lines 12 and 13 India | na Credits | 14 | .00 |
| 15. | Enter amount from line 11 India | ana Taxes | 15 | .00 |
| 16. | If line 14 is equal to or more than line 15, subtract line 15 from line 14 (if smaller, skip | to line 23) | 16 | .00 |
| 17. | Enter donations from Schedule IN-DONATE (enclose schedule); cannot be greater th | 17 | .00 | |
| 18. | Subtract line 17 from line 16 Ove | rpayment | 18 | .00 |
| 19. | Amount from line 18 to be applied to your 2017 estimated tax account (see instruction | is). | | |
| | Enter your county code county tax to be applied _\$ | .00 | | |
| | Spouse's county code county tax to be applied _\$ | .00 | | |
| | Indiana adjusted gross income tax to be applied\$ | .00 | | |
| | Total to be applied to your estimated tax account (a + b + c; cannot be more than line | 18) | 19d | |
| 20. | Penalty for underpayment of estimated tax from Schedule IT-2210 or IT-2210A (enclo | se sch.) _ | 20 | |
| 21. | Refund: Line 18 minus lines 19d and 20. Note: If less than zero, see line 23 Yo | ur Refund | 21 | .00 |
| 22. | Direct Deposit (see instructions) a. Routing Number b. Account Number c. Type: Checking Savings Hoosier Works MC d. Place an "X" in the box if refund will go to an account outside the United States | | | |
| 23. | If line 15 is more than line 14, subtract line 14 from line 15. Add to this any amount on (see instructions) | line 20 | 23 | .00 |
| 24. | Penalty if filed after due date (see instructions) | | 24 | .00 |
| 25. | Interest if filed after due date (see instructions) | | 25 | .00 |
| | Amount Due: Add lines 23, 24 and 25 Amount Do not send cash. Please make your check or money order payable to: Indiana Department of Revenue. Credit card payers must see instructions. | t You Owe | 26 close Schedule 7. | .00 |
| | | | | |
| Your | r Signature Date Spouse's Signatur | e | | Date |
| • If e | enclosing payment mail to: Indiana Department of Revenue, P.O. Box 7224, Indianapol | is, IN 4620 | 7-7224. | |

• Mail all other returns to: Indiana Department of Revenue, P.O. Box 40, Indianapolis, IN 46206-0040.

