**Schedule D**
Form IT-40PNR, State Form 54032
(R11 / 9-20)

**Schedule D: Exemptions**

**2020**

Enclosure
Sequence No. **04**

Name(s) shown on Form IT-40PNR

Your Social Security Number

**Complete and enclose Schedule IN-DEP: Dependent Information and Additional Dependent Child Information if you are claiming dependents on lines 2 and/or 3 below.**

**Round all entries**

1. Enter $2000 if you are married filing jointly; otherwise, enter $1000 _____ | 1 |_____.00

2. Enter the number of dependents listed on Schedule IN-DEP, Box 6 [____] x $1000 _____ | 2 |_____.00
   You **MUST** enclose Schedule IN-DEP.

3. You may claim an additional exemption for each qualifying dependent child:
   - who is a son, stepson, daughter, stepdaughter, foster child and/or child for whom you are a legal guardian,
   - who was under the age of 19 by Dec. 31, 2020,
   - or a full-time student who was under the age of 24 by Dec. 31, 2020, and
   - who you are eligible to claim as a dependent on line 2 above.

   Enter the number of additional dependents
   listed on Schedule IN-DEP, Box 7. [____] x $1500 _____ | 3 |_____.00

4. Place "X" in box(es) below if, by December 31, 2020

   You were age 65 or older [____] and/or blind [____]

   Spouse was 65 or older [____] and/or blind [____]

   Total number of boxes with Xs [____] x $1000 _____ | 4 |_____.00

5. If age 65 or older, enter amount from Schedule A, line 36A $[_____]
   If this amount is less than $40,000, place "X" in box(es) below if:

   You were age 65 or older [____]

   Spouse was 65 or older [____]

   Total number of boxes with Xs [____] x $500 _____ | 5 |_____.00

6. Add lines 1, 2, 3, 4 and 5 _____ | 6 |_____.00

7. Enter the number from Schedule A, Proration Section, line 21D _____ | 7 |____.

8. Multiply line 6 by line 7. Enter here and on Form IT-40PNR, line 6 _____ **Total Exemptions** | 8 |_____.00