

**Schedule IN-DEP Schedule IN-DEP: Dependent Information and Additional
Form IT-40/IT-40PNR
State Form 54815
(R11 / 9-22)**

Enclosure
Sequence No. **03A/04A**
2022

Name(s) shown on Form IT-40/IT-40PNR

Your Social Security Number

1A. Dependent's First Name
 1B. Dependent's Last Name
 1C. Dependent's Social Security Number
 1D. Dependent's Date of Birth (mm dd yyyy)
 1E. Place "X" in box if claiming dependent as an additional dependent child exemption _____ 1E

2A. Dependent's First Name
 2B. Dependent's Last Name
 2C. Dependent's Social Security Number
 2D. Dependent's Date of Birth (mm dd yyyy)
 2E. Place "X" in box if claiming dependent as an additional dependent child exemption _____ 2E

3A. Dependent's First Name
 3B. Dependent's Last Name
 3C. Dependent's Social Security Number
 3D. Dependent's Date of Birth (mm dd yyyy)
 3E. Place "X" in box if claiming dependent as an additional dependent child exemption _____ 3E

4A. Dependent's First Name
 4B. Dependent's Last Name
 4C. Dependent's Social Security Number
 4D. Dependent's Date of Birth (mm dd yyyy)
 4E. Place "X" in box if claiming dependent as an additional dependent child exemption _____ 4E

5A. Dependent's First Name
 5B. Dependent's Last Name
 5C. Dependent's Social Security Number
 5D. Dependent's Date of Birth (mm dd yyyy)
 5E. Place "X" in box if claiming dependent as an additional dependent child exemption _____ 5E

6. **Dependent Exemptions.** Add the number of dependents listed above (see instructions). Enter the total here and in the box on line 2 of Schedule 3 (if filing Form IT-40) or Schedule D (if filing Form IT-40PNR) **Box 6**

7. **Additional Dependent Exemptions.** Add the total number of boxes with Xs from lines 1E, 2E, 3E, 4E, and 5E, if applicable. Enter the total here and in the box on line 3 of Schedule 3 (if filing Form IT-40) or Schedule D (if filing Form IT-40PNR) **Box 7**



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