

Name(s) shown on Form IT-40

Your Social Security Number

Round all entries

- | | | | |
|---|-------------------------------|-------------------------|-----|
| 1. Tax add-back: certain taxes deducted from federal Schedules C, C-EZ, E and/or F _____ | 1 | <input type="text"/> | .00 |
| 2. Net operating loss carryforward from federal Form 1040, "Other income" line _____ | 2 | <input type="text"/> | .00 |
| 3. OOS municipal obligation interest add-back _____ | 3 | <input type="text"/> | .00 |
| 4. Bonus depreciation add-back _____ | 4 | <input type="text"/> | .00 |
| 5. Section 179 expense excess add-back _____ | 5 | <input type="text"/> | .00 |
| 6. Other Add-Backs: See instructions. | | | |
| a. Enter add-back name <input type="text"/> | code no. <input type="text"/> | 6a <input type="text"/> | .00 |
| b. Enter add-back name <input type="text"/> | code no. <input type="text"/> | 6b <input type="text"/> | .00 |
| c. Enter add-back name <input type="text"/> | code no. <input type="text"/> | 6c <input type="text"/> | .00 |
| d. Enter add-back name <input type="text"/> | code no. <input type="text"/> | 6d <input type="text"/> | .00 |
| e. Enter add-back name <input type="text"/> | code no. <input type="text"/> | 6e <input type="text"/> | .00 |
| f. Enter add-back name <input type="text"/> | code no. <input type="text"/> | 6f <input type="text"/> | .00 |
| g. Enter add-back name <input type="text"/> | code no. <input type="text"/> | 6g <input type="text"/> | .00 |
| h. Enter add-back name <input type="text"/> | code no. <input type="text"/> | 6h <input type="text"/> | .00 |
| i. Enter add-back name <input type="text"/> | code no. <input type="text"/> | 6i <input type="text"/> | .00 |
| j. Enter add-back name <input type="text"/> | code no. <input type="text"/> | 6j <input type="text"/> | .00 |
| k. Enter add-back name <input type="text"/> | code no. <input type="text"/> | 6k <input type="text"/> | .00 |
| l. Enter add-back name <input type="text"/> | code no. <input type="text"/> | 6l <input type="text"/> | .00 |
| m. Enter add-back name <input type="text"/> | code no. <input type="text"/> | 6m <input type="text"/> | .00 |
| n. Enter add-back name <input type="text"/> | code no. <input type="text"/> | 6n <input type="text"/> | .00 |
| o. Enter add-back name <input type="text"/> | code no. <input type="text"/> | 6o <input type="text"/> | .00 |
| 7. Add lines 1 through 6. Enter total here and on Form IT-40, line 2 _____ Total Indiana Add-Backs | 7 | <input type="text"/> | .00 |

