

## Indiana Department of Revenue **Schedule 3: Exemptions**

2025

Enclosure Sequence No. 03

Name(s) shown on Form IT-40	Your Social Security Number	
Complete and enclose Schedule IN-DEP: Dependent Information and Additional De claiming dependents on lines 2 and/or 3 below. Complete and enclose Schedule IN you are claiming dependents on line 6 below.		ation if
Enter \$2000 if you are married filing jointly; otherwise, enter \$1000	1	.00
Enter the number of dependents listed on Schedule IN-DEP, Box 5  x \$1000 You <b>MUST</b> enclose Schedule IN-DEP.		.00
<ul> <li>3. You may claim an additional exemption for each qualifying dependent child:</li> <li>who is a son, stepson, daughter, stepdaughter, foster child and/or child for whom y legal guardian;</li> <li>who was under the age of 19 by Dec. 31, 2025; or</li> <li>who is a full-time student who was under the age of 24 by Dec. 31, 2025; and</li> <li>who you are eligible to claim as a dependent on line 2 above.</li> </ul>	ou are a	
Enter the number of additional dependents listed on Schedule IN-DEP, Box 6. x \$1500	3	.00
4. Place "X" in box(es) below if, by Dec. 31, 2025:		
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
<ul> <li>5. If age 65 or older, enter amount from Form IT-40, line 1.</li> <li>If filling as married filing separately and this amount is less than \$20,000, place "X" the "You were age 65 or older" box below.</li> <li>For all other filers age 65 or older, if this amount is less than \$40,000, place "X" in appropriate box(es) below.</li> <li>You were age 65 or older</li> <li>Spouse was 65 or older</li> </ul>	in	
Total number of boxes with Xs x \$500	5	.00
6. Enter the number of additional adopted child exemptions listed on Schedule IN-DEP-A, Box 6 x \$3000 You <b>MUST</b> enclose Schedule IN-DEP-A.	6	.00
7. Add lines 1, 2, 3, 4, 5 and 6. Enter here and on Form IT-40, line 6 <b>Total</b>	Exemptions 7	.00