

Indiana Department of Revenue **Adopted Dependent Information**

2025

Enclosure Sequence No. 03B/04B

| me(s) shown on Form IT-40/IT-40PNR Your Social Secu | ırity Number |
|---|--------------|
| | |
| Adopted Dependent's First Name Adopted Dependent's Last Name | |
| A. 1B. | |
| Adopted Dependent's Social Security Number Adopted Dependent's Date of Birth (mm dd yyyy) | |
| C. 1D. | |
| E. Place "X" in box if the first listed taxpayer is an adoptive parent of the child | 1E |
| F. Place "X" in box if the spouse is an adoptive parent of the child | 1F |
| Adopted Dependent's First Name Adopted Dependent's Last Name | |
| A 2B | |
| Adopted Dependent's Social Security Number Adopted Dependent's Date of Birth (mm dd yyyy) | |
| C 2D | |
| Place "X" in box if the first listed taxpayer is an adoptive parent of the child | 2E |
| F. Place "X" in box if the spouse is an adoptive parent of the child | 2F |
| Adopted Dependent's First Name Adopted Dependent's Last Name | |
| А 3В | |
| Adopted Dependent's Social Security Number Adopted Dependent's Date of Birth (mm dd yyyy) | |
| C. 3D. | |
| E. Place "X" in box if the first listed taxpayer is an adoptive parent of the child | 3E |
| F. Place "X" in box if the spouse is an adoptive parent of the child | 3F |
| Adopted Dependent's First Name Adopted Dependent's Last Name | |
| A. 4B. | |
| Adopted Dependent's Social Security Number Adopted Dependent's Date of Birth (mm dd yyyy) | |
| C. 4D. | |
| E. Place "X" in box if the first listed taxpayer is an adoptive parent of the child | 4E |
| F. Place "X" in box if the spouse is an adoptive parent of the child | 4F |
| Adopted Dependent's First Name Adopted Dependent's Last Name | |
| A 5B | |
| Adopted Dependent's Social Security Number Adopted Dependent's Date of Birth (mm dd yyyy) | |
| C 5D | |
| E. Place "X" in box if the first listed taxpayer is an adoptive parent of the child | 5E |
| F. Place "X" in box if the spouse is an adoptive parent of the child | 5F |
| 6. Add the number of adopted dependents list above (see instructions). Enter the total here and | |
| the box on line 6 of Schedule 3 (if filing Form IT-40) or Schedule D (if filing form IT-40PNR) | Box 6 |

