

## Indiana Department of Revenue **Indiana Withholding Statements**

Enclosure Sequence No. 26

Na	ame(s) shown on Form IT-40/IT-40PNR/IT-40RNR							Your Social Security Number		
	A Social Security Number	<b>B</b> Form Code	<b>C</b> Employer or Payer ID Number	<b>D</b> State Income		<b>E</b> State Tax Withheld	F Loca Incom		<b>G</b> Local Tax Withheld	H Locality Code
1				(	00	00		0.0	00	<u> </u>
2				(	00	00		0.0	00	,
3				(	00	00		0.0	00	,
4					00	00		0.0	00	1
5					00	00		0.0	00	1
6					00	00		0.0	00	1
7				(	00	00		0.0	00	,
8				(	00	00		0.0	00	,
9				(	00	0.0		0.0	00	1
10				(	00	0.0		0.0	00	1
11				(	00	0.0		0.0	00	1
12				(	00	0.0		0.0	00	1
13				(	00	0.0		0.0	00	1
14				(	00	0.0		0.0	00	1
15				(	00	0.0		0.0	00	i
16				(	00	0.0		0.0	00	i
17				(	00	0.0		0.0	00	1
18				(	00	0.0		0.0	00	1
19				(	00	0.0		0.0	00	1
20				(	00	0.0		0.0	00	1
21				(	00	0.0		0.0	00	1
22				(	00	0.0		0.0	00	i
23				(	00	0.0		0.0	00	
24				(	00	0.0		0.0	00	
25					00	0.0		00	00	
26	Add lines 1 through 25 column E. Enter total on line 1 of  IT-40 Schedule 5, or line 1 of IT-40PNR Schedule F, or line 7 of IT-40RNR.									
27	Add lines 1 throlline 2 of IT-40F	ough 25 PNR Sc	5 column G. Enter to hedule F, or line 8 c	otal on line 2 of IT-4 of IT-40RNR.	0 Sc	hedule 5, or			00	

Schedule IN-W Reference Chart											
Form Type	Form Code	Form Type	Form Code	Form Type	Form Code						
W2/W2C	W	1099R	R	1099G	U						
W2G	G	1099M	M	1099NEC	N						

