

Indiana Full-Year Resident Individual Income Tax Return Due April 15, 2002 2001

	(R / 8-01)	If you are no	ot filing for th	ne calendar ye	ear January	1 through	Decem	ber 31,	, 2001,	enter peri	od fro	m:	to:	
	Your Social					's Social					_	_		e box if you
	Security Number				Securit	y Number				ш			are marri C separate	_
	Your first name				Initial	Last r	name						o ooparato	<i>y</i> .
	D				_	F								
	D If filing a joint retu	rn. spouse's i	first name		E Initial	Last	name							
		, .,												
	G Present address (number and s	street or rura	l route) (If vo	∣∺ u have a Pi) hox see	nage :	5)			Sch	ool D	istrict —	
	i rodom dadroco (i	idilibor dila c	on our or ruru	ii routo, (ii yo	a navo a r .	o. 50%, 00%	pago	o.,					see page 34)	
	City				State	Zip Cod	e + 4				For	eian C	Country (if applicab	le)
					June		•					J.g C		٥,
	K Enter the 2	digit count	hy aada au	mbers (foun	d on nogo	G in the i	notruo	tion ho	oklot) :	for the	O	vou b	nave a loss (or n	enative entry
				ed on Janua			nstruc	טט ווטוו	okiet)	ioi trie			indicate so by	
	Р		Taxpaye	er	R			Spou	ise —		b		t. Example: (1	
	County wh	nere	County wl	here	County	where		ounty '					Please round al nearest who	
	you lived		you worke	ed	you live	b	У	ou wor	ked				(see instruction	
M	1. Enter your f	ederal adius	sted arass	income from	n vour fede	ral return	(SAA r	nane 0	١			1		
	2. Tax Add-Ba	=	_		-			-	-			2		
9	Net operatir											3		
ر ام	•	-										4		
<u>a</u>	4. Income taxe			-			•					5		
es	5. Add lines 1	•										6		
Ë	6. Indiana ded											7		
een	7. Line 5 minu							djuste	d Gros	ss Inco	me 🕨	,		
etw	 8. Number of exemptions claimed on your federal return x \$1,000. (If no federal return was filed, enter \$1,000 per qualifying person: see page 14.) 9. Additional exemption for certain dependent children (see page 15.) 										00			
<u>у</u>									8					
ou											00			
age	Enter numb	Enter number x \$1,500								9				
is	10. Check box(es) below fo	r additiona	I exemption:	s if, by De	cember 3	1, 200	1:						
on the front of this page only between Lines 1 and 26	You were: ☐ 65 or older ☐ or blind. Spouse was: ☐ 65 or older ☐ or blind.									00				
Ę	Total the nu	umber of bo	xes checke	ed x	\$1,000							10		
fro	11. Check box(es) below for additional exemptions if, by December 31, 2001:													
the	You were:	☐ 65 or 0	older and li	ne 1 above	is less tha	n \$40,000).							
	Spouse was	s: 🔲 65 or 0	older and li	ne 1 above	is less tha	n \$40,000).							
Ë	Total the nu	mber of box	es checke	d x	\$500							11		00
W-2 forms	12. Add lines 8,	9, 10 and 1	1					То	otal Ex	emptio	ns 🕨	12		00
`-	13. Line 7 minu	s line 12 (if	answer is le	ss than zero,	leave blank	ς)		State	Taxab	le Inco	me▶	13		
Staple	14. State adjust	ed gross ind	come tax:	Multiply line	13 by 3.4	% (.034)						14		
Stal	15. County inco											15		
	-											16		
		16. Use tax due on out-of-state purchases (see page 18)								17				
		8. Add lines 14 through 17. Enter here and on line 27 on the back								18				
												19		
		9. Indiana state tax withheld: (From box 17 of your W-2s, box A of WH-18s or from 1099s)								20				
		20. Indiana county tax withheld. (From box 19 of your W-2s, box B of WH-18s of from 1099s)								21				
	22. Unified tax credit for the elderly: see instructions on page 19									22				
k or ìere			-		-	_						23		
hec ler t	23. Earned inco											24		
ip c ord	24. Lake Count	-		· ·								25		
Paperclip check or money order here	25. Indiana cred													
ape moi	26. Add lines 19	through 25		ere and on li					Tot	al Cred	its 🟲	26	<u> </u>	
-	AA		BB		CC		DD						Turn the page	age 🕼

27.	Enter the Total Tax from line 18 on the front of this form	27		
28.	Enter the Total Credits from line 26 on the front of this form	28		
29.	If line 28 is more than line 27, subtract line 27 from line 28 (if smaller, skip to line 36)	29		
30.	Amount of line 29 to be donated to the Indiana Nongame and			
	Endangered Wildlife Fund (see instructions on page 30)	30		
31	Subtract line 30 from line 29	31		
32.		32		
33.		33		
34.	Refund: Line 31 minus lines 32 and 33 (if less than zero see instructions on page 31)Your Refund ▶	34	If you want to	
	35a. Routing Number Direct		If you want to DIRECT DEPOSE	
Ē	Deposit b. Account Number	V	your refund, you r	must
_	c. Type of Account Checking Savings See Instructions on page 31		complete lines	
00			35a, b & c on the	Tert.
36.	If line 27 is more than line 28, subtract line 28 from line 27. Add to this any amounts from lines 32 and 33, and enter total here (see instructions on page 32) SUBTOTAL	36		
37.	Penalty if filed after due date (see instructions on page 32)	37		
38.		38		
	Amount Due: Add lines 36, 37 and 38	39		
•	No payment is due if you owe less than \$1.00. Do Not Send Cash. Please make your check or money	00		
	order payable to: Indiana Department of Revenue. Credit card payers must see page 32 for instructions. SS Note: Check box if paying by credit card.			
0				
	ut-of-State Income Information Taxpayer \$			
	Enter any salary, wage, tip &/or commission received from Illinois, Kentucky, Michigan, Ohio, Pennsylvania and/or Wisconsin: Spouse \$ U			
	died during		listed at the top of the I' 1, enter date of death be	
	Spouse - Check box if you filed federal Schedule C or C-EZ for 2001.		20	001
	If two-thirds of your gross income was made from farming or fishing, please check here.			701
	Important: If you checked the box, you must attach Schedule IT-2210 or IT-2210A. Spouse's of death	FF	m m d d 20	001
Υ •	Enter the number of motor vehicles you and/or your spouse own or lease.			
Z•	Are all these vehicles registered with the Indiana Bureau of Motor Vehicles? Yes 🗌 No 🔲 If No, a	ttach	an explanation.	
	uthorization			
	nder penalty of perjury, I have examined this return and all attachments and to the best of my knowledge and correct. I also understand that if this is a joint return, any refund will be made payable to us jointly a			
	xes due under this return. Also, my request for direct deposit of my refund includes my authorization to			
R	evenue to furnish my financial institution with my routing number, account number, account type, an			
in	sure my refund is properly deposited.			
00		/time	Telephone Number	7
GG	I authorize the Department to discuss my return with my tax preparer. Yes No	Ų.		
Г	Your Signature Date Spouses	Day	time Telephone Numbe	er
	July Squatter			_ _
L	F-mail address when	e we	can reach you (see pag	 ne 33)
	Spouse's Signature Date JJ	0 110	can reach year (eee pag	go 00)
	Duite 50 graduate			
L				
N	Paid Preparer's name KK ☐ Federal I.D. Number, ☐ PTIN OR ☐	Soci	al Security Number	
10	Address			
N	Preparer's daytime telep	hone	number	
	City RR			
C	State Zin Code + 4 Preparer's Signature		Data	
F	State Zip Code + 4		Date	
Ŀ	Section (Lient)	0 1/	on a conv. f==	
716	ease mail to: Indiana Department of Revenue, P.O. Box 40, Indianapolis, IN 46206-004	U. K	eep a copy for your rec	oras.

Schedules 1 & 2

Form IT-40, State Form 47908 (R / 8-01)

Schedule 1: Indiana Deductions

(Schedule 2 begins after line 20 below)

Attachment Sequence No. **01**

Enter your first name, middle initial and last name and spouses full name if filing a joint return

You

Your Social A Security Number

1.	Instructions for Schedule 1 begin on page 9. Renter's deduction: Address where rented if different from the one on the front page		
	B Landlord's name and address		entries to nearest instructions, pg 7)
	C Amount of rent paid \$ D		
	Number of months rented E Enter the lesser of \$2,000 or amount of rent paid	1	
2.	Residential Homeowner's Property Tax deduction: Address where property tax was paid if		
	different from front page _F		
	Number of months lived there G Amount of property tax paid \$ H		
	Enter the lesser of \$2,500 or the actual amount of property tax paid	2	
3.	State tax refund reported on federal return (see page 11)	3	
4.	Interest on U.S. Government Obligations (see page 11)	4	
5.	Taxable Social Security benefits (see page 11)	5	
6.	Taxable Railroad Retirement benefits (see page 11)	6	
7.	Military Service deduction: \$2,000 maximum for qualifying individual (see page 11)	7	
8.	Non-Indiana Locality Earnings deduction:\$2,000 maximum per qualifying person(see page 11)	8	
9.	Insulation deduction: \$1,000 maximum: attach verification (see page 12)	9	
10.	Disability Retirement deduction:\$5,200 maximum per qualifying person (see page 12)		
	Attach Schedule IT-2440	10	
11.	Civil Service Annuity deduction: \$2,000 maximum per qualifying person (see page 12)	11	
	Nontaxable portion of Unemployment Compensation (see page 12)	12	
	Indiana Lottery Winnings (see page 12)	13	
	Indiana Net Operating Loss deduction: attach Schedule IT-40NOL (see page 12)	14	
	Enterprise Zone Employee deduction: attach Schedule IT-40QEC (see page 13)	15	
	Recovery of deductions (see page 13)	16	
	Human Services deduction (see page 13)	17	
	Indiana partnership long term care policy premiums deduction (see page 13)	18	
	Other deductions: list source(s) and amounts (see page 14)	19	
	Add lines 1 through 19 and enter total on line 6 of Form IT-40 Total Deductions	20	
_0.	Schedule 2: Indiana Credits		
1	Credit for Local Taxes Paid Outside Indiana (see page 24)	1	
	County Credit for the Elderly: attach federal Schedule R (see page 26)	2	
	Other Local Credits: List source(s) and amounts (see page 26)		
٠.	Important: Lines 1 plus 2 & 3 cannot be greater than the county tax due on IT-40 line 15 (see page 26)	3	
4.	College Credit: Attach Schedule CC-40 (see page 27)	4	
	Credit for Taxes Paid to Other States: attach other state's return (see page 27)	5	
	Research Expense Credit: attach Form IT-20REC (see page 28)	6	
	Neighborhood Assistance Credit: attach Schedule NC-20 (see page 28)	7	
	Enterprise Zone Credits (attach appropriate schedule: see page 28)	8	
	Teacher Summer Employment Credit: attach Schedule TSE (see page 28)	9	
	Twenty-First Century Scholars Program Credit (see page 28)	10	
	Other Credits: List source(s) and amounts (see page 29)		
	Important: Lines 4 through 11 added together cannot be greater than the state adjusted		
	gross income tax due on IT-40 line 14 (see instructions on page 31)	11	
	Add lines 1 through 11 and enter total on line 25 of Form IT-40	12	

Schedule CT-40

Form IT-40, State Form 47907 (R / 8-01)

County Tax Schedule for Indiana Residents
See instructions on page 15 to see if this schedule needs to be attached to your IT-40

Attachment Sequence No. 02

1.,	7001)						
Er	nter your first name, middle initial and last name and spouses full name if fi	iling a	joint return	Your Social A Security Num	ber		
S	ECTION 1: To be completed by those taxpayers who were resi	dents	of a coun	ty that had ado	pted	a county income ta	x.
						January 1, 2001. chart on page 21.)	
1	Enter the amount from IT-40, line 13. Note: If both you and						
٠.	your spouse lived in the same county on January 1, enter		Column	A - Yours		Column B - Spous	e's
	the entire amount from Form IT-40, line 13 on line 1A only. See instructions on page 16	1A			1B		
2.	If you claimed a non-Indiana locality earnings deduction on	2 /			2D		
	Schedule 1, line 8, enter the amount here. If not, leave blank	2A			2B		
	Add lines 1 and 2	ЗА			3B		
4.	Enter the resident rate from the county tax chart on page 21 for the county code number shown above	4A			4B		
	·						
	Multiply line 3 by the rate on line 4	5A			5B		
Ο.	Add lines 5A and 5B. Enter the total here. Note: Perry County Reperry County and worked in the Kentucky counties of Breckinridge,		-				
	complete lines 7 and 8. Otherwise, enter the total here and on line			-	6		
7.	Enter the amount of income that was taxed by any of the Kentuck	ky cou	nties listed	on line 6 above	7		
8.	Multiply line 7 by .005 and enter total here				8		
					9		
9.	Line 6 minus line 8. Enter the total here and on line 15 of Form I	1-40		P		<u> </u>	
S	ECTION 2: To be completed by those taxpayers who, on Janua						
	adopted a county income tax, but worked in an Indi	iana c	ounty that	t <i>had</i> adopted a	cour	nty income tax.	
Q	Your county of principal employment as of January 1, 2001. (Enter 2-digit county code # from the chart on page 21.)	Jar		inty of principal 01. (Enter 2-digit age 21.)			
1.	Enter your principal employment income by entering the total						
	income from your W-2s, net self-employment income (from Federal Schedule C or C-EZ) and/or farm income (from Federal Schedule						
	F). If you worked two or more jobs at the same time, enter the		Column	A - Yours		Column B - Spous	e's
	portion you earned from your main job. See page 17 for further Section 2 instructions	1A			1B		
2.	, , , , , , , , , , , , , , , , , , , ,						
	ment plans, IRA's, etc. See page 17 for the complete list of allowable deductions and further instructions	2A			2B		
2	Subtract line 2 from line 1	ЗА			3B		
۶.	Subtract line 2 from line 1	3/			30		
1.	Enter some or all of the exemptions from line 12 of Form IT-40 (see instructions on page 18)	4A			4B		
	Tomi 11-40 (see instructions on page 10)				70		
-	Subtract line 4 from line 3 Enter the nonresident rate from the county tax rate chart	5A			5B		
υ.	on page 21 for the county number shown above under the						
	Section 2 heading	6A			6B		
7.	Multiply the income on line 5 by the rate on line 6	7A			7B		
₹	Enter total of 7A plus 7B Add to any Section 1 line 9 amount and	carry	to line 15 o	of Form IT-40	8		

Attachment

Schedule IN-EIC: Indiana's Earned income Credit State Form 49469 (R / 8-01) Attach only if claiming this credit						IIT	Sequer	nce No. 05		
Enter your first name, middle initial and last name a			nd spouses	full name if	filing a joir	100	ur Social curity Num	ber		
Section A: Figure your Total Federal Income										
Enter your f	Enter the "total income" before federal deductions (e.g. IRA deduction, student loan deduction, etc.) from your federal Form 1040, Form 1040A, or Form 1040EZ (if less than zero, enter zero)									
Is the	Is the line A1 amount less than \$12,000?									
	Section B: Qualifying Child (Read the instructions in the booklet to explain the terms used below)									
			1 First		2 First		3 First		4 First	
	Enter each Child		Last		Last				Last	
				Check on	ly one k	ox in each	section	for each	child list	ed.
B-1	Your child Adopted child Grandchild Stepchild Foster child, (not rel	•	a b c d e f		a b c d e f		a b c d e f		a b c d e	
B-2	Under age 18 Age 18 Age 19 - 24 and a function Age 19 or older and		g h i		g h i		g h i		g h i	
B-3	Child lived with you year (If not, see belomust have lived with you with was born or diand lived with you w	ow)(if foster child, rou entire year) led in 2001,	k l	<u> </u>	k I		k		k	
You m	oust have a qualifying	child to continue to	Section (C. A child	qualifies	only if a box	is checke	d in Sectior	ns B-1, B-2	2 and B-3.
If you	do not have a qualify	ing child, STOP. Y	ou do not	get this cre	dit. (Att	ach a separa	te sheet o	of paper to I	list additio	nal children.)
		Se	ction C:	Figure yo	ur Earn	ed Income				
Before you begin: If you were a household employee and received a W-2 for less than \$1,300 in 2001 or were a minister or member of a religious order, see Special Rules in the booklet or on the back of this schedule before completing this section. Also see Special Rules if your federal adjusted gross income includes workfare payments or any amount paid to an inmate in a penal institution.										
Enter	Enter your (and spouses if filing joint) wages, salary, tips and other compensation from federal Form 1040, 1040A, or Form 1040EZ									
Enter any nontaxable earned income (e.g. from box 12 of your W-2 form; see instructions in the booklet) C2 \$										
If you	If you were self-employed, complete the worksheet on the back and enter the amount from line 4									
Add lir	Add lines C1, C2 and C3 and enter here (if this is a loss, STOP. You do not get this credit)									
Enter	Enter amount from Section A line A1 above \$ Multiply by 80% (.80) and enter here C5 \$									
	Is the amount on line C4 equal to or greater than the amount on line C5? I No, STOP. You do not get this credit. I Yes, Continue to Section D on the back to figure your credit.									

Warlahaati Camulata anlu if way ware aslf amulawad

	worksneet. Complete only if you were self-employed	
	If filing a joint return and your spouse was also self-employed or reported income and expenses on feas a statutory employee, combine your spouse's amounts with yours to figure the amounts to enter be	
1.	If you are filing federal Schedule SE: a. Enter any net farm profit or (loss) reported from federal Schedule F, and net earnings (loss) from self-employment from farm partnership, Schedule K-1 (Form 1065), that are reported on federal Schedule S Sections A or B	•
	b. Enter any amount of net self-employment income or (loss) (other than farming) reported from federal Schedule(s) C/C-EZ, and net self-employment earnings or (loss) (other than farming) from partnership K-1(Form 1065) and Schedule K-1 (Form 1065-B) that are reported on federal Schedule SE, Sections A or B	1b
	c. If you elected one or both of the optional methods on federal Schedule SE, enter the total of the farm optional method (after limitation) plus the nonfarm optional method (after limitation) d. Add lines 1a, 1b and 1c	1c ————————————————————————————————————
	e. Enter the amount of self-employment tax shown as an adjustment on the front of your federal Form 1040	1e
2.	f. Subtract line 1e from line 1d	 -

You will need to complete the above worksheet if you have earnings from self-employment because these earnings are earned income for the credit. You may have earnings from self-employment if:

If you are filing federal Schedule C or C-EZ as a statutory employee,

approval of federal Form 4029 or federal Form 4361.

- You own your own business,
- You are a minister or member of a religious order, or
- You reported income and expenses on federal Schedule C or C-EZ as a statutory employee.

Statutory employee's earnings. If you reported income and expenses on federal Schedule C or C-EZ as a statutory employee, your earnings from self-employment are the gross receipts from either schedule.

Other earnings. Your earnings from self-employment in a business you own, or from your services as a minister or member of a religious order, are earned income for the credit.

If you do not have to file federal Schedule SE, your earnings (or loss) from self-employment are the net profit or loss from your self-employment activities.

Special procedures for a minister or member of a religious order.

If you file federal Schedule SE and the amount on that schedule includes an amount that was also reported as wage income on federal Form 1040, determine how much of the income reported on federal Form 1040 was also reported on federal Schedule SE. If you received a housing allowance or were provided housing, **do not** include the allowance of rental value of the parsonage as nontaxable earned income on line 4 of the worksheet above if it is required to be included on federal Schedule SE. Then, determine how much of the income reported as wage income on federal Form 1040 was also reported on federal Schedule SE. Next, subtract that income from the wage income on federal Form 1040. Then, enter only the result on line 1 of the worksheet above.