STATE O	Form
	IT-40
	State Form 154
/816	R3 / 8-04   f

## 2004

## Indiana Full-Year Resident

Due April	15,	2005
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100	State Form 154 R3 / 8-04 If you are <b>not</b> filing for the calendar year January 1 through December 31, 2004,enter peri	iod from: _	to:
I	ur Social Spouse's Social Security Number	$\overline{}$	Check the box if y are married filing
Α			C separately.
You	ur first name Initial Last name		
D	E F		
lf f	filing a joint return, spouse's first name Initial Last name		
G	н г		
Pre	, , ,	School Dis	strict see page 34)
J	N		
Cit	State Zip Code + 4	Foreign Co	ountry (if applicable)
K	L M C	)	
	Enter the <b>2-digit county code</b> numbers (found on page 21 in the instruction booklet) for the county where you lived and worked on January 1, 2004.		ve a loss (or negative election of the discrete so by placing it
	P Taxpayer R Spouse Spouse	bracket.	Example: (1.00)
	County where County where County where County where		ease round all entries t nearest whole dollar
	you lived you worked you lived you worked		(see instructions, pg 6)
1	Enter your federal adjusted gross income from your federal return (see page 9)	1	
	. Tax Add-Back: certain taxes deducted from federal Schedule C, C-EZ, E, and/or F		
1	Net operating loss carryforward from federal Form 1040, 'Other income' line		
1	Income taxed on federal Form 4972 (attach Form 4972: see page 9)		
	Other (see instructions on page 9)		
	Add lines 1 through 5		
1	Indiana deductions: Enter amount from Schedule 1, line 20 and attach Schedule 1	-	
8.	Line 6 minus line 7 Indiana Adjusted Income	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 16.)	. 9	
10.	Additional exemption for certain dependent children (see page 16.)		
	Enter number x \$1,500	. 10	
11.	Check box(es) below for additional exemptions if, by December 31, 2004:		
	You were: ☐ 65 or older ☐ or blind. Spouse was: ☐ 65 or older ☐ or blind.		
	Total the number of boxes checked  x \$1,000	. 11	
12.	Check box(es) below for additional exemptions if, by December 31, 2004:		
	You were: ☐ 65 or older and line 1 above is less than \$40,000.		
	Spouse was: 65 or older and line 1 above is less than \$40,000.		
	Total the number of boxes checked x \$500	. 12	
	Add lines 9, 10, 11 and 12	-	
	Line 8 minus line 13 (if answer is less than zero, leave blank)		
	State adjusted gross income tax: Multiply line 14 by 3.4% (.034)	4.0	
1	County income tax. See instructions on page 16		
	Use tax due on out-of-state purchases (see page 19)	10	
1	Household employment taxes: Attach Schedule IN-H (see page 20)	·	
1	Indiana advance earned income credit payments from W-2(s) (see page 20)		
	Add lines 15 through 19. Enter here and on line 29 on the back		
	Indiana state tax withheld: (From box 17 of your W-2s, box 8 of WH-18s or from 1099s)		
	. Indiana county tax withheld: (From box 19 of your W-2s, box 9 of WH-18s or from 1099s)		
	. Unified tax credit for the elderly: see instructions on page 22		
1	. Unified tax credit for the eiderly: see instructions on page 22 Earned income credit: Attach Schedule IN-EIC and enter amount from Section A, line A2		
1	Lake County residential income tax credit (see page 22)	. —	
1	Indiana credits: Enter the total from Schedule 2, line 13 and attach Schedule 2		
1	Add lines 21 through 27. Enter here and on line 30 on the back		
0.	. Add into 21 through 27. Enter here and on line 50 on the back		

29.	Enter the Total Tax from line 20 on the front of this form	29		
30.				
31.	If line 30 is more than line 29, subtract line 29 from line 30 (if smaller, skip to line 38)	31		
32.		0.		
	(see instructions on page 30)	32		
33.		33		
	Amount to be applied to your 2005 estimated tax account (see instructions on page 30)	34		
35.		35		
36.				
50.		36	If you want to	\
	37a. Routing Number		DIRECT DEPO	
	Direct b. Account Number Deposit		your refund, se	
	c. Type of Account Checking Savings Hoosier Works MC		instructions on pag	ge 31
38	If line 29 is more than line 30, subtract line 30 from line 29. Add to this any amounts			
50.	from lines 34 and 35, and enter total here (see instructions on page 32) Subtotal	38		
39.	Penalty if filed after due date (see instructions on page 32)	39		
40.		40		
	Amount Due: Add lines 38, 39 and 40 Amount You Owe ▶			
•	No payment is due if you owe less than \$1.00. <b>Do Not Send Cash.</b> Please make your check or moto: <b>Indiana Department of Revenue.</b> Credit card payers must see page 32 for instructions.	ney	order payable	
	to. Indiana Department of Nevenue. Great card payers must see page 32 for instructions.			
	ut-of-State Income Information Taxpayer \$			
	Enter any salary, wage, tip &/or commission received from Illinois, Kentucky, Michigan, Ohio, Pennsylvania and/or Wisconsin:  Spouse \$ 1/			
	minios, renderly, who nigari, onto, i embywania ana/or wisconsin.			
V .	Taxpayer - Check box if you filed federal Schedule C or C-EZ for 2004. ☐ If any indi	vidual	listed at the top of the	IT-40
W :	Spouse - Check box if you filed federal Schedule C or C-EZ for 2004.   died durin Taxpayer's	-	4, enter date of death b	
χ•	If two-thirds of your gross income was made from farming or fishing, please check here. $\Box$		m m d d 20	<u> 204</u>
	Important: If you checked the box, you <u>must</u> attach Schedule IT-2210 or IT-2210A. Spouse's		20	004
	of death	FF	m   m   a   a   Z(	JU <del>1</del>
1 —	<u>uthorization</u> nder penalty of perjury, I have examined this return and all attachments and to the best of my knowledge a	and b	elief it is true compl	ete
1	nd correct. I understand that if this is a joint return, any refund will be made payable to us jointly and each		·	
du	e under this return. Also, my request for direct deposit of my refund includes my authorization to the India	ana D	epartment of Rever	nue
1 '	repartment) to furnish my financial institution with my routing number, account number, account type, an			
1	sure my refund is properly deposited. I give permission to the Department to contact the Social Securi infirm the social security number(s) used on this return are correct.	ty Ac	iministration in orde	r to
		ytime	Telephone Number	
TT	Are you filing a federal income tax return for 2004? Yes $\Box$ No $\Box$			
GG	I authorize the Department to discuss my return with my tax preparer. Yes 🔲 No 🔲 Spouse	's Da	ytime Telephone Numb	er
╽┌	Now Circolar			
	Your Signature Date			
	JJ			
Ιг	Spouse's Signature Date E-mail address whe	re we	can reach you (see page	ge 33)
$  \  $	<b>€</b> D			
╽╞				
<sub>A</sub>	Paid Preparer's name  KK ☐ Federal I.D. Number, ☐ PTIN OR	☐ Sc	cial Security Number	
	Address			
	Preparer's daytime tele	phone	number	
	City RR			
	State Zin Code + 4 Preparer's Signature		Date	
	State Zip Code + 4  PP QQ  #1		Date	
L	ease mail to: Indiana Department of Revenue, P.O. Box 40, Indianapolis, IN 46206-004	10 K	een a conv for your re-	corde
	- 40200-00-		sop a sopy for your le	ooras.