



Form
IT-40
State Form 154
R4 / 8-05

2005

**Indiana Full-Year Resident
Individual Income Tax Return**

Due April 17, 2006

If you are **not** filing for the calendar year January 1 through December 31, 2005, enter period from: _____ to: _____

Your Social Security Number

Spouse's Social Security Number

Check the box if you are married filing ☐ separately. ☐

Your first name

Initial Last name

If filing a joint return, spouse's first name

Initial Last name

Present address (number and street or rural route) (If you have a P.O. box, see instructions on page 5.)

School District Number (see pages 34 and 35)

City

State Zip Code + 4

Foreign Country (if applicable)

Enter the **2-digit county code** numbers (found on page 21 in the instruction booklet) for the county where you lived and worked on January 1, 2005.

Yourself
County where you lived County where you worked

Spouse
County where spouse lived County where spouse worked

If you have a loss (or negative entry), please indicate so by placing it in a bracket. Example: (1.00)

Please round all entries to the nearest whole dollar (see instructions on page 6).

1. Enter your federal adjusted gross income from your federal return (see instructions on page 8).
2. Tax add-back: certain taxes deducted from federal Schedule C, C-EZ, E, and/or F
3. Net operating loss carryforward from federal Form 1040, 'Other income' line
4. Income taxed on federal Form 4972 (lump sum distribution) (attach Form 4972: see page 8)
5. Domestic production activities add-back (see page 8)
6. Other (see instructions on page 8)
7. Add lines 1 through 6 **Total Indiana Income** ▶
8. Indiana deductions: Enter amount from Schedule 1, line 12 and attach Schedule 1
9. Line 7 minus line 8 **Indiana Adjusted Income** ▶

1		
2		
3		
4		
5		
6		
7		
8		
9		

10. Number of exemptions claimed on your federal return x \$1,000.
(If no federal return was filed, enter \$1,000 per qualifying person: see instructions on page 14).
11. Additional exemption for certain dependent children (see instructions on page 14).
Enter number x \$1,500
12. Check box(es) below for additional exemptions if, by December 31, 2005:
You were: ☐ 65 or older ☐ or blind. Spouse was: ☐ 65 or older ☐ or blind.
Total the number of boxes checked x \$1,000
13. Check box(es) below for additional exemptions if, by December 31, 2005:
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
14. Add lines 10, 11, 12 and 13 **Total Exemptions** ▶

10		00
11		00
12		00
13		00
14		00

15. Line 9 minus line 14 (if answer is less than zero, leave blank) **State Taxable Income** ▶
16. State adjusted gross income tax: multiply line 15 by 3.4% (.034)
17. County income tax. See instructions on page 15
18. Use tax due on out-of-state purchases. See instructions on page 18
19. Household employment taxes: attach Schedule IN-H (see instructions on page 18)
20. Indiana advance earned income credit payments from W-2(s) (see instructions on page 19)
21. Add lines 16 through 20. Enter here and on line 30 on the back **Total Tax** ▶
22. Indiana state tax withheld (from box 17 of your W-2s, box 8 of WH-18s or from 1099s)
23. Indiana county tax withheld (from box 19 of your W-2s, box 9 of WH-18s or from 1099s)
24. Estimated tax paid for 2005: include any extension payment made with Form IT-9
25. Unified tax credit for the elderly. See instructions on page 19
26. Earned income credit: attach Schedule IN-EIC and enter amount from Section A, line A-2
27. Lake County residential income tax credit: see instructions on page 20
28. Indiana credits: enter the total from Schedule 2, line 7 and attach Schedule 2
29. Add lines 22 through 28. Enter here and on line 31 on the back **Total Credits** ▶

15		
16		
17		
18		
19		
20		
21		
22		
23		
24		
25		
26		
27		
28		
29		

AA BB CC DD

Turn the page

Staple W-2 forms on the front of this page only between lines 1 and 29

Paperclip check or money order here

30. Enter the Total Tax from line 21 on the front of this form
31. Enter the Total Credits from line 29 on the front of this form
32. If line 31 is more than line 30, subtract line 30 from line 31 (if smaller, skip to line 39)
33.  Amount of line 32 to be donated to the Indiana Nongame Wildlife Fund
(see instructions on page 30)
34. Subtract line 33 from line 32 **SUBTOTAL**
35. Amount to be applied to your 2006 estimated tax account (see instructions on page 30)
36. Penalty for underpayment of estimated tax for 2005: attach Schedule IT-2210 or IT-2210A
37. **Refund:** Line 34 minus lines 35 and 36 (if less than zero see instructions on page 31)..... **YOUR REFUND** ▶



38a. Routing Number

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b. Account Number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

c. Type of Account

☐

Checking

☐

Savings

☐

Hoosier Works MC



If you want to
DIRECT DEPOSIT
your refund, see
instructions on page 31.

39. If line 30 is more than line 31, subtract line 31 from line 30. **Add to this any amounts from lines 35 and 36, and enter total here** (see instructions on page 32) **SUBTOTAL**
40. Penalty if filed after due date (see instructions on page 32)
41. Interest if filed after due date (see instructions on page 32)
42. **Amount Due:** Add lines 39, 40 and 41 **AMOUNT YOU OWE** ▶

39

40

41

42

▶ No payment is due if you owe less than \$1. **Do Not Send Cash.** Please make your check or money order payable to: **Indiana Department of Revenue.** Credit card payers must see page 32 for instructions.

Out-of-State Income Information

- Enter any salary, wage, tip &/or commission received from Illinois, Kentucky, Michigan, Ohio, Pennsylvania and/or Wisconsin:

Yourself \$ T

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Spouse \$ U

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- X. If two-thirds of your gross income was made from farming or fishing, please check here. ☐

Important: If you checked the box, you must attach Schedule IT-2210 or IT-2210A.

TT Are you filing a federal income tax return for 2005? Yes ☐ No ☐

GG I authorize the Department to discuss my return with my tax preparer. Yes ☐ No ☐

Your Daytime Telephone Number

HH																			
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Spouse's Daytime Telephone Number

II																			
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JJ

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E-mail address where we can reach you (see page 33)

Authorization

Under penalty of perjury, I have examined this return and all attachments and to the best of my knowledge and belief, it is true, complete and correct. I understand that if this is a joint return, any refund will be made payable to us jointly and each of us is liable for all taxes due under this return. Also, my request for direct deposit of my refund includes my authorization to the Indiana Department of Revenue to furnish my financial institution with my routing number, account number, account type, and Social Security number to ensure my refund is properly deposited. I give permission to the Department to contact the Social Security Administration in order to confirm the Social Security number(s) used on this return are correct.

Your Signature

Date



Spouse's Signature

Date



If any individual listed at the top of the IT-40 died during 2005, enter date of death below.

EE Taxpayer's date of death

m	m	d	d	2005
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FF Spouse's date of death

m	m	d	d	2005
---	---	---	---	------

Paid Preparer's name

KK ☐ Federal I.D. Number ☐ PTIN OR ☐ Social Security Number

MM

LL																			
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Address

Preparer's daytime telephone number

NN

RR																			
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City

Preparer's Signature

Date

OO

State

Zip Code + 4

PP

QQ



Please mail to: Indiana Department of Revenue, P.O. Box 40, Indianapolis, IN 46206-0040. Keep a copy for your records.