State Form 154	e April 16, 2007				
R5/8-06 If you are not filing for the calendar year January 1 through December 31, 2006, enter period from:to:					
Your Social A Francisco Spouse's Social B	Check the box if you				
Security Number	are married filing				
□ Check if applying for ITIN UU □ Check if applying for ITIN V V	C separately.				
Your first name Initial Last name					
D E F					
If filing a joint return, spouse's first name Initial Last name					
G H I					
Present address (number and street or rural route) (If you have a P.O. box, see instructions on page 5.)	e pages 36 and 37)				
	reign Country (if applicable)				
K L M O Enter the 2-digit county code numbers (found on page 21 in the instruction booklet) for If	you have a loss (or negative entry),				
the county where you lived and worked on longery 1, 2006	lease indicate so by placing it in a				
	racket. Example: (1.00)				
County where County where County where	Please round all entries to the nearest whole dollar				
you lived you worked spouse lived spouse worked	(see instructions on page 6).				
1. Enter your federal adjusted gross income from your federal return (see instructions on page 8).	1				
2. Tax add-back: certain taxes deducted from federal Schedule C, C-EZ, E, and/or F	2				
3. Net operating loss carryforward from federal Form 1040, 'Other income' line	3				
4. Income taxed on federal Form 4972 (lump sum distribution) (attach Form 4972: see page 8)	4				
5. Domestic production activities add-back (see page 8)	5				
6. Other (see instructions on page 8)	6				
7. Add lines 1 through 6	• 7				
8. Indiana deductions: Enter amount from Schedule 1, line 12 and attach Schedule 1	8				
9. Line 7 minus line 8 Indiana Adjusted Income	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 9)	10 00				
11. Additional exemption for certain dependent children (see instructions on page 9).					
Enter number x \$1,500	11 00				
12. Check box(es) below for additional exemptions if, by December 31, 2006:					
You were: 🔲 65 or older 🔲 or blind. <u>Spouse was:</u> 🗌 65 or older 🔲 or blind.					
Total the number of boxes checked x \$1,000	12 00				
13. Check box(es) below for additional exemptions if, by December 31, 2006:					
<u>You were:</u> \Box 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	13 00				
14. Add lines 10, 11, 12 and 13					
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)	16				
17. County income tax. See instructions on page 23	17				
18. Use tax due on out-of-state purchases. See instructions on page 9	18				
19. Household employment taxes: attach Schedule IN-H (see instructions on page 9)	19				
20. Indiana advance earned income credit payments from W-2(s) (see instructions on page 10)	20				
21. Add lines 16 through 20. Enter here and on line 31 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)	22				
23. Indiana county tax withheld (from box 19 of your W-2s, box 9 of WH-18s or from 1099s)	23				
24. Estimated tax paid for 2006: include any extension payment made with Form IT-9	24				
25. Unified tax credit for the elderly: see instructions on page 10	25				
26. Earned income credit: attach Schedule IN-EIC and enter amount from Section A, line A-2	26				
27. Lake County Residential income tax credit: see instructions on page 11	27				
28. Economic development for a growing economy credit: see instructions on page 12	28				
29. Indiana credits: enter the total from Schedule 2, line 7 and attach Schedule 2	29				
30. Add lines 22 through 29. Enter here and on line 32 on the back Total Credits	30				

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31.	Enter the Total Tax from line 21 on the front of this form	31		
32.	Enter the Total Credits from line 30 on the front of this form	32		
	If line 32 is more than line 31, subtract line 31 from line 32 (if smaller, skip to line 40)	33		
34.	Amount of line 33 to be donated to the Indiana Nongame Wildlife Fund			
	(see instructions on page 12)	34		
35.	Subtract line 34 from line 33	35		
	Amount to be applied to your 2007 estimated tax account (see instructions on page 13)	36		
	Penalty for underpayment of estimated tax for 2006: attach Schedule IT-2210 or IT-2210A	37		
	Refund: Line 35 minus lines 36 and 37 (if less than zero see instructions on page 14)Your Refund			
	39a. Routing Number		If you want to))
			DIRECT DEPO	SIT
P	Deposit		your refund, se	
	c. Type of Account Checking Savings Hoosier Works MC		instructions on pag	
40.	If line 31 is more than line 32, subtract line 32 from line 31. Add to this any amounts			
	from lines 36 and 37, and enter total here (see instructions on page 14) SUBTOTAL	40		
41.	Penalty if filed after due date (see instructions on page 14)	41		
	Interest if filed after due date (see instructions on page 14)	42		
	Amount Due: Add lines 40, 41 and 42 AMOUNT YOU OWE			
	No payment is due if you owe less than \$1. Do Not Send Cash. Please make your check or mone to: Indiana Department of Revenue. Credit card payers must see page 15 for instructions.	ey ord	ler payable	
	t-of-State Income Information Yourself \$ _			
	inter any salary, wage, tip &/or commission received from			
II	linois, Kentucky, Michigan, Ohio, Pennsylvania and/or Wisconsin: Spouse U			
X	f two-thirds of your gross income was made from farming or fishing, please check here.	Davtin	ne Telephone Number	
	Important: If you checked the box, you <u>must</u> attach Schedule IT-2210 or IT-2210A.	Jayun		
		se's F	Daytime Telephone Num	ber
TT	Are you filing a federal income tax return for 2006? Yes 🗌 No 🗍			
GG	I authorize the Department to discuss my return with my tax preparer. Yes 🗌 No 🗌			
	. J			
Δ	thorization E-mail address whe	ere we	can reach you (see pag	ge 15)
-	der penalty of perjury, I have examined this return and all attachments and to the best of my knowledge	and b	elief, it is true, compl	lete
	I correct. I understand that if this is a joint return, any refund will be made payable to us jointly and ea		•	
	under this return. Also, my request for direct deposit of my refund includes my authorization to the Ind		•	
	urnish my financial institution with my routing number, account number, account type, and Social So		-	-
	and is properly deposited. I give permission to the Department to contact the Social Security Adminis cial Security number(s) used on this return are correct.	ratio	n in order to confirm	the
		atad a	at the top of the IT-40	
'			date of death below.	
	Taxpayer's date	mn		
S	pouse's Signature Date EE of death L Spouse's date			
	FF of death	m n	d d 2006	
	Paid Preparer's name KK Gederal I.D. Number PTIN OR Gederal	Socia	Security Number	
MN				
NIN	Address Preparer's daytime tele	phone	number	
NN	City RR R			
OC				
	State Zip Code + 4 Preparer's Signature		Date	
PP	QQ			
Enc	losing payment? Mail to: Indiana Department of Revenue, P.O. Box 7224, Indianapolis, IN 46	6207-	7224.	
Mai	all other returns to: Indiana Department of Revenue, P.O. Box 40, Indianapolis, IN 46206-00-	10 .	(Keep a copy for your reco	ords.)