Form **IT-40** State Form 154 R6 / 8-07

# 2007 Indiana Full-Year Resident Individual Income Tax Return

Due April 15, 2008

If you are **not** filing for the calendar year January 1 through December 31, 2007, enter period from: _____ to: _____

Your Social Security Number A ☐☐☐ ☐☐ ☐☐☐☐ ☐ Check if applying for ITIN UU

Spouse's Social Security Number B ☐☐☐ ☐☐ ☐☐☐☐ ☐ Check if applying for ITIN VV

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

| Your first name D | Initial E | Last name F | |
|---|---|---|---|
| If filing a joint return, spouse's first name G | Initial H | Last name I | |
| Present address (number and street or rural route) (If you have a P.O. box, see instructions on page 5.) J | | | School Corporation Number (see pages 38 and 39) N ☐☐☐☐ |
| City K | State L | Zip code + 4 M | Foreign Country (if applicable) O |

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, 2007.

**Yourself**

P County where you lived ☐☐ Q County where you worked ☐☐

**Spouse**

R County where spouse lived ☐☐ S County where spouse worked ☐☐

Staple W-2 forms on the front of this page only between lines 1 and 31

| | | | |
|---|---|---|---|
| 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 ... **Total Indiana Income** ▶ | 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, 2007: You were: ☐ 65 or older ☐ or blind. Spouse was: ☐ 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, 2007: 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 ... | 13 | | 00 |
| 14. Add lines 10, 11, 12 and 13 ... **Total Exemptions** ▶ | 14 | | 00 |
| 15. Line 9 minus line 14 (if answer is less than zero, leave blank) ... **State Taxable Income** ▶ | 15 | | |
| 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 10) ... | 19 | | |
| 20. Indiana advance earned income credit payments from W-2(s) (see instructions on page 10) ... | 20 | | |
| 21. Recapture of Indiana's CollegeChoice 529 credit. Attach Schedule IN-529R (see page 10) ... | 21 | | |
| 22. Add lines 16 through 21. Enter here and on line 32 on the back ... **Total Tax** ▶ | 22 | | |
| 23. Indiana state tax withheld (from box 17 of your W-2s, box 8 of WH-18s or from 1099s) ... | 23 | | |
| 24. Indiana county tax withheld (from box 19 of your W-2s, box 9 of WH-18s or from 1099s) ... | 24 | | |
| 25. Estimated tax paid for 2007: include any extension payment made with Form IT-9 ... | 25 | | |
| 26. Unified tax credit for the elderly: see instructions on page 11 ... | 26 | | |
| 27. Earned income credit: attach Schedule IN-EIC and enter amount from Section A, line A-2 ... | 27 | | |
| 28. Lake County Residential income tax credit: see instructions on page 11 ... | 28 | | |
| 29. Economic development for a growing economy credit: see instructions on page 12 ... | 29 | | |
| 30. Indiana credits: enter the total from Schedule 2, line 7 and attach Schedule 2 ... | 30 | | |
| 31. Add lines 23 through 30. Enter here and on line 33 on the back ... **Total Credits** ▶ | 31 | | |

Paperclip check or money order here

VN AA ☐ BB ☐ CC ☐ DD ☐

| | | | | |
|---|---|---|---|---|
| 32. | Enter the Total Tax from line 22 on the front of this form ▶ | 32 | | |
| 33. | Enter the Total Credits from line 31 on the front of this form ▶ | 33 | | |
| 34. | If line 33 is more than line 32, subtract line 32 from line 33 (if smaller, skip to line 41) | 34 | | |
| 35. |  Amount of line 34 to be donated to the Indiana Nongame Wildlife Fund (see instructions on page 12) | 35 | | |
| 36. | Subtract line 35 from line 34 **SUBTOTAL** | 36 | | |
| 37. | Amount to be applied to your 2008 estimated tax account (see instructions on page 13) | 37 | | |
| 38. | Penalty for underpayment of estimated tax for 2007: attach Schedule IT-2210 or IT-2210A | 38 | | |
| **39.** | **Refund:** Line 36 minus lines 37 and 38 (if less than zero see line 41 instructions on page 14) **YOUR REFUND** ▶ | 39 | | |

40a. Routing Number ☐☐☐☐☐☐☐☐☐ c. Type: ☐ Checking ☐ Savings ☐ Hoosier Works MC

b. Account Number ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

If you want to **DIRECT DEPOSIT** your refund, see instructions on page 14.

| | | | | |
|---|---|---|---|---|
| 41. | If line 32 is more than line 33, subtract line 33 from line 32. **Add to this any amounts from lines 37 and 38, and enter total here** (see instructions on page 14) **SUBTOTAL** | 41 | | |
| 42. | Penalty if filed after due date (see instructions on page 14) | 42 | | |
| 43. | Interest if filed after due date (see instructions of page 14) | 43 | | |
| **44.** | **Amount Due:** Add lines 41, 42 and 43 **AMOUNT YOU OWE** ▶ | 44 | | |

▶ 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 15 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 ☐☐☐☐☐☐☐☐☐

Spouse $ U ☐☐☐☐☐☐☐☐☐

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 2007? Yes ☐ No ☐**

If any individual listed at the top of the IT-40 died *during* 2007, enter date of death below.

EE Taxpayer's date of death m m d d 2007

FF Spouse's date of death m m d d 2007

**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 _____

Daytime telephone number HH ☐☐☐☐☐☐☐☐☐☐

E-mail address where we can reach you JJ ☐☐☐☐☐☐☐☐☐☐

GG **I authorize the Department to discuss my return with my personal representative (see page 15) ☐ Yes ☐ No If yes, complete the information below.**

**Personal Representative's Name** (please print)

SS _____

Telephone number WW ☐☐☐☐☐☐☐☐☐☐

XX _____ Address

ZZ _____ City

AB _____ State AC _____ Zip Code + 4

**Paid Preparer: Firm's Name** (or yours if self-employed)

MM _____

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

LL _____

Telephone number RR ☐☐☐☐☐☐☐☐☐☐

NN _____ Address

OO _____ City

PP _____ State QQ _____ Zip Code + 4

_____ Signature _____ Date

- **If enclosing payment mail to: Indiana Department of Revenue, P.O. Box 7224, Indianapolis, IN 46207-7224.**
- **Mail all other returns to: Indiana Department of Revenue, P.O. Box 40, Indianapolis, IN 46206-0040.**

**Keep a copy for your records.**