

2008

Indiana Full-Year Resident Individual Income Tax Return

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Due	Anril	15	2009
_ ~ ~	, .p	,	

18	(R7 / 9-08) If you are not filing for the calendar year January 1 through December 31, 2008, enter perio	d from:		to:	
	ur Social A Spouse's Social B			the box if	,
	curity Number L. L. L. L. L. Security Number L.		are mar	rried filing	
	Check if applying for ITIN UU ☐ Check if applying for ITIN V V Ir first name ☐ Initial ☐ Last name		Separat	Ciy.	
100	il ilistrianie				1
If fil	ng a joint return, spouse's first name				I
Pre			ation Number 41 and 42)		
City	11		ry (if applicable)		0
Fn	ter the 2-digit county code numbers (found on page 40 in the instruction booklet) for the county wh	Dere ve	u lived and	worked	lon
	nuary 1, 2008. Yourself ———		Spouse —	WOINEC	
Р	R R		-	Г	
			nere spouse v	vorked [
	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. Net operating loss carryforward from federal Form 1040, 'Other income' line 				
		3			
_	Income taxed on federal Form 4972 (lump sum distribution) (attach Form 4972: see page 9) Domestic production activities add-back (see page 9)	5			
5.		6			
6. 7	Add lines 1 through 6	7			
	Indiana deductions: Enter amount from Schedule 1, line 12 and attach Schedule 1	8			
	Line 7 minus line 8	9			
	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, 2008:				
	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, 2008:				
	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	14			00
15.	Line 9 minus line 14 (if answer is less than zero, leave blank)	15			
16.	State adjusted gross income tax: multiply line 15 by 3.4% (.034)	16			
17.	County income tax. See instructions on page 24	17			
18.	Use tax due on out-of-state purchases. See instructions on page 10	18			
19.	Household employment taxes: attach Schedule IN-H (see instructions on page 10)	19			
	Indiana advance earned income credit payments from W-2(s) (see instructions on page 11)	20			
	Recapture of Indiana's CollegeChoice 529 credit. Attach Schedule IN-529R (see page 11)	21			
	Add lines 16 through 21. Enter here and on line 33 on the back	22			
23.	Indiana state tax withheld (from box 17 of your W-2s or from 1099s)	23			
	Indiana county tax withheld (from box 19 of your W-2s or from 1099s)	24 25			
	Estimated tax paid for 2008: include any extension payment made with Form IT-9				
	Unified tax credit for the elderly: see instructions on page 11	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 12	28			
	Economic development for a growing economy credit: see instructions on page 13	29			
	Media production expenditure credit: see instructions on page 13	30			
	Indiana credits: enter the total from Schedule 2, line 7 and attach Schedule 2	31			

	Enter the Total Tax from line 22 on the front of this form		
	Enter the Total Credits from line 32 on the front of this form		
	If line 34 is more than line 33, subtract line 33 from line 34 (if s		
	Amount of line 35 to be donated to the Indiana Nongame		—
	Subtract line 36 from line 35		—
38.	Amount from line 37 to be applied to your 2009 estimated tax a		
	a. Your county amount \$ b. Spouse's co		
20	c. Indiana adjusted gross income tax amount \$,	
	Penalty for underpayment of estimated tax for 2008: attach Sc		
40.	Refund: Line 37 minus lines 38d and 39 (if less than zero see line 42		
41a.	Routing Number c. Type: Checkin	ng 🗆 Savings 🗀 Hoosier Works MC Direct Deposit	
b.	Account Number	(see page 15)	
42.	If line 33 is more than line 34, subtract line 34 from line 33. Ac 39, and enter total here (see instructions on page 15)		
43	Penalty if filed after due date (see instructions on page 15)		
	Interest if filed after due date (see instructions of page 15)		
	Amount Due: Add lines 42, 43 and 44		
70.	► No payment is due if you owe less than \$1. Do Not Send Cash. F		_
	payable to: Indiana Department of Revenue. Credit card payers	· · · · · · · · · · · · · · · · · · ·	
	ut-of-State Income Information	Yourself \$ _	
	iter any salary, wage, tip &/or commission received from nois, Kentucky, Michigan, Ohio, Pennsylvania and/or Wisconsin	ı: Spouse \$ ∪	
	1013, Rentadity, Midnigan, Onio, Fernisylvania ana/or vvisconsin	. Spouse # ()	_
	f two-thirds of your gross income was made from farming or fishing, plo		9
	mportant: If you checked the box, you must attach Schedule IT-2210 or Are you filing a federal income tax return for 2008? Yes \square No		\Box
' ' '	Are you ming a rederar income tax return for 2000: Tes - No	EETaxpayer's date of death 200	<u>18</u>
	Authorization	FF Spouse's date of death 200)8
	Under penalty of perjury, I have examined this return and all attachments	s and to the erstand that if this is a joint return, any refund will be made payable to us	=
		ny request for direct deposit of my refund includes my authorization to the	
		routing number, account number, account type and Social Security number	
		partment to contact the Social Security Administration to confirm that the	
	Social Security number(s) used on this return is correct.	Daytime telephone number	
Ι,	/our Signature	Date HH	
	our Signature	E-mail address where we can reach you	
	Spouse's Signature	Date JJ	
`			
GG	I authorize the Department to discuss my return with my	Paid Preparer: Firm's Name (or yours if self-employed)	П
	personal representative (see page 16). \square Yes \square No		
	If yes, complete the information below.	MM	-
	Personal Representative's Name (please print)	MA IN-OPT on file with paid preparer if not filing electronically	
SS		KK Federal I.D. Number PTIN OR Social Security Numb	er
	Telephone	LL	
	number _{WW}		
		Telephone RR number	
XX	XX Address NN Address		-
ZZ	City	00 City	
АВ	AB State AC Zip Code + 4 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.

