Form
IT-40 PNR
Revised 8/00
SF# 273

2000 Indiana Part-Year or Full-Year Nonresident Individual Income Tax Return

Due April 16, 2001

If you are **not** filing for the calendar year January 1 through December 31, 2000, enter period from: _____ to: _____

A Your Social Security Number	B Spouse's Social Security Number	C Check the box if you are married filing separately. ☐	
D Your first name	E Initial	F Last name	
G If filing a joint return, spouse's first name	H Initial	I Last name	
J Present address (number and street or rural route) (If you have a P.O. box, see page 5)		N School District Number (see page 38)	
K City	L State	M Zip Code + 4	O Foreign Country (if applicable)

Enter the **2-digit county code** numbers (found on page 7 in the instruction booklet) for the county where you lived and worked on January 1, 2000.

Taxpayer		Spouse	
P County where you lived	Q County where you worked	R County where you lived	S County where you 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 nearest whole dollar (see instructions, pg 6)

1. Complete Indiana Schedule A first. Enter here the amount from line 37B of Section 3 from that schedule (you must attach Indiana Schedule A)	1	
2. Indiana Deductions: Enter the amount from line 20, Schedule D (attach schedule)	2	
3. Indiana Adjusted Gross Income: Line 1 minus line 2 ▶	3	
4. Number of exemptions claimed on your federal return ☐ x $1,000	4	00
5. Additional exemption for certain dependent children (see instructions on page 18.) Enter number claimed in box ☐ x $1,500	5	00
6. Check box(es) below for additional exemptions if, by December 31, 2000: You were: 65 or older ☐ or blind ☐. Spouse was: 65 or older ☐ or blind ☐. Number of boxes checked ☐ x $1,000	6	00
7. Check box(es) below for additional exemptions if, by December 31, 2000: You were: ☐ 65 or older and line 36A from Indiana Schedule A is less than $40,000. Spouse was: ☐ 65 or older and line 36A from Indiana Schedule A is less than $40,000. Total the number of box(es) checked ☐ x $500	7	00
8. Add Lines 4, 5, 6 and 7 ..... **Exemption Subtotal** ▶	8	00
9. Enter amount from **Box 8C** of the Proration Section located at the bottom of Indiana Schedule A, Section 1 (you must attach Schedule A)	9	•
10. Multiply line 8 by the number on line 9 ..... **Total Exemptions** ▶	10	
11. Line 3 minus line 10 (if less than zero, leave blank) ..... **State Taxable Income** ▶	11	
12. State Adjusted Gross Income Tax: Multiply line 11 by 3.4% (.034)	12	
13. County Income Tax: See if you need to complete Schedule CT-40PNR (on page 19)	13	
14. Use Tax due on out-of-state purchases	14	
15. Household Employment Taxes: Attach Schedule IN-H	15	
16. Add lines 12 through 15. Enter here and on line 24 on the back ..... **Total Tax** ▶	16	
17. Indiana State Tax Withheld: Don't include any withholding amounts for other state taxes. Attach W-2s, WH-18s, or 1099s	17	
18. Indiana County Tax Withheld: Don't include **other** local taxes. Attach W-2s, WH-18s, or 1099s	18	
19. 2000 Estimated Tax Paid: Include any extension payments made on Form IT-9	19	
20. Unified Tax Credit for the Elderly (You must be age 65 or older and an Indiana resident for at least 6 months to qualify. See instructions on page 24)	20	
21. Earned Income Credit: Attach Schedule IN-EIC	21	
22. Indiana Credits: Enter the amount from Schedule E, line 12 (attach schedule)	22	
23. Add lines 17 through 22. Enter here and on line 25 on the back ..... **Total Credits** ▶	23	

AA ____ BB ____ CC ____ DD ____

Turn the page ☞

Staple W-2 forms on the front of this page only between Lines 1 and 23

Paperclip check or money order here

24. Enter the Total Tax from line 16 on the front of this form ▶	24	
25. Enter the Total Credits from line 23 on the front of this form ▶	25	
26. If line 25 is more than line 24, subtract line 24 from line 25 (if smaller, skip to line 33)	26	
27. Amount of line 26 to be donated to the Indiana Nongame and Endangered Wildlife Fund	27	
28. Subtract line 27 from line 26 **SUBTOTAL**	28	
29. Amount to be applied to your 2001 estimated tax account (see instructions)	29	
30. Penalty for Underpayment of Estimated Tax for 2000. Attach Sch. IT-2210 or IT-2210A	30	
31. **Refund:** Line 28 minus lines 29 and 30 (if less than zero, see instructions).. **Your Refund** ▶	31	

32a. Routing Number

b. Account Number

c. Type of Account ☐ Checking ☐ Savings

See Instructions on page 34.

If you want to **DIRECT DEPOSIT** your refund, you must complete lines 32a, b & c on the left.

33. If line 24 is more than line 25, subtract line 25 from line 24. ..... **Add this to any amounts from lines 29 and 30, and enter total here** (see instructions on page 35) ..... **SUBTOTAL**	33	
34. Penalty (if filed after the due date, see instructions on page 35)	34	
35. Interest (if filed after the due date, see instructions on page 35)	35	
36. **Amount Due:** Add lines 33, 34 and 35 .. **Amount You Owe** ▶	36	

▶ No payment is due if you owe less than $1.00. **Do Not Send Cash.** Make your check or money order payable to: **Indiana Department of Revenue.** Credit Card payers must see page 35 for details. ZW ***Note: Check box*** ☐ ***if paying by credit card.***

Taxpayer Information (see page 35)

T • Were you a **full-year** resident of another state? If so, enter the 2 letter name for that state.

U • Were you a **part-year** resident of another state? If so, enter the 2 letter name for that state.

• Enter the time period you lived in Indiana during 2000.

W From: m m d d 2000 To: m m d d 2000 X

• Enter the time period you lived in the other state.

Y From: m m d d 2000 To: m m d d 2000 Z

Spouse's Information

EE • Were you a **full-year** resident of another state? If so, enter the 2 letter name for that state.

FF • Were you a **part-year** resident of another state? If so, enter the 2 letter name for that state.

• Enter the time period you lived in Indiana during 2000.

GG From: m m d d 2000 To: m m d d 2000 HH

• Enter the time period you lived in the other state.

I From: m m d d 2000 To: m m d d 2000 JJ

Additional Information

KK **Taxpayer** - Check box if you filed federal Schedule C or C-EZ for 2000. ☐

LL **Spouse** - Check box if you filed federal Schedule C or C-EZ for 2000. ☐

MM • 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.

NN • Enter the number of motor vehicles you and your spouse own or lease.

OO • Are all these vehicles registered with the Indiana Bureau of Motor Vehicles? Yes ☐ No ☐ If No, attach an explanation.

If any individual listed at the top of the IT-40PNR died during 2000, enter date of death below.

Taxpayer's date of death PP m m d d 2000

Spouse's date of death QQ m m d d 2000

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 also 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 insure my refund is properly deposited.

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

Your Daytime Telephone Number SS

Spouse's Daytime Telephone Number TT

Your Signature Date

Spouse's Signature Date

E-mail address where we can reach you ZV

Paid Preparer's name WW

Address XX

City YY

State ZZ Zip Code + 4 ZX

UU ☐ Federal I.D. Number, ☐ PTIN **OR** ☐ Social Security Number VV

Preparer's Daytime Telephone Number ZY

Preparer's Signature Date

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

Attach to IT-40PNR
Rev. 8/00
SF#48719

Indiana Schedule A

Section 1: Income or Loss, Proration Section

(Complete Section 2 Adjustments and Section 3 totals on back)

Attachment Sequence No. **01**

Enter your first name, middle initial and last name and spouse's full name if filing a joint return	Your Social Security Number A

Section 1: Income or (Loss)

Enter in column A, lines 1 through 20, the same income or loss you reported on your 2000 federal income tax return, Form 1040, 1040A or 1040EZ (except for line 19 and/or a net operating loss carry forward; see instructions). If you have a loss (or negative entry), please Indicate so by placing it in a bracket. Example: (1.00)

Line-by-line instructions begin on page 9

	Column A Income from Federal Return		Column B Income Taxed by Indiana	
1. Your wages, salaries, tips, commissions, etc	1A		1B	
2. Spouse's wages, salaries, tips, commissions, etc	2A		2B	
3. Taxable interest income	3A		3B	
4. Dividend income	4A		4B	
5. Taxable refunds, credits, or offsets of state and local taxes from your federal return	5A		5B	
6. Alimony received	6A		6B	
7. Business income or loss from federal Schedule C or C-EZ	7A		7B	
8. Capital gain or loss from sale or exchange of property from your federal return	8A		8B	
9. Other gains or (losses) from Form 4797	9A		9B	
10. Total IRA distribution	10A		10B	
11. Total pensions and annuities	11A		11B	
12. Net rent or royalty income or loss reported on federal Schedule E	12A		12B	
13. Income or loss from partnerships	13A		13B	
14. Income or loss from trusts and estates	14A		14B	
15. Income or loss from S corporations	15A		15B	
16. Farm income or loss from federal Schedule F	16A		16B	
17. Unemployment compensation	17A		17B	
18. Taxable social security benefits	18A		18B	
19. Indiana apportioned income from attached Schedule IT-40PNRA	19A		19B	
20. Other income reported on your federal return	20A		20B	

List source(s). (**Do not** include federal net operating loss.) (See instructions on page 11.) _____

21. Subtotal: add lines 1 through 20. Enter result here and on line 22 at the top of the back of this schedule	21A		21B	

Note: Make sure to complete the 'Proration Section' below before continuing on to the back page.

Proration Section

Divide the amount on line 21B by the amount on line 21A (see instructions if either line 21A and/or 21B are less than zero). Please round your answer to a decimal followed by two numbers. Example: $3,000 ❱ $8,000 = .375, which rounds to .38 (do not enter a number greater than 1.00). Enter result here and on line 9 on the front page of Form IT-40PNR ..... **BOX 8C** .

Turn the page and complete Sections 2 and 3 ☞

Attach to IT-40PNR Rev. 8/00

Indiana Schedule A cont'd.

Section 2: Adjustments; Section 3: Totals

(Complete the other side first)

Attachment Sequence No. **02**

Section 1: Income or (loss) cont'd from front page

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

Line-by-line instructions begin on page 11.

		Column A Income from Federal Return			Column B Income Taxed by Indiana	
22. Enter amounts from line 21 on the previous page	22A			22B		
23 Tax add-back: if entries are on lines 7,12,13,14,15, &/or 16 see instructions on page 11	23A			23B		
24. Lump sum distribution taxed on federal Form 4972	24A			24B		
Total Income or Loss - 25. Add lines 22 through 24	**25A**			**25B**		

Section 2: Adjustments to Income

Note: Enter in Column A only those deductions claimed on your 2000 federal income tax return, Form 1040 or 1040A. (See instructions on page 12 for any other federal adjustments to income.)

Line-by-line instructions begin on page 12.

		Column A Federal Adjustments			Column B Indiana Adjustments	
26. IRA deduction	26A			26B		
27. Student loan interest deduction	27A			27B		
28. Medical savings account deduction from federal Form 8853	28A			28B		
29. Moving expenses (see instructions on page 12)	29A			29B		
30. One-half of self-employment tax deduction	30A			30B		
31. Self-employed health insurance deduction	31A			31B		
32. Keogh and self-employed SEP and SIMPLE plans	32A			32B		
33. Penalty on early withdrawal of savings	33A			33B		
34. Alimony paid	34A			34B		
Total Adjustments - 35. Add lines 26 through 34	**35A**			**35B**		

Section 3: Totals

		Column A Federal Adjusted Gross Income			Column B Income Taxed by Indiana	
36A. Subtract line 35A from line 25A	**36A**					
37B. Subtract line 35B from line 25B. Enter total here and on Form IT-40PNR, line 1				**37B**		

Schedules D & E
Form IT-40PNR
Revised 8/00 SF# 48722

Schedule D: Indiana Deductions

(Schedule E begins after line 20 below)

Attachment Sequence No. **03**

Enter your first name, middle initial and last name and spouses full name if filing a joint return

A Your Social Security Number

Instructions begin on page 13

Please round all entries to nearest whole dollar (see instructions, pg 6)

1. Renter's deduction: Address where rented if different from the one on the front page

B _____ Landlord's name and address

C _____ Amount of rent paid $ D _____

Number of months rented E _____ Enter the lesser of $2,000 or amount of rent paid ..... | 1 |

2. Residential Homeowner's Property Tax deduction: Address where property tax was paid if different from front page F _____

Number of months lived there G _____ Amount of property tax paid $ H _____

Enter the lesser of $2,500 or the actual amount of property tax paid ..... | 2 |

3. State tax refund reported on federal return and on Indiana Sch. A, Section 1, line 5B ..... | 3 |
4. Interest on U.S. Government Obligations (see page 14) ..... | 4 |
5. Taxable Social Security benefits (see page 14) ..... | 5 |
6. Taxable Railroad Retirement benefits (see page14) ..... | 6 |
7. Military Service deduction: $2,000 maximum for qualifying individual (see page 14) ..... | 7 |
8. Non-Indiana Locality Earnings deduction:$2,000 maximum per qualifying person(see page 15) | 8 |
9. Insulation deduction: $1,000 maximum: Attach verification (see page 15) ..... | 9 |
10. Disability Retirement deduction: $5,200 maximum per qualifying person (see page 15) Attach Schedule IT-2440 ..... | 10 |
11. Civil Service Annuity deduction: $2,000 maximum per qualifying person (see page 15) ..... | 11 |
12. Nontaxable portion of Unemployment Compensation (see page 16) ..... | 12 |
13. Indiana Lottery Winnings (see page 16) ..... | 13 |
14. Indiana Net Operating Loss deduction: Attach Schedule IT-40NOL (see page 16) ..... | 14 |
15. Enterprise Zone Employee deduction: Attach Schedule IT-40QEC (see page 16) ..... | 15 |
16. Recovery of deductions (see page 17) ..... | 16 |
17. Human Services deduction (see page 17) ..... | 17 |
18. Indiana partnership long term care insurance policy premiums deduction (see page 17) ..... | 18 |
19. Other deductions: List source(s) and amounts (see page 17)_____ | 19 |
20. Add lines 1 through 19, enter total on line 2 of Form IT-40PNR ..... **Total Deductions** ▶ | 20 |

Schedule E: Indiana Credits

1. Credit for Local Taxes Paid Outside Indiana (see page 27) ..... | 1 |
2. County Credit for the Elderly: Attach federal Schedule R (see page 28) ..... | 2 |
3. Other Local Credits: List source(s) and amounts (see page 29) ..... **Important:** Lines 1 plus 2 & 3 cannot be greater than the county tax due on IT-40PNR line 13 | 3 |
4. College Credit: Attach Schedule CC-40 (see page 29) ..... | 4 |
5. Credit for Taxes Paid to Other States: Attach other state's return (see page 29) ..... | 5 |
6. Research Expense Credit: Attach Form IT-20REC (see page 30) ..... | 6 |
7. Neighborhood Assistance Credit: Attach Schedule NC-20 (see page 31) ..... | 7 |
8. Enterprise Zone Credits (attach appropriate schedule: see page 31) ..... | 8 |
9. Teacher Summer Employment Credit: Attach Schedule TSE (see page 31) ..... | 9 |
10. Twenty-First Century Scholars Program Credit (see page 31) ..... | 10 |
11. Other Credits: List source(s) and amounts (see page 31) _____ **Important:** Lines 4 through 11 added together cannot be greater than the state adjusted gross income tax due on IT-40PNR line 12 (see instructions on page 33) ..... | 11 |
12. Add lines 1 through 11 and enter total on line 22 of Form IT-40PNR ..... **Total Credits** ▶ | 12 |

Schedule
CT-40PNR
SF#47906
Rev. 8/00

County Tax Schedule for Part-Year and Full-Year Indiana Nonresidents

◀ See instructions on page 18 ▶

Attachment Sequence No. **04**

Your first name and last name	Your Social Security Number
Spouse's first name and last name (if filing a joint return)	Spouse's Social Security Number

SECTION 1: To be completed if you were a resident of an Indiana county that had adopted a county income tax.

P **Your** county of **residence** as of January 1, 2000. Enter 2-digit county code # from the chart on page 23.)

R **Spouse's** county of **residence** as of January 1, 2000. (Enter 2-digit county code # from the chart on page 23.)

1. **Enter the amount from IT-40PNR, line 11.** Note: If both you and your spouse lived in the same county on January 1, enter the entire amount from Form IT-40PNR, line 11 on Line 1A only. See instructions beginning on page 19 .....
2. If you claimed a non-Indiana locality earnings deduction on Schedule D, line 8, enter the amount here. If not, leave blank ..
3. Add lines 1 and 2 ..... ▶
4. Enter the resident rate from the county tax chart on page 23 for the county code number shown above .....
5. Multiply line 3 by the rate on line 4 .....
6. Add lines 5A and 5B. Enter the total here. **Note: Perry County Residents: If you live in Perry County and worked in the Kentucky counties of Breckinridge, Hancock or Meade, you must complete lines 7 and 8.** Otherwise, enter the total here and on line 9 below (see page 20) ..... ▶
7. Enter the amount of income that was taxed by any of the Kentucky counties listed on line 6 above .....
8. Multiply line 7 by .005 and enter total here .....
9. Line 6 minus line 8. Enter the total here and on line 13 of Form IT-40PNR ..... ▶

	Column A - Yours			Column B - Spouse's		
1	1A			1B		
2	2A			2B		
3	3A			3B		
4	4A			4B		
5	5A			5B		
6						
7						
8						
9						

SECTION 2: To be completed if, on January 1, 2000, you were an out-of-state resident or were a resident of a county that had not adopted a county income tax, but *worked* in an Indiana county that *had* adopted a county income tax.

Q **Your** Indiana county of **principal employment** as of January 1, 2000. (Enter 2-digit county code # from the chart on page 23.)

S **Spouse's** Indiana county of **principal employment** as of January 1, 2000. (Enter 2-digit county code # from the chart on page 23.)

1. Enter your principal employment income by entering the total income from your W-2s, net self-employment income (from Federal Schedule C or C-EZ) and/or farm income (from Federal Schedule F). If you worked two or more jobs *at the same time,* enter the portion you earned from your main job. See page 20 for further instructions .....
2. Enter certain deductions to income. See page 21 for the complete list of allowable deductions and further instructions
3. Subtract line 2 from line 1 ..... ▶
4. Enter some or all of the exemptions from line 10 of Form IT-40PNR (see instructions on page 21) .....
5. Subtract line 4 from line 3 ..... ▶
6. Enter the nonresident rate from the county tax rate chart on page 23 for the county number shown above under the Section 2 heading .....
7. Multiply the income on line 5 by the rate on line 6 .....
8. Enter total of 7A plus 7B. Add to any Section 1, line 9 amount, and carry to line 13 of Form IT-40PNR. ▶

	Column A - Yours			Column B - Spouse's		
1	1A			1B		
2	2A			2B		
3	3A			3B		
4	4A			4B		
5	5A			5B		
6	6A			6B		
7	7A			7B		
8						

Schedule IN-EIC
Form IT-40/IT-40PNR
Rev. 8/00 SF# 49469

Schedule IN-EIC: Indiana's Earned Income Credit

Attach only if claiming this credit

Attachment Sequence No. **05**

Enter your first name, middle initial and last name and spouses full name if filing a joint return

A Your Social Security Number ☐☐☐ ☐☐ ☐☐☐☐

Section A: Figure your Total Federal Income

Enter the amount from your 2000 federal Form 1040 line 22, Form 1040A line 15 or Form 1040EZ line 4 (if less than zero, enter zero) ..... A1 $ _____

Is the line A1 amount less than $12,000? ❒ Yes, Continue to Section B. ❒ No, **STOP**. You do not get this credit.

Section B: Qualifying Child (Read the instructions in the booklet to explain the terms used below)

	Enter each Child's Name here (Please print clearly or type)	1 First _____ Last	2 First _____ Last	3 First _____ Last	4 First _____ Last
		Check only one box in each section for each child listed.			
B-1	Your child	a ❒	a ❒	a ❒	a ❒
	Adopted child	b ❒	b ❒	b ❒	b ❒
	Grandchild	c ❒	c ❒	c ❒	c ❒
	Stepchild	d ❒	d ❒	d ❒	d ❒
	Foster child, (not related)	e ❒	e ❒	e ❒	e ❒
	Foster child, (related)	f ❒	f ❒	f ❒	f ❒
B-2	Under age 18	g ❒	g ❒	g ❒	g ❒
	Age 18	h ❒	h ❒	h ❒	h ❒
	Age 19 - 24 and a full-time student	i ❒	i ❒	i ❒	i ❒
	Age 19 or older and totally disabled	j ❒	j ❒	j ❒	j ❒
B-3	Child lived with you at least 1/2 of the year (If not, see below) **(if foster child, must have lived with you entire year)**	k ❒	k ❒	k ❒	k ❒
	Child was born or died in 2000, and lived with you while alive in 2000.	l ❒	l ❒	l ❒	l ❒

You must have a qualifying child to continue to Section C. A child qualifies only if a box is checked in Sections B-1, B-2 ***and*** *B-3.*

If you do not have a qualifying child, **STOP**. You do not get this credit. (Attach a separate sheet of paper to list additional children.)

Section C: Figure your Earned Income

Before you begin: If you were a household employee and received a W-2 for less than $1,100 in 2000 **or** were a minister or member of a religious order, see Special Rules in the booklet or on the back of this schedule before completing this section. Also see Special Rules if federal Form 1040 line 7 includes workfare payments or any amount paid to an inmate in a penal institution.

Enter your (and spouses if filing joint) wages, salary, tips and other compensation from federal Form 1040 or 1040A line 7, or Form 1040EZ line 1 ..... C1 $ _____

Enter any nontaxable earned income (e.g. from box 13 of your W-2 form; see instructions in the booklet) ... C2 $ _____

If you were self-employed, complete the worksheet on the back and enter the amount from line 4 ..... C3 $ _____

Add lines C1, C2 and C3 and enter here (if this is a loss, **STOP**. You do not get this credit) ..... C4 $ _____

Enter amount from Section A line A1 above $ _____ Multiply by 80% (.80) and enter here ..... C5 $ _____

Is the amount on line C4 equal to or greater than the amount on line C5?

❒ No, **STOP**. You do not get this credit. ❒ Yes, **Continue to Section D on the back to figure your credit.**

Section D: Figure your Credit

Maximum allowable amount ..... D1 $ **12,000**

Enter your total federal income from Section A line A1 ..... D2 $ -_____

Subtract line D2 from line D1 and enter the difference here ..... D3 $ _____

Multiply line D3 by 3.4% (.034). This is your credit (if less than zero, enter zero.) Enter here and on Form IT-40 line 23 or on Form IT-40PNR line 21. **NOTE:** You must attach this schedule to your tax return to receive the credit ..... **Indiana's Earned Income Credit** ➤ D4 $_____

Worksheet: Complete only if you were self-employed

If filing a joint return and your spouse was also self-employed or reported income and expenses on federal Schedule C or C-EZ as a statutory employee, combine your spouse's amounts with yours to figure the amounts to enter below.

1. **If you are filing federal Schedule SE:**
   - **a.** Enter the amount from federal Schedule SE, Section A, line 3, or Section B, line 3, whichever applies ..... 1a _____
   - **b.** Enter the amount, if any, from federal Schedule SE, Section B, line 4b 1b _____
   - **c.** Add lines 1a and 1b ..... 1c _____
   - **d.** Enter the amount from federal Form 1040 line 27 ..... 1d _____
   - **e.** Subtract line 1d from line 1c ..... **1e** _____
2. **If you are NOT required to file federal Schedule SE** (for example, because your net earnings from self-employment were less than $400), complete lines 2a through 2c. But **do not** include on these lines any statutory employee income or any amount exempt from self-employment tax as the result of the filing and approval of **federal Form 4029** or **federal Form 4361.**
   - **a.** Enter any net farm profit or (loss) from federal Schedule F, line 36, and farm partnerships from federal Schedule K-1 (Form 1065), line 15a ... 2a _____
   - **b.** Enter any net profit or (loss) from federal Schedule C, line 31, federal Schedule C-EZ, line 3, federal Schedule K-1 (Form 1065), line 15a (other than farming), and federal Schedule K-1 (Form 1065-B), box 9 2b _____
   - **c.** Add lines 2a and 2b. Enter the total even if a loss ..... **2c** _____
3. **If you are filing federal Schedule C or C-EZ as a statutory employee**, enter the amount from line 1 of that federal Schedule C or C-EZ ..... **3** _____
4. Add lines 1e, 2c and 3. Enter the total here and on Schedule IN-EIC, Section C, line C3 even if a loss. If the result is a loss, enter it in parentheses ..... **4** _____

You will need to complete the above worksheet if you have earnings from self-employment because these earnings are earned income for the credit. You may have earnings from self-employment if:

- You own your own business,
- You are a minister or member of a religious order, or
- You reported income and expenses on federal Schedule C or C-EZ as a statutory employee.

Statutory employee's earnings. If you reported income and expenses on federal Schedule C or C-EZ as a statutory employee, your earnings from self-employment are the amount on line 1 of either schedule.

Other earnings. Your earnings from self-employment in a business you own, or from your services as a minister or member of a religious order, are earned income for the credit.

Federal Schedule SE. If you filed federal Schedule SE, your earnings from self-employment are the amount you get after you subtract one-half of your self-employment tax (federal Form 1040, line 27) from your net profit (federal Schedule SE, line 3 of either Section A or Section B, whichever applies). **If you do not have to file federal Schedule SE**, your earnings (or loss) from self-employment are the net profit or loss from your self-employment activities.

Special procedures for a minister or member of a religious order. If you file federal Schedule SE and the amount on line 2 of that schedule includes an amount that was also reported on federal Form 1040, line 7, determine how much of the income reported on federal Form 1040, line 7, was also reported on federal Schedule SE, line 7. If you received a housing allowance or were provided housing, **do not** include the allowance of rental value of the parsonage as nontaxable earned income on line 4 of the worksheet above if it is required to be included on federal Schedule SE, line 2. Then, determine how much of the income reported on federal Form 1040, line 7, was also reported on federal Schedule SE, line 2. Next, subtract that income from the amount on federal Form 1040, line 7. Then, enter only the result on line 1 of the worksheet above.