Form
IT-40 PNR
State Form 472
R3/ 8-04

2004

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

Due April 15, 2005

If you are **not** filing for the calendar year January 1 through December 31, 2004, 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)				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 23 in the instruction booklet) for the county where you lived and worked on January 1, 2004.

Taxpayer

P County where you lived ☐ O County where you worked ☐

Spouse

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 5)

1. Complete Indiana Schedule A first. Enter here the amount from line 38B 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 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 19.) Enter number claimed in box ☐ x $1,500	5		00
6. Check box(es) below for additional exemptions if, by December 31, 2004: 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, 2004: You were: ☐ 65 or older and line 37A from Indiana Schedule A is less than $40,000. Spouse was: ☐ 65 or older and line 37A from Indiana Schedule A is less than $40,000. Total the number of boxes checked ☐ x $500	7		00
8. Add Lines 4, 5, 6 and 7 ..... **Exemption Subtotal** ▶	8		00
9. Enter amount from **Box 21D** 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. Indiana advance earned income payments from W-2(s) (see page 24)	16		
17. Add lines 12 through 16. Enter here and on line 26 on the back ..... **Total Tax** ▶	17		
18. Indiana State Tax Withheld: Don't include any withholding amounts for other state taxes. Attach W-2s, WH-18s, or 1099s	18		
19. Indiana County Tax Withheld: Don't include **other** local taxes. Attach W-2s, WH-18s, or 1099s	19		
20. 2004 Estimated Tax Paid: Include any extension payments made on Form IT-9	20		
21. 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)	21		
22. Earned Income Credit: Attach Schedule IN-EIC	22		
23. Lake County residential income tax credit	23		
24. Indiana Credits: Enter the amount from Schedule E, line 13 (attach schedule)	24		
25. Add lines 18 through 24. Enter here and on line 27 on the back ..... **Total Credits** ▶	25		

AA ☐ BB ☐ CC ☐ DD ☐

VN

Turn the page

Staple W-2 forms on the front of this page only between Lines 1 and 25

Paperclip check or money order here

26. Enter the Total Tax from line 17 on the front of this form ▶	26	
27. Enter the Total Credits from line 25 on the front of this form ▶	27	
28. If line 27 is more than line 26, subtract line 26 from line 27 (if smaller, skip to line 35)	28	
29. Amount of line 28 to be donated to the Indiana Nongame Wildlife Fund	29	
30. Subtract line 29 from line 28 ..... **SUBTOTAL**	30	
31. Amount to be applied to your 2005 estimated tax account (see instructions)	31	
32. Penalty for Underpayment of Estimated Tax for 2004. Attach Sch. IT-2210 or IT-2210A	32	
33. Line 30 minus lines 31 and 32 (if less than zero, see instructions) ..... **Your Refund** ▶	33	

Direct Deposit

34a. Routing Number

b. Account Number

c. Type of Account ☐ Checking ☐ Savings ☐ Hoosier Works MC

If you want to **DIRECT DEPOSIT** see instructions on page 34.

35. If line 26 is more than line 27, subtract line 27 from line 26. **Add this to any amounts from lines 31 and 32, and enter total here** (see instructions on page 35) ..... **SUBTOTAL**	35	
36. Penalty (if filed after the due date, see instructions on page 35)	36	
37. Interest (if filed after the due date, see instructions on page 35)	37	
38. **Amount Due:** Add lines 35, 36 and 37 ..... **Amount You Owe** ▶	38	

▶ 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.

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 2004.

W From: m m d d 2004 To: m m d d 2004 X

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

Y From: m m d d 2004 To: m m d d 2004 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 2004.

GG From: m m d d 2004 To: m m d d 2004 HH

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

I I From: m m d d 2004 To: m m d d 2004 JJ

Additional Information

KK **Taxpayer** - Check box if you filed federal Schedule C or C-EZ for 2004. ☐

LL **Spouse** - Check box if you filed federal Schedule C or C-EZ for 2004. ☐

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.

ZW **Are you filing a federal income tax return for 2004? Yes ☐ No ☐**

If any individual listed at the top of the IT-40PNR died during 2004, enter date of death below.

Taxpayer's date of death PP m m d d 2004

Spouse's date of death QQ m m d d 2004

OO **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 (Department) 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.

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

Your Signature Date

Spouse's Signature Date

Your Daytime Telephone Number SS

Spouse's Daytime Telephone Number TT

ZV E-mail address where we can reach you

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

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