		Form Indiana Part-Year or Full-Year IT-40PNR Nonresident Individual Due Ap	oril 16	, 2007	20	06				
	6.10	R5/8-06 If you are not filing for the calendar year January 1 through December 31, 2006, enter period from:								
	You	r Social A Spouse's Social B	to:		book the box	if you				
		curity Number Security Number	Ш		e married fili					
		Check if applying for ITIN ZU Check if applying for ITIN ZT		C se	eparately.	ľШ				
26		r first name Initial Last name								
	D	F F								
	If fil	ing a joint return, spouse's first name Initial Last name								
	G	н І								
	Pre	sent address (number and street or rural route) (If you have a P.O. box, see instructions on page 5.)	nool Corp	poration Numb	per					
	J	N (see	e pages	41 and 42)						
	City	State Zip code + 4 Fc	reign (Country (if a	applicable)					
	Κ									
		the county where you lived and worked an January 1, 2006	If you have a loss (or negative entry),							
		tourseit Spouse	please indicate so by placing it in a bracket. Example: (1.00)							
		County where County where County where County where	Please round all entries to							
		you lived you worked spouse lived spouse worked	the nearest whole dollar (see instructions on page 5).							
	1.	Complete Indiana Schedule A first. Enter here the amount from line 42B of Section 3		see instru	ctions on pa	ge 5).				
		from that schedule (you must attach Indiana Schedule A)	1							
56	2. lı	ndiana deductions. Enter the amount from line 12, Schedule D (attach schedule)	2	2						
nd		Line 1 minus line 2Indiana Adjusted Income	▶ 3	3						
1 a	4.	Number of exemptions claimed on your federal return x \$1,000x	4							
es	5.	Additional exemption for certain dependent children (see instructions on page 9.)				00				
<u>=</u>		Enter number claimed in box x \$1,500	5	5						
Staple W-2 forms on the front of this page only between lines 1 and 26	6.	Check box(es) below for additional exemptions if, by December 31, 2006:				0.0				
		You were: 65 or older ☐ or blind ☐. Spouse was: 65 or older ☐ or blind ☐.				00				
ş		Number of boxes checked x \$1,000	6	6						
9 O.	7.	Check box(es) below for additional exemptions if, by December 31, 2006:				ve entry), ng it in a				
age		You were: 65 or older and line 41A from Indiana Schedule A is less than \$40,000.				00				
is		Spouse was: 65 or older and line 41A from Indiana Schedule A is less than \$40,000.								
ft		Total the number of boxes checked x \$500	7							
nto		Add Lines 4, 5, 6 and 7	8	3						
fro	9.	Enter amount from Box 21D of the Proration Section located at the bottom of the first page of								
the		Indiana Schedule A, Section 1 (you must attach Schedule A)	9		•					
on		Multiply line 8 by the number on line 9								
ms		Line 3 minus line 10 (if less than zero, leave blank)								
		State adjusted gross income tax: multiply line 11 by 3.4% (.034)	12							
۷-2		County income tax. See if you need to complete Schedule CT-40PNR (go to page 27)	13							
		Use tax due on out-of-state purchases (see instructions on page 10)	14							
tap		Household employment taxes: attach Schedule IN-H	16							
ဟ		Indiana advance earned income payments from W-2(s) (see instructions on page 10)								
		Add lines 12 through 16. Enter here and on line 27 on the back	▶ ''							
	18.	Indiana state tax withheld. Don't include any withholding amounts for other states' taxes.	18	,						
	10	Attach W-2s, WH-18s, 1099s	10	0						
	19.	Indiana county tax withheld. Don't include any withholding amounts for localities located	19	1						
	20	outside Indiana. Attach W-2s, WH-18s, 1099s	20							
		Estimated tax paid for 2006. Include any extension payment made with Form IT-9 Unified tax credit for the elderly (You must be age 65 or older and an Indiana resident for at	20	<u>'</u>						
	۷١.	least 6 months to qualify. See instructions on page 10.)	21							
re e	22	Earned income credit: Attach Schedule IN-EIC	22							
check o		Lake County residential income tax credit	23							
p cneck or order here		Economic development for a growing economy credit (see instructions on page 12)	24							
		Indiana credits: Enter the amount from Schedule E, line 7 (attach schedule)	25							
money		Add lines 18 through 25. Enter here and on line 28 on the back	26							
mo m				<u>' </u>						
	AA	BB CC DD			Turn th	he page				

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Deposit C. Type of Account Checking Savings Hoosier Works MC S. If line 27 is more than line 28, subtract line 28 from line 27. Add this to any amounts from lines 32 and 33, and enter total here (see instructions on page 14) 36 37 38 37 38 37 38 38 39 39 39 39 39 39	. Enter the Total	Tax from line 17 on the	e front of this form						27		
Amount of line 29 to be donated to the Indiana Nongame Wildlife Fund	. Enter the Total	Credits from line 26 or	the front of this form						28		
Subtract line 30 from line 29	. If line 28 is mor	e than line 27, subtrac	t line 27 from line 28 (if	smaller,	skip to	line 36))		29		
Amount to be applied to your 2007 estimated tax account (see instructions on page 12)	. Amou	nt of line 29 to be done	ated to the Indiana Non	game W	ildlife F	und			30		
Amount to be applied to your 2007 estimated tax account (see instructions on page 12)	Subtract line 30) from line 29					S uвто	TAL :	31		
Penalty for underpayment of estimated tax for 2006. Attach Sch. IT-2210 or IT-2210A. 33 34 34 34 34 34 34 3									32		
Line 31 minus lines 32 and 33 (if less than zero see instructions on page 14). Your Refund 35a. Routing Number b. Account Number c. Type of Account Checking Savings Hoosier Works MC If you want to Direct b. Account to University c. Type of Account Checking Savings Hoosier Works MC If you want to Direct c. Type of Account Checking Savings Hoosier Works MC If you want to Direct c. Type of Account Checking Savings Hoosier Works MC If you want to Direct Checking Savings Hoosier Works MC If you want to Direct Savings Hoosier Works MC If you want to Direct Savings Hoosier Works MC If you want to Direct Savings Hoosier Works MC If you want to Direct Savings Hoosier Works MC If you want to Direct Savings Hoosier Works MC If you want to Direct Savings Hoosier Works MC If you want to Direct Savings Hoosier Works MC If you want to Direct Savings Hoosier Works MC If you want to Direct Savings Hoosier Works MC If you want to Direct Savings Hoosier Works MC If you want to Direct Savings Hoosier Works MC If you want to Direct Savings Hoosier Works MC If you want to Direct Savings Hoosier Works MC If you want to Direct Savings Hoosier Works MC If you want to Direct Savings Hoosier Works MC If you want to Direct Savings Hoosier Works MC If you want to Direct Department Savings Hoosier Works MC If you want to Direct Department Savings Hoosier Works MC Hoosier		•						I	33		
Direct Deposit Direct Deposit Direct Deposit Direct Topos See instructions Checking Savings Hoosier Works MC If line 27 is more than line 28, subtract line 28 from line 27. Add this to any amounts from lines 32 and 33, and enter total here (see instructions on page 14)									34		
Deposit C. Type of Account Checking Savings Hoosier Works MC Savings Hoosier Hoosier Mc Savings Hoosier Hoosier Mc Savings Hoosier Hoosier Mc Savings Hoosier Hoosie		5a. Routing Number									
If line 27 is more than line 28, subtract line 28 from line 27. Add this to any amounts from lines 32 and 33, and enter total here (see instructions on page 14)		b. Account Number									
If line 27 is more than line 28, subtract line 28 from line 27. Add this to any amounts from lines 32 and 33, and enter total here (see instructions on page 14)	P _® Deposii	c. Type of Account	Checking	Savings	, [Hoosie	r Works	мс			
Innes 32 and 33, and enter total here (see instructions on page 14) SueroraL 36 37 38 38 38 38 38 38 38	161: 07:					J				on page	
Penalty (if filed after the due date, see instructions on page 14) Interest (if filed after the due date, see instructions on page 14) Amount Due: Add lines 36, 37 and 38 No payment is due if you owe less than \$1. Do Not Send Cash. Make your check or money order payable to: Indiana Department of Revenue. Credit Card payers must see page 14 for details. No payment is due if you owe less than \$1. Do Not Send Cash. Make your check or money order payable to: Indiana Department of Revenue. Credit Card payers must see page 14 for details. Spouse's Information Spouse's					-				26		
Interest (if filed after the due date, see instructions on page 14) Amount Due: Add lines 36, 37 and 38		-	•	•				-			
Amount Due: Add lines 36, 37 and 38				-							
No payment is due if you we less than \$1. Do Not Send Cash. Make your check or money order payable to: Indiana Department of Revenue. Credit Card payers must see page 14 for details. Were you a full-year resident of another state? If so, enter the 2 letter name for that state. 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 2006. From:	•		. •								
to: Indiana Department of Revenue. Credit Card payers must see page 14 for details. Vour Information Spouse's Information											
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If so, enter the 2 letter name for that state. Enter the time period you lived in Indiana during 2006. From:	· ·										
Enter the time period you lived in Indiana during 2006. From:	•	-			-						_
From:											
Enter the time period you lived in the other state. From:					(i(i-	time per			ndiana		
From:									m		2006
If any individual listed at the top of the IT-40 lided during 2006, enter date of death below. PP Taxayaer's date of death lock of death place. Important: If you checked the box, you must attach Schedule IT-2210 or IT-2210A. In authorize the Department to discuss my return for 2006? Yes No Catter of death place and belief, it is true, common 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 under this return. Also, my request for direct deposit of my refund includes my authorization to the Indiana Department of Revent furnish my financial institution with my routing number, account number, account type, and Social Security number to ensure my refund properly deposited. I give permission to the Department to contact the Social Security Administration in order to confirm the Social Security Pour Daytime Telephone Number. Spouse's Signature Date Paid Preparer's name UU Federal I.D. Number, PTIN OR Social Security Number. Your Daytime Telephone Number. Spouse's Daytime Telephone Number. Your Daytime Telepho		 -		-		time per			he oth		
Important: If you checked the box, you <u>must</u> attach Schedule IT-2210 or IT-2210A. Are you filing a federal income tax return for 2006? Yes _ No _ RI authorize the Department to discuss my return with my tax preparer. Yes _ No _ Output	From:	d d 2006	m IP d d 2006	Z Fr	om;	m m d	d d 2	006	m	To: d d	2006
Important: If you checked the box, you <u>must</u> attach Schedule IT-2210 or IT-2210A. Are you filling a federal income tax return for 2006? Yes \No \ No \ Authorize the Department to discuss my return with my tax preparer. Yes _No \ 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, com 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 under this return. Also, my request for direct deposit of my refund includes my authorization to the Indiana Department of Revent furnish my financial institution with my routing number, account number, account type, and Social Security number to ensure my refund 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							☐ If				
Are you filling a federal income tax return for 2006? Yes No Authorize the Department to discuss my return with my tax preparer. Yes No 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, com 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 under this return. Also, my request for direct deposit of my refund includes my authorization to the Indiana Department of Revent furnish my financial institution with my routing number, account number, account type, and Social Security number to ensure my refund 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 Paid Preparer's name Date Date Date E-mail address where we can reach you ZV Preparer's Daytime Telephone Number Spouse's Signature Date Preparer's Daytime Telephone Number ZY Preparer's Daytime Telephone Number ZY Date E-mail address where we can reach you ZY Preparer's Signature Date E-mail address where we can reach you Date Date E-mail address where we can reach you Date Date E-mail address where we can reach you Date Date E-mail address where we can reach you Date Date E-mail address where we can reach you Date Date Date E-mail address where we can reach you Date	Important: If yo	ou checked the box, you	must attach Schedule IT	-2210 or	IT-2210	DA.	F	P Taxpay	er's 🗀		
Authorize the Department to discuss my return with my tax preparer. Yes No 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, com 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 under this return. Also, my request for direct deposit of my refund includes my authorization to the Indiana Department of Revent furnish my financial institution with my routing number, account number, account type, and Social Security number to ensure my refund properly deposited. I give permission to the Department to contact the Social Security Administration in order to confirm the Social Security Pour Daytime Telephone Number. Your Signature Date Paid Preparer's name Date Paid Preparer's name Date Pederal I.D. Number, Prin OR Social Security Number. Spouse's Daytime Telephone Number. Preparer's Daytime Telephone Number. Preparer's Daytime Telephone Number. ZY Preparer's Daytime Telephone Number. Date Typerarer's Daytime Telephone Number. Date E-mail address where we can reach you Date Date Typerarer's Daytime Telephone Number. Date Typerarer's Daytime Telephone Number. Date Typerarer's Daytime Telephone N	Are you filing a	federal income tax ret	urn for 2006? Yes 🔲	No 🗌					111	m d d	2000
Under penalty of perjury, I have examined this return and all attachments and to the best of my knowledge and belief, it is true, com 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 under this return. Also, my request for direct deposit of my refund includes my authorization to the Indiana Department of Revent furnish my financial institution with my routing number, account number, account type, and Social Security number to ensure my refund 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 Paid Preparer's name Date Paid Preparer's name UU Federal I.D. Number, PTIN OR Social Security Number Address XX Preparer's Daytime Telephone Number Spouse's Signature Date E-mail address where we can reach you ZV Preparer's Daytime Telephone Number Spouse's Signature Date E-mail address where we can reach you Date Date E-mail address	RI authorize the	Department to discus	ss my return with my	tax prep	arer. Y	es 🗌 No	• 🗆 🖯			m d d	
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