IT-40EZ
State Form 48438
R7 / 9-08

2008

Indiana Income Tax Return for Full-Year Indiana Resident Filers With No Dependents

Due April 15, 2009

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

Spouse's Social Security Number B ☐☐☐ ☐☐ ☐☐☐☐

☐ Check if applying for ITIN UU

☐ Check if applying for ITIN V V

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) J	School Corporation Number (see pg. 8) N

City K	State L	Zip Code + 4 M	Foreign Country (if applicable) O

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, 2008.

Yourself

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

Spouse

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

Note: Read the instructions before completing this form.

1.	Enter your federal adjusted gross income from federal Form 1040EZ, line 4	1	
2.	Deductions: Enter the amount from line 3 of the Indiana Deduction Worksheet on the back of this form	2	
3.	Subtract line 2 from line 1 and enter total. If less than zero, leave blank	3	
4.	Enter $1,000 if filing a single return **OR** $2,000 if filing a joint return	4	
5.	Indiana taxable income: subtract line 4 from line 3 and enter total. If less than zero, leave blank	5	
6.	State adjusted gross income tax: multiply line 5 by 3.4% (.034) and enter total	6	
7.	County income tax (see instructions on page 5)	7	
8.	Use tax due on out-of-state purchases (see instructions on page 2)	8	
9.	**Total tax:** Add lines 6, 7 and 8 and enter total	9	
10.	From W-2s: all Indiana state tax withheld	10	
11.	From W-2s: all Indiana county tax withheld	11	
12.	Indiana earned income credit from Box B of the EIC Worksheet on the back of this form	12	
13.	**Total Credits:** Add lines 10, 11 and 12 and enter total here	13	
14.	If line 13 is larger than line 9, subtract line 9 from line 13. This is an overpayment. (If line 9 is larger than line 13, skip to line 18.)	14	
15.	Amount from line 14 to be **donated** to the Indiana Nongame Wildlife Fund	15	
16.	Subtract line 15 from line 14. This is your refund **YOUR REFUND**	16	
17.	a.Routing Number ☐☐☐☐☐☐☐☐☐ b.Account Number ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ c.Type of Account ☐ Checking ☐ Savings ☐ Hoosier Works MC		Direct Deposit (see page 3)
18.	If line 9 is more than line 13, subtract line 13 from line 9 and enter total here	18	
19.	Penalty if filed after due date (see instructions on page 3)	19	
20.	Interest if filed after due date (see instructions on page 4)	20	
21.	Add lines 18, 19 and 20. This is the amount you owe. See page 4 for details on how to make your payment, including credit card options. No payment is due if you owe less than $1 **AMOUNT YOU OWE**	21	

VN

You must sign the back of the return.

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Indiana Deduction Worksheet

Instructions begin on page 4.

Renter's Deduction

U Number of months rented during 2008 .....

V Amount of rent paid $

W Address where rented (if different from front page)

Enter Landlord's Name and Address

X

Attach additional location and landlord information if renting at more than one location.

Total Indiana Deductions

1	Enter the **lesser** of the amount of rent paid for 2008 **OR** $3,000	1	
2	Enter the amount from line 7 of the unemployment compensation worksheet.....	2	
3	Total deductions: Add lines 1 and 2. Carry this total to page 1, line 2	3	

Indiana EIC Worksheet

Y **Indiana Earned Income Credit**

	Enter the earned income credit from your federal income tax return, Form 1040EZ, line 8a (must be $9.00 or more - see instructions on page 3)	A	
	Multiply line A by 6% (.06). Enter here and carry to page 1, line 12	B	

If any individual listed at the top of the IT-40EZ died during 2008, enter date of death below (MMDD).

Taxpayer's date of death EE ____ ____ 2008 Spouse's date of death FF ____ ____ 2008

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 _____ Daytime telephone number HH

Spouse's Signature _____ Date _____ E-mail address where we can reach you JJ

GG **I authorize the Department to discuss my return with my personal representative (see page 6).** ☐ **Yes** ☐ **No**
If yes, complete the information below.

Personal Representative's Name (please print)

WW _____

Telephone number XX

YY Address _____

ZZ City _____

AB State _____ AC Zip Code + 4 _____

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

MM _____

MA ☐ IN-OPT on file with paid preparer if not filing electronically

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.

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