

# 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

|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|

### Section 1: Income or (Loss)

Enter in column A, lines 1 through 20, the same income or loss you reported on your 1998 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, fill in the oval directly to the left of the appropriate lines. Example: 0

#### Line-by-line instructions begin on page 8

#### Column A Income from Federal Return

#### Column B Income Taxed by Indiana

|                                                                                                  |     |                      |                      |                      |                      |     |                      |                      |                      |                      |
|--------------------------------------------------------------------------------------------------|-----|----------------------|----------------------|----------------------|----------------------|-----|----------------------|----------------------|----------------------|----------------------|
| 1. Your wages, salaries, tips, commissions, etc .....                                            | 1A  | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | 1B  | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 2. Spouse's wages, salaries, tips, commissions, etc .....                                        | 2A  | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | 2B  | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 3. Taxable interest income .....                                                                 | 3A  | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | 3B  | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 4. Dividend income .....                                                                         | 4A  | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | 4B  | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 5. Taxable refunds, credits, or off sets of state and local taxes from your federal return ..... | 5A  | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | 5B  | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 6. Alimony received .....                                                                        | 6A  | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | 6B  | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 7. Business income or loss from federal Schedule C or C-EZ .....                                 | 7A  | 0                    | <input type="text"/> | <input type="text"/> | <input type="text"/> | 7B  | 0                    | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 8. Capital gain or loss from sale or exchange of property from your federal return .....         | 8A  | 0                    | <input type="text"/> | <input type="text"/> | <input type="text"/> | 8B  | 0                    | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 9. Other gains or (losses) from Form 4797 .....                                                  | 9A  | 0                    | <input type="text"/> | <input type="text"/> | <input type="text"/> | 9B  | 0                    | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 10. Total IRA distribution .....                                                                 | 10A | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | 10B | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 11. Total pensions and annuities .....                                                           | 11A | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | 11B | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 12. Net rent or royalty income or loss reported on federal Schedule E .....                      | 12A | 0                    | <input type="text"/> | <input type="text"/> | <input type="text"/> | 12B | 0                    | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 13. Income or loss from partnerships .....                                                       | 13A | 0                    | <input type="text"/> | <input type="text"/> | <input type="text"/> | 13B | 0                    | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 14. Income or loss from trusts and estates .....                                                 | 14A | 0                    | <input type="text"/> | <input type="text"/> | <input type="text"/> | 14B | 0                    | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 15. Income or loss from S corporations .....                                                     | 15A | 0                    | <input type="text"/> | <input type="text"/> | <input type="text"/> | 15B | 0                    | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 16. Farm income or loss from federal Schedule F .....                                            | 16A | 0                    | <input type="text"/> | <input type="text"/> | <input type="text"/> | 16B | 0                    | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 17. Unemployment compensation .....                                                              | 17A | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | 17B | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 18. Taxable social security benefits .....                                                       | 18A | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | 18B | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 19. Indiana apportioned income from attached Schedule IT-40PNRA .....                            | 19A | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | 19B | 0                    | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 20. Other income reported on your federal return .....                                           | 20A | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | 20B | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

List source(s). (Do not include federal net operating loss.) See instructions on pg. 10.

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 8 on the front page of Form IT-40PNR .....

BOX 8C

Turn the page and complete Sections 2 and 3



# Indiana Schedule A cont'd.

## Section 2: Adjustments; Section 3: Totals (Complete the other side first)

Attachment  
Sequence No. 2

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

If you have a loss or negative entry, fill in the oval directly to the left of the appropriate lines. Example: 

Line-by-line instructions  
begin on page 10.

**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 10 ..... | 23A                                                                                   |  |  |  |  | 23B                                                                                     |  |  |  |  |  |
| 24. Lump sum distribution taxed on federal Form 4972 .....                                         | 24A                                                                                   |  |  |  |  | 24B                                                                                     |  |  |  |  |  |
| <b>Total Income or Loss -</b>                                                                      |                                                                                       |                                                                                   |                                                                                   |                                                                                   |                                                                                   |                                                                                         |                                                                                     |                                                                                     |                                                                                     |                                                                                     |                                                                                     |
| 25. Add lines 22 through 24 .....                                                                  | 25A  |  |  |  |  | 25B  |  |  |  |  |  |

### Section 2: Adjustments to Income

Note: Enter in Column A only those deductions claimed on your 1998 federal income tax return, Form 1040 or 1040A. (See instructions on page 10 for any other federal adjustments to income.)

Line-by-line instructions  
begin on page 10.

**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 10) .....            | 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 |  |  |  |  |  |
| <b>Total Adjustments -</b>                                         |     |                                                                                     |                                                                                     |                                                                                     |                                                                                     |     |                                                                                       |                                                                                       |                                                                                       |                                                                                       |                                                                                       |
| 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  |  |  |  |  |