Attach to IT-40PNR

Section 1: Income or Loss, Proration Section (Complete Section 2 Adjustments and Section 3 totals on back)

Attachment

	(R1 / 8-02)	Scheau			ii 2 Aujustilients and			Dack)	Sequenc	e No. 01
Er	nter your f	irst name, middle in	iitial and last name and sp	ouse's full	name if filing a joint retur	n Your Soci Security A Number	al			
		1: Income or (Loss)	income tax return, Fo	orm 1040, ons). If yo	ugh 20, the same incor 1040A or 1040EZ (exc ou have a loss (or neg	cept for line 19	and/o	r a net op	erating los	ss carry
Line-by-line instructions begin on page 9		Column A Income from Federal Return				Column B Income Taxed by Indiana				
	V									
			s, commissions, etc .	1A			1B			
2.	-	_	s, tips, commissions,	2A			2B			
3.	Taxable	interest income.		ЗА			3B			
4.	Dividend	d income		4A			4B			
5.	Taxable	refunds, credits,	or offsets of state							
	and loc	al taxes from you	r federal return	5A			5B			
6.	Alimony	received		6A			6B			
7.	Busines	s income or loss	from federal							
	Schedul	le C or C-EZ		7A			7B			
8.	Capital	gain or loss from	sale or exchange							
	of prope	erty from your fed	deral return	8A			8B			
9.	Other ga	ains or (losses) fr	om Form 4797	9A			9B			
10.	Total IR	A distribution		10A			10B			
11.	Total pe	nsions and annui	ties	11A			11B			
12.	Net rent	or royalty income	e or loss reported on							
	federal	Schedule E		12A			12B			
13.	Income	or loss from partr	nerships	13A			13B			
14.	Income	or loss from trust	s and estates	14A			14B			
15.	Income	or loss from S co	rporations	15A			15B			
16.	Farm in	come or loss from	n federal Schedule F	16A			16B			
17.	Unempl	oyment compens	ation	17A			17B			
18.	Taxable	social security be	enefits	18A			18B			
19.	Indiana	apportioned inco	me from attached							
	Schedul	le IT-40PNRA		19A			19B			
20.	Other in	come reported or	n your federal return	20A			20B			
	List sou	rce(s). (Do not in	nclude federal net oper	ating loss.) (See instructions on	page 11.) _				
21.	result he	l: add lines 1 thro ere and on line 22	2 at the top	21A			21B			
NI.			ule lete the 'Proration Sec	tion' belo	w hefore continuing	on to the ha	ck nac	Δ		
L _	- Ividi						ck pag	- - — — -		
P	roration	on Section	Divide the amount or	n line 21I	B by the amount on	line 21A (se	e instr	uctions if	either	I
			less than zero). Plea		-		-			I
	-		00 = .375, which rour e front page of Form		•	-		1.00). E	nter resul	<u> </u>

Line-by-line instructions

begin on page 12.

Section 2: Adjustments; Section 3: Totals

(Complete the other side first)

Column A

Income from Federal Return

Attachment Sequence No. **02**

Column B

Income Taxed by Indiana

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)

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 instruction					
page 12	23A	23B			
24. Lump sum distribution taxed on fede	eral				
Form 4972	24A	24B			
Total Income or Loss -					
25. Add lines 22 through 24	25A	25B			
Section 2: Adjustments to Income	-	/ those deductions claimed on y 0A. (See instructions on page			
Line-by-line instructions begin on page 12.	Colum Federal A	nn A djustments	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	20.4	000			
savings	0.4.4	33B			
34. Alimony paid		34B			
35. Other (see instructions on page 13)	35A	35B			
Total Adicatos anta	35A	335			
Total Adjustments -	36A	36B			
36. Add lines 26 through 35	30A				
Section 3: Totals	Colun <u>Federal Adjuste</u>		Column B Income Taxed by Indiana		
37A. Subtract line 36A from line 25A	37A		-		
38B. Subtract line 36B from line 25B. total here and on Form IT-40PNF		38B			