



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

Due April 15, 2010

	Social		se's Socia ity Numb					
Check if applying for ITIN								
Your	first name Initial	Last nam	ne					
16.611								
If filing a joint return, spouse's first name Initial Last name								
Pres	Present address (number and street or rural route) School Corporation							
						umber (see pg. 8, 9)		
City State Zip Code + 4 Fo						oreign (	Country (if applicable)	
Enter the 2-digit county code numbers (found on the back of Schedule CT-40EZ) for the county where you lived and worked on January 1, 2009.								
County where you lived County where you worked County where spouse lived County where spouse worked								
Round all entries								
1. E	Enter your federal adjusted gross income fror	n federal	Form 10	040EZ, line 4		1		00
	Enter unemployment compensation add-back							00
3. A	Add lines 1 and 2 and enter total here					3		00
4. Enter the amount from line 3 of the Indiana Deduction Worksheet on the back of this form						4		00
5. Subtract line 4 from line 3 and enter total. If less than zero, leave blank						5		00
6. Enter \$1,000 if filing a single return <b>OR</b> \$2,000 if filing a joint return						6		00
7. Subtract line 6 from line 5 (if less than zero, leave blank)						7		00
8. State adjusted gross income tax: multiply line 7 by 3.4% (.034)						8		00
9. County income tax (see instructions on page 4)						9		00
10. Use tax due on out-of-state purchases (see instructions on page 2)						10		00
11. A	11. Add lines 8, 9 and 10 <b>Total Tax</b>							00
12. F	2. From W-2s: all Indiana state tax withheld					12		00
13. F	3. From W-2s: all Indiana county tax withheld					13		00
14. l	4. Indiana earned income credit from box B of the EIC Worksheet on the back of this form					14		00
15. A	Add lines 12, 13 and 14			Total	Credits	15		00
	f line 15 is more than line 11, subtract line 11 overpayment. (If line 11 is more than line $15$ ,				payment	16		00
17.	Amount from line 16 to be <b>donated</b> to the	Indiana	Nongam	ne Wildlife Fund	-	17		00
						18		00
19. a	a. Routing Number C.Type Checking Savings						Direct	
	Account Number				-		Deposit (see page 3)	
						20	( , page e)	00
	Penalty if filed after due date (see instructions on page 3)							00
	Interest if filed after due date (see instructions on page 3)							00
	Add lines 20, 21 and 22. This is the amount you owe. See page 4 for details on how to							
r	nake your payment, including credit card opti	ions. No p	payment	is due if you owe less				
t	han \$1			Amount \	ou Owe	23		00



Unemployment Compensation Add-Back Worksheet (see i	nstructions on page 4)						
Enter unemployment compensation from Box 1 of 1099G(s)	Box A 00						
Enter amount reported on your federal Form 1040EZ, line 3	Box B 00						
Subtract Box B from Box A. Carry this total to page 1, line 2	Box C 00						
Indiana Deduction Worksheet							
	e on the front page (enter below) and address (enter on next line) aid \$ <b>_00</b>						
Number of months rented during 2009							
Enter the <b>lesser</b> of the amount of rent paid <b>OR</b> \$3,000							
2. Enter the amount from line 8 of the unemployment compensation	worksheet found on page 5 2 00						
3. Total deductions: Add lines 1 and 2. Carry this total to page 1, line	4						
Indiana Earned Income Credit Worksheet							
Enter the earned income credit from your federal income tax return, Form 1040EZ, line 9a (must be \$6.00 or more - see Line 14 instructions on page 3)							
Multiply line A by 9% (.09). Enter here and carry to page 1, line 14	В 00						
Extension of time to file							
Place "X" in box if you have filed a federal extension of time to file, F	orm 4868						
Place "X" in box if you have filed an Indiana extension of time to file,	Form IT-9, or online via e-Pay.						
If any individual listed at the top of the IT-40EZ died during 2009, enter date of death below (MMDD).         Taxpayer's date of death       2009         Spouse's date of death       2009							
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         E-mail address where we can reach you							
Spouse's Signature I							
I authorize the Department to discuss my return with my personal representative (see page 7). If yes, complete the information below. Personal Representative's Name (please print)	Paid Preparer: Firm's Name (or yours if self-employed)         IN-OPT on file with paid preparer if not filing electronically         Federal I.D. Number       PTIN OR       Social Security Number						
Telephone number							
Address	Address						
City	City						
State Zip Code + 4	State Zip Code + 4						
If anglesing payment mail to: Indiana Department of Poyonus, PO, Bo							

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.

