Schedule H
Form IT-40PNR
State Form 54035
(9-09)

Schedule H Section 1: Residency Information

(Complete Section 2: Additional Information on back)

2009

Enclosure
Sequence No. **07**

Name(s) shown on Form IT-40PNR

Your Social Security Number

Section 1: Residency Information

List all state(s)and dates of your (and your spouse's, if filing jointly) residency during 2009. Enter 2-letter state name (e.g. "IL" for Illinois) or the letters "OC" if you were a resident of a foreign country. Instructions begin on page 41.

Example

	State of Residence	Date From (MM/DD)			Date To (MM/DD)			Did you file a tax return with the state/country? Place "X" in appropriate box.	
	IL	01	01	**2009**	06	01	**2009**	Yes X	No
	IN	06	02	**2009**	12	31	**2009**	Yes X	No

Your information

	(a) State of Residence	(b) Date From (MM/DD)			(c) Date To (MM/DD)			Did you file a tax return with the state/country? Place "X" in appropriate box.	
1A				**2009**			**2009**	Yes	No
1B				**2009**			**2009**	Yes	No
1C				**2009**			**2009**	Yes	No
1D				**2009**			**2009**	Yes	No

Spouse's information if married filing jointly

	(a) State of Residence	(b) Date From (MM/DD)			(c) Date To (MM/DD)			Did you file a tax return with the state/country? Place "X" in appropriate box.	
2A				**2009**			**2009**	Yes	No
2B				**2009**			**2009**	Yes	No
2C				**2009**			**2009**	Yes	No
2D				**2009**			**2009**	Yes	No

Turn over to complete Section 2 ►

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(9-09)

Schedule H Section 2: Additional Required Information

Instructions begin on page 42.

2009

Section 2: Additional Information

1. Federal filing information
Are you filing a federal income tax return for 2009? Place "X" in appropriate box. Yes ☐ No ☐

2. Extension of time to file
a. Place "X" in box if you have filed a federal extension of time to file, Form 4868. ☐
b. Place "X" in box if you have filed an Indiana extension of time to file, Form IT-9, or online via ePay. ☐

3. Farm / Fishing income
Place "X" in box if at least two-thirds of your gross income was made from farming or fishing. ☐
Important: If you placed an "X" in the box, you MUST attach Schedule IT-2210.

4. Date of death
If any individual listed at the top of the IT-40PNR died *during* 2009, enter date of death (MM/DD).

Taxpayer's date of death ☐☐ ☐☐ **2009** Spouse's date of death ☐☐ ☐☐ **2009**

Authorization **Sign Form IT-40PNR after reading the following statement.**
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 to confirm that the Social Security number(s) used on this return is correct.

5. Your daytime telephone number _____ **Your e-mail address** _____

I authorize the Department to discuss my return with my personal representative (see page 42).

Yes ☐ **No** ☐ **If yes, complete the information below.**

Personal Representative's Name (please print)

_____

Telephone number _____

Address _____

City _____

State _____ Zip Code _____

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 No.

_____

Address _____

City _____

State _____ Zip Code _____

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