Form
IT-40
State Form 154
(R9 / 9-10)

2010 Indiana Full-Year Resident Individual Income Tax Return

Due April 18, 2011

If filing for a fiscal year, enter the dates (see instructions) (MM/DD/YYYY):

from ☐ ☐ ☐ to: ☐ ☐ ☐

Your Social Security Number ☐ ☐ ☐ Spouse's Social Security Number ☐ ☐ ☐

☐ Place "X" in box if applying for ITIN ☐ Place "X" in box if applying for ITIN

Your first name | Initial | Last name | Suffix

If filing a joint return, spouse's first name | Initial | Last name | Suffix

Present address (number and street or rural route)

Place "X" in box if you are married filing separately. ☐

City | State | Zip/Postal code

Foreign country 2-character code (see pg. 6)

School corporation number (see pages 43 and 44)

Enter below the **2-digit county code** numbers (found on the back of Schedule CT-40) for the county where you lived and worked on January 1, 2010.

County where **you** lived ☐ County where **you** worked ☐ County where **spouse** lived ☐ County where **spouse** worked ☐

Round all entries

1. Enter your federal adjusted gross income (AGI) from your federal tax return (from Form 1040, line 37; Form 1040A, line 21; or from Form 1040EZ, line 4) _____ **Federal AGI** 1 _____ .00
2. Enter amount from Schedule 1, line 9, and enclose Schedule 1 _____ **Indiana Add-Backs** 2 _____ .00
3. Add line 1 and line 2 _____ 3 _____ .00
4. Enter amount from Schedule 2, line 12, and enclose Schedule 2 _____ **Indiana Deductions** 4 _____ .00
5. Subtract line 4 from line 3 _____ **Indiana Adjusted Income** 5 _____ .00
6. You must complete Schedule 3. Enter amount from Schedule 3, line 5, and enclose Schedule 3 _____ **Indiana Exemptions** 6 _____ .00
7. Subtract line 6 from line 5 _____ **State Taxable Income** 7 _____ .00
8. State adjusted gross income tax: multiply line 7 by 3.4% (.034) (if answer is less than zero, leave blank) _____ 8 _____ .00
9. County tax. Enter county tax due from Schedule CT-40 (if answer is less than zero, leave blank) _____ 9 _____ .00
10. Other taxes. Enter amount from Schedule 4, line 5 (enclose sch.) 10 _____ .00
11. Add lines 8, 9 and 10. Enter total here and on line 15 on the back _____ **Indiana Taxes** 11 _____ .00

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12. Enter credits from Schedule 5, line 9 (enclose schedule) ____ 12 .00

13. Enter offset credits from Schedule 6, line 7 (enclose schedule) 13 .00

14. Add lines 12 and 13 _____ **Indiana Credits** 14 .00

15. Enter amount from line 11 _____ **Indiana Taxes** 15 .00

16. If line 14 is equal to or more than line 15, subtract line 15 from line 14 (if smaller, skip to line 23) 16 .00

17. Amount from line 16 to be donated to the Indiana Nongame Wildlife Fund _____ 17 .00

18. Subtract line 17 from line 16 _____ **Overpayment** 18 .00

19. Amount from line 18 to be applied to your 2011 estimated tax account (see instructions on page 9).

Enter your county code ____ county tax to be applied __ $ a .00

Spouse's county code ____ county tax to be applied __ $ b .00

Indiana adjusted gross income tax to be applied _____ $ c .00

Total to be applied to your estimated tax account (a + b + c; cannot be more than line 18) _____ 19d .00

20. Penalty for underpayment of estimated tax from Schedule IT-2210 or IT-2210A (enclose sch.) __ 20 .00

21. Refund: Line 18 minus lines 19d and 20. Note: If less than zero, see line 23 instructions **Your Refund** 21 .00

22. Direct Deposit (see page 11)

a. Routing Number

b. Account Number

c. Type: ☐ Checking ☐ Savings ☐ Hoosier Works MC

d. Place an "X" in the box if refund will go to an account outside the United States ☐

23. If line 15 is more than line 14, subtract line 14 from line 15. Add to this any amount on line 20 (see instructions on page 11) _____ 23 .00

24. Penalty if filed after due date (see instructions) _____ 24 .00

25. Interest if filed after due date (see instructions) _____ 25 .00

26. Amount Due: Add lines 23, 24 and 25 _____ **Amount You Owe** 26 .00
No payment is due if you owe less than $1. Do not send cash. Please make your check or money order payable to: Indiana Department of Revenue. Credit card payers must see instructions.

Sign and date this return after reading the Authorization statement on Schedule 7. Enclose Schedule 7.

Your Signature _____ Date _____ Spouse's 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.

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