

Unemployment Compensation Add-Back Worksheet Important: see instructions on page 4.

Enter unemployment compensation from Box 1 of 1099G(s) _____ Box A

	00
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 Enter amount reported on your federal Form 1040EZ, line 3 _____ Box B

	00
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 Subtract Box B from Box A. Carry this total to page 1, line 2 _____ **Box C**

	00
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Indiana Deduction Worksheet

1. Renter's deduction: Address where rented if different from the one on the front page (enter below)
 _____ Landlord's name and address (enter on next line)
 _____ Amount of rent paid \$ _____ . 00
 Number of months rented during 2010 _____
 Enter the **lesser** of the amount of rent paid **OR** \$3,000 _____

1		00
2		00
3		00

2. Enter the amount from line 8 of the unemployment compensation worksheet found on page 5 _____
 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) _____

A		00
B		00

Multiply line A by 9% (.09). Enter here and carry to page 1, line 14 _____

Extension of time to file

Place "X" in box if you have filed a federal extension of time to file, Form 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 2010, enter date of death below (MMDD).

Taxpayer's date of death

		2010
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 Spouse's date of death

		2010
--	--	------

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 _____ Daytime telephone number

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 Spouse's Signature _____ Date _____ E-mail address where we can reach you

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I authorize the Department to discuss my return with my personal representative (see page 7). Yes No
 If yes, complete the information below.

Personal Representative's Name (please print) _____
 Telephone number

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 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 Number

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 Address _____
 City _____
 State _____ Zip Code _____

- 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.



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