



# 2013

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


**Due April 15, 2014**

Your Social Security Number    Spouse's Social Security Number

☐ Check if applying for ITIN☐ Check 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)   |  |         |                            | School Corporation Number (see pg. 12, 13) |        |
| City   |  | State   | Zip/Postal code            | Foreign country 2-character code           |        |
| Enter the <b>2-digit county code</b> numbers (found on the back of Schedule CT-40EZ) for the county where you lived and worked on January 1, 2013. |  |         |                            |  |        |
| 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 from federal Form 1040EZ, line 4 _____   | 1  |  | 00 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                   |  |
| 2. Enter the amount from line 3 of the <i>Indiana Deduction Worksheet</i> on the back of this form _____   | 2  |  | 00 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                   |  |
| 3. Subtract line 2 from line 1 and enter total _____   | 3  |  | 00 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                   |  |
| 4. Enter \$1,000 if filing a single return <b>OR</b> \$2,000 if filing a joint return _____  | 4  |  | 00 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                   |  |
| 5. Subtract line 4 from line 3 (if less than zero, leave blank) _____ <b>State Taxable Income</b>  | 5  |  | 00 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                   |  |
| 6. State adjusted gross income tax: multiply line 5 by 3.4% (.034) _____   | 6  |  | 00 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                   |  |
| 7. County income tax (see instructions on page 8) _____  | 7  |  | 00 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                   |  |
| 8. Use tax due on out-of-state purchases (see instructions on page 6) _____  | 8  |  | 00 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                   |  |
| 9. Add lines 6, 7 and 8 _____ <b>Total Tax</b>   | 9  |  | 00 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                   |  |
| 10. From W-2s: all Indiana state tax withheld _____  | 10 |  | 00 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                   |  |
| 11. From W-2s: all Indiana county tax withheld _____   | 11 |  | 00 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                   |  |
| 12. Add lines 10 and 11 _____ <b>Total Credits</b>   | 12 |  | 00 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                   |  |
| 13. If line 12 is more than line 9, subtract line 9 from line 12. This is an overpayment. (If line 9 is more than line 12, skip to line 17.) _____ <b>Overpayment</b>  | 13 |  | 00 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                   |  |
| 14.  Amount from line 13 to be <b>donated</b> to the Indiana Nongame Wildlife Fund _____  | 14 |  | 00 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                   |  |
| 15. Subtract line 14 from line 13. This is your refund _____ <b>Your Refund</b>  | 15 |  | 00 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                   |  |
| 16. a. Routing Number <table border="1" data-bbox="371 1419 659 1459" style="display: inline-table; vertical-align: middle;"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table> c.Type <input type="checkbox"/> Checking <input type="checkbox"/> Savings<br>b. Account Number <table border="1" data-bbox="371 1470 915 1512" style="display: inline-table; vertical-align: middle;"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table> <input type="checkbox"/> Hoosier Works MC<br>d. Place an "X" in the box if refund will go to an account outside the United States <input type="checkbox"/> |    |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Direct<br>Deposit<br>(see page 7) |  |
|  |    |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                   |  |
|  |    |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                   |  |
| 17. If line 9 is more than line 12, subtract line 12 from line 9 _____   | 17 |  | 00 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                   |  |
| 18. Penalty if filed after due date (see instructions on page 7) _____   | 18 |  | 00 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                   |  |
| 19. Interest if filed after due date (see instructions on page 7) _____  | 19 |  | 00 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                   |  |
| 20. Add lines 17, 18 and 19. This is the amount you owe. See page 7 for details on how to make your payment, including credit card options. <b>Amount You Owe</b>  | 20 |  | 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)

Total amount of rent paid

Landlord's name and address (enter below)

\$  .

Number of months rented  Enter the lesser of \$3,000 OR total amount of rent paid  1  .

2. Enter the amount from line 7 of the unemployment compensation worksheet found on page 8  2  .

3. Total deductions: Add lines 1 and 2. Carry this total to page 1, line 2  3  .

### 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. ☐

### Date of Death

If any individual listed at the top of the IT-40EZ died during 2013, enter date of death below (MMDD).

Taxpayer's date of death   2013 Spouse's date of death   2013

### 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

Spouse's Signature \_\_\_\_\_ Date \_\_\_\_\_

Email address where we can reach you

I authorize the Department to discuss my return with my personal representative (see page 10 ).

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

PTIN

Address

City

State  Zip Code

Preparer's signature \_\_\_\_\_

- 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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