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City

diana	Part-Year	or Full-	Year	Nonresid	len
Ir	ndividual	Income	Tax F	Return	

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Form t 40PNR individual income Tax Return State Form 472 (R14 / 9-15) If filing for a fiscal year, enter the dates (see instructions) (MM/DD/YYYY): Due April 18, 2016 from to: Your Social Spouse's Social Security Number Security Number Place "X" in box if applying for ITIN Place "X" in box if applying for ITIN Your first name Initial Last name If filing a joint return, spouse's first name Initial Last name Present address (number and street or rural route) Place "X" in box if you are married filing separately. State Zip/Postal code Foreign country 2-character code (see instructions) School corporation number (see instructions) Enter below the 2-digit county code numbers (found on the back of Schedule CT-40PNR) for the county where you lived and worked on January 1, 2015. County where County where County where County where you lived vou worked spouse lived spouse worked Round all entries 1. Complete Schedule A first. Enter here the amount from Section 3, line 37B, and enclose Schedule A Indiana Income 1 2. Enter amount from Schedule B, line 6, and enclose Schedule B_____ Indiana Add-Backs 2 3. Add line 1 and line 2_____ 3 4. Enter amount from Schedule C, line 12, and enclose Schedule C Indiana Deductions 4 5. Subtract line 4 from line 3 Indiana Adjusted Income 5 6. You must complete Schedule D. Enter amount from Schedule D, line 7, and enclose Schedule D Indiana Exemptions 6 7 7. Subtract line 6 from line 5 State Taxable Income 8. State adjusted gross income tax: multiply line 7 by 3.3% (.033) 00 (if answer is less than zero, leave blank) 8 9. County tax. Enter county tax due from Schedule CT-40PNR 00 (if answer is less than zero, leave blank) 9

11. Add lines 8, 9 and 10. Enter total here and on line 15 on the back _____ Indiana Taxes ____ 00

10. Other taxes. Enter amount from Schedule E, line 4 (enclose sch.) 10

12	Enter credits from Schedule F, line 9 (enclose schedule)	12		.00						
	Enter offset credits from Schedule G, line 8 (enclose schedule)	13		.00						
					14	.00				
	Add lines 12 and 13			ana Credits	14					
15.	Enter amount from line 11		Indi	ana Taxes	15	.00				
16.	If line 14 is equal to or more than line 15, subtract line 15 from lin	16	.00							
17.	Enter donations from Schedule IN-DONATE (enclose schedule);	17	.00							
18.	Subtract line 17 from line 16 Overpayment				18	.00				
19.	19. Amount from line 18 to be applied to your 2016 estimated tax account (see instructions).									
	Enter your county code county tax to be applied\$	а		.00						
	Spouse's county code county tax to be applied_\$	b		.00						
	Indiana adjusted gross income tax to be applied\$	с		.00						
	Total to be applied to your estimated tax account (a + b + c; can	not be	more than line	18)	19d	.00				
20	Penalty for underpayment of estimated tax from Schedule IT-22			, <u> </u>	20	.00				
	Refund: Line 18 minus lines 19d and 20. Note: If less than zero, se				21	.00				
		e ine i		our Refutiu	_ 21]. [0 0]				
22.	Direct Deposit (see instructions)									
	a. Routing Number									
	b. Account Number									
	c. Type: Checking Savings Hoosier Works M	С								
	d. Place an "X" in the box if refund will go to an account outside	the Ur	ited States							
23.	If line 15 is more than line 14, subtract line 14 from line 15. Add t	to this	any amount on	line 20						
	(see instructions)				23	.00				
24.	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			nt You Owe	26	.00				
	Do not send cash. Please make your check or money order paya Indiana Department of Revenue. Credit card payers must see in									
Sig	n and date this return after reading the Authorization stateme	ent on	Schedule H. \	/ou must end	close Sched	ule H (both pages).				
Varia	r Signature Date	_	oouse's Signatu	Iro		Date				
C C C C C C C C C C C C C C C C C C C			· ·		7 700 /	Dale				
	enclosing payment mail to: Indiana Department of Revenue, P.O. lail all other returns to: Indiana Department of Revenue, P.O. Box				(-7224.					

