

## 2011

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

Due April 17, 2012

	ur Social Spouse's Social Security Number							
☐ Check if applying for ITIN ☐ Check if applying for ITIN								
You	our first name Initial Last name			Suffix				
16.61								
If filing a joint return, spouse's first name Initial Last name					Suffix			
Present address (number and street or rural route)								
Ni.					3)			
City State Zip/Postal code Fo								
2-								
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, 2011.								
Cou	unty where you lived County where you worked County where spouse lived	Count	y where spou	se 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	n	2			00		
3.	Subtract line 2 from line 1 and enter total					0.0		
4.	4. Enter \$1,000 if filing a single return <b>OR</b> \$2,000 if filing a joint return					00		
5.	5. Subtract line 4 from line 3 State Taxable Income					00		
	6. State adjusted gross income tax: multiply line 5 by 3.4% (.034) (if less than zero, leave blank)					00		
7.	7. County income tax (see instructions on page 4) (if less than zero, leave blank)					00		
8.	8. Use tax due on out-of-state purchases (see instructions on page 3)					00		
9.	9. Add lines 6, 7 and 8 <b>Total Tax</b>					00		
	10. From W-2s: all Indiana state tax withheld					0.0		
11.	. From W-2s: all Indiana county tax withheld					00		
	Add lines 10 and 11Total Cr		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.) Overpayment					0.0		
14.	Amount from line 13 to be <b>donated</b> to the Indiana Nongame Wildlife Fund		14			0.0		
15.	Subtract line 14 from line 13. This is your refundYour Re	efund	15			0.0		
16.	a. Routing Number ☐ Checking ☐ S	avings	3	Dii	rect			
		_		Dep	posit			
	· · · · · · · · · · · · · · · · · · ·	KS IVIC		(see p	page 3)			
47	d. Place an "X" in the box if refund will go to an account outside the United States		47					
	If line 9 is more than line 12, subtract line 12 from line 9		17			00		
	Penalty if filed after due date (see instructions on page 3)		18			00		
	Interest if filed after due date (see instructions on page 3)		19			00		
∠0.	Add lines 17, 18 and 19. This is the amount you owe. See page 3 for details on how to make your payment, including credit card options Amount You	ı Owe	20			0.0		

## **Indiana Deduction Worksheet**

<ol> <li>Renter's deduction</li> <li>Address where rented if different from the one on the front page</li> </ol>	ne (enter helow)						
Address where rented it different from the one of the front page							
Landlord's name and address (enter below)	Total amount						
	\$	. 00					
Number of months rented Enter the lesser of \$3,00	nt paid1.00						
2. Enter the amount from line 7 of the unemployment compensation	age 52.00						
3. Total deductions: Add lines 1 and 2. Carry this total to page 1, lin	3 .00						
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.							
<u>Date of Death</u> If any individual listed at the top of the IT-40EZ died during 2011, enter date of death below (MMDD).							
Taxpayer's date of death  Authorization  Under penalty of perjury, I have examined this return and all attachments an understand that if this is a joint return, any refund will be made payable to unrequest for direct deposit of my refund includes my authorization to the Indianumber, account number, account type, and Social Security number to ensure contact the Social Security Administration in order to confirm the Social Security.	s jointly and each of us is li ana Department of Revenu ure my refund is properly d	able for all taxes due under this return. Also, my e to furnish my financial institution with my routing eposited. I give permission to the Department to					
Your Signature	e	Daytime telephone number					
Spouse's Signature	<u>e</u>						
		E-mail address where we can reach you					
I authorize the Department to discuss my return with my personal	Paid Preparer: Firm's N	lame (or yours if self-employed)					
representative (see page 6).							
Yes No If yes, complete the information below.  Personal Representative's Name (please print)	IN-OPT on file with paid preparer if not filing electronically						
Telephone	Federal I.D. Numbe	PTIN <b>OR</b> Social Security Number					
number	Address						
Address	Address						
City	City						
State Zip Code	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.

