



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) <input type="text"/>
City	State	Zip/Postal code	Foreign country 2-character code <input type="text"/>
Enter the 2-digit county code numbers (found on the back of Schedule CT-40EZ) for the county where you lived and worked on January 1, 2012.			
County where you lived <input type="text"/>	County where you worked <input type="text"/>	County where spouse lived <input type="text"/>	County where spouse worked <input type="text"/>

Round all entries

1. Enter your federal adjusted gross income from federal Form 1040EZ, line 4 _____	1	<input type="text"/>	00
2. Enter the amount from line 3 of the <i>Indiana Deduction Worksheet</i> on the back of this form _____	2	<input type="text"/>	00
3. Subtract line 2 from line 1 and enter total _____	3	<input type="text"/>	00
4. Enter \$1,000 if filing a single return OR \$2,000 if filing a joint return _____	4	<input type="text"/>	00
5. Subtract line 4 from line 3 _____ State Taxable Income	5	<input type="text"/>	00
6. State adjusted gross income tax: multiply line 5 by 3.4% (.034) (if less than zero, leave blank)	6	<input type="text"/>	00
7. County income tax (see instructions on page 9) (if less than zero, leave blank) _____	7	<input type="text"/>	00
8. Use tax due on out-of-state purchases (see instructions on page 6) _____	8	<input type="text"/>	00
9. Add lines 6, 7 and 8 _____ Total Tax	9	<input type="text"/>	00
10. From W-2s: all Indiana state tax withheld _____	10	<input type="text"/>	00
11. From W-2s: all Indiana county tax withheld _____	11	<input type="text"/>	00
12. Automatic Taxpayer Refund credit. See eligibility requirements on page 6. Enter \$111 if you are eligible; enter \$222 if joint filing and both are eligible; or, enter \$111 if joint filing but only one is eligible. Leave blank if not eligible _____	12	<input type="text"/>	00
13. Add lines 10, 11 and 12 _____ Total Credits	13	<input type="text"/>	00
14. If line 13 is more than line 9, subtract line 9 from line 13. This is an overpayment. (If line 9 is more than line 13, skip to line 18.) _____ Overpayment	14	<input type="text"/>	00
15. Amount from line 14 to be donated to the Indiana Nongame Wildlife Fund _____	15	<input type="text"/>	00
16. Subtract line 15 from line 14. This is your refund _____ Your Refund	16	<input type="text"/>	00
17. a. Routing Number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> c.Type <input type="checkbox"/> Checking <input type="checkbox"/> Savings b. Account Number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> d. Place an "X" in the box if refund will go to an account outside the United States <input type="checkbox"/> Direct Deposit (see page 7)			
18. If line 9 is more than line 13, subtract line 13 from line 9 _____	18	<input type="text"/>	00
19. Penalty if filed after due date (see instructions on page 8) _____	19	<input type="text"/>	00
20. Interest if filed after due date (see instructions on page 8) _____	20	<input type="text"/>	00
21. Add lines 18, 19 and 20. This is the amount you owe. See page 8 for details on how to make your payment, including credit card options. _____ Amount You Owe	21	<input type="text"/>	00



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 2012, enter date of death below (MMDD).

Taxpayer's date of death 2012 Spouse's date of death 2012

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 _____

E-mail address where we can reach you

<p>I authorize the Department to discuss my return with my personal representative (see page 11).</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, complete the information below.</p> <p>Personal Representative's Name (please print)</p> <input type="text"/> Telephone number <input type="text"/> Address <input type="text"/> City <input type="text"/> State <input type="text"/> Zip Code <input type="text"/>	<p>Paid Preparer: Firm's Name (or yours if self-employed)</p> <input type="text"/> <input type="checkbox"/> IN-OPT on file with paid preparer if not filing electronically <input type="checkbox"/> PTIN <input type="text"/> Address <input type="text"/> City <input type="text"/> State <input type="text"/> Zip Code <input type="text"/>
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- 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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