



2014

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


Due April 15, 2015

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 inst.)	
City			State	Zip/Postal code	Foreign country 2-character code
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, 2014.					
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 OR \$2,000 if filing a joint return _____ | 4 | | 00 | | | | | | | | | | | | | | | | | | | | | | | |
| 5. Subtract line 4 from line 3 (if less than zero, leave blank) _____ State Taxable Income | 5 | | 00 | | | | | | | | | | | | | | | | | | | | | | | |
| 6. State adjusted gross income tax: multiply line 5 by 3.4% (.034) _____ | 6 | | 00 | | | | | | | | | | | | | | | | | | | | | | | |
| 7. County income tax (see instructions) _____ | 7 | | 00 | | | | | | | | | | | | | | | | | | | | | | | |
| 8. Use tax due on out-of-state purchases (see instructions) _____ | 8 | | 00 | | | | | | | | | | | | | | | | | | | | | | | |
| 9. Add lines 6, 7 and 8 _____ Total Tax | 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 _____ Total Credits | 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 | 13 | | 00 | | | | | | | | | | | | | | | | | | | | | | | |
| 14.  Amount from line 13 to be donated to the Indiana Nongame Wildlife Fund _____ | 14 | | 00 | | | | | | | | | | | | | | | | | | | | | | | |
| 15. Subtract line 14 from line 13. This is your refund _____ Your Refund | 15 | | 00 | | | | | | | | | | | | | | | | | | | | | | | |
| 16. a. Routing Number <table border="1" data-bbox="370 1421 659 1465" 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
b. Account Number <table border="1" data-bbox="370 1472 912 1516" 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
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) | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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) _____ | 18 | | 00 | | | | | | | | | | | | | | | | | | | | | | | |
| 19. Interest if filed after due date (see instructions) _____ | 19 | | 00 | | | | | | | | | | | | | | | | | | | | | | | |
| 20. Add lines 17, 18 and 19. This is the amount you owe. See instructions for details on how to make your payment, including credit card options. _____ Amount You Owe | 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

2

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

3

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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 2014, enter date of death below (MMDD).

Taxpayer's date of death

2014

Spouse's date of death

2014

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.

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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