

Name(s) shown on Form IT-40PNR

Your Social Security Number

Section 1: Residency Information

List all state(s) and dates of your (and your spouse's, if filing jointly) residency during 2014. Enter 2-letter state name (e.g. "IL" for Illinois) or the letters "OC" if you were a resident of a foreign country (see instructions).

Example

State of Residence	Date From (MM/DD)	Date To (MM/DD)	Did you file a tax return with the state/country? Place "X" in appropriate box.
IL	01 01 2014	06 01 2014	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
IN	06 02 2014	12 31 2014	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Your information

	(a) State of Residence	(b) Date From (MM/DD)	(c) Date To (MM/DD)	Did you file a tax return with the state/country? Place "X" in appropriate box.
1A	<input type="text"/>	<input type="text"/> <input type="text"/> 2014	<input type="text"/> <input type="text"/> 2014	Yes <input type="checkbox"/> No <input type="checkbox"/>
1B	<input type="text"/>	<input type="text"/> <input type="text"/> 2014	<input type="text"/> <input type="text"/> 2014	Yes <input type="checkbox"/> No <input type="checkbox"/>
1C	<input type="text"/>	<input type="text"/> <input type="text"/> 2014	<input type="text"/> <input type="text"/> 2014	Yes <input type="checkbox"/> No <input type="checkbox"/>
1D	<input type="text"/>	<input type="text"/> <input type="text"/> 2014	<input type="text"/> <input type="text"/> 2014	Yes <input type="checkbox"/> No <input type="checkbox"/>

Spouse's information if married filing jointly

	(a) State of Residence	(b) Date From (MM/DD)	(c) Date To (MM/DD)	Did you file a tax return with the state/country? Place "X" in appropriate box.
2A	<input type="text"/>	<input type="text"/> <input type="text"/> 2014	<input type="text"/> <input type="text"/> 2014	Yes <input type="checkbox"/> No <input type="checkbox"/>
2B	<input type="text"/>	<input type="text"/> <input type="text"/> 2014	<input type="text"/> <input type="text"/> 2014	Yes <input type="checkbox"/> No <input type="checkbox"/>
2C	<input type="text"/>	<input type="text"/> <input type="text"/> 2014	<input type="text"/> <input type="text"/> 2014	Yes <input type="checkbox"/> No <input type="checkbox"/>
2D	<input type="text"/>	<input type="text"/> <input type="text"/> 2014	<input type="text"/> <input type="text"/> 2014	Yes <input type="checkbox"/> No <input type="checkbox"/>

Turn over to complete Section 2



Section 2: Additional Information

1. Federal filing information

Are you filing a federal income tax return for 2014? Place "X" in appropriate box. Yes ☐ No ☐

2. Extension of time to file

- a. Place "X" in box if you have filed a federal extension of time to file, Form 4868. ☐
- b. Place "X" in box if you have filed an Indiana extension of time to file, Form IT-9, or online via ePay. ☐

3. Farm / Fishing income

Place "X" in box if at least two-thirds of your gross income was made from farming or fishing. ☐

Important: If you placed an "X" in the box, you MUST attach Schedule IT-2210.

4. Date of death

If any individual listed at the top of the IT-40PNR died *during* 2014, enter date of death (MM/DD).

Taxpayer's date of death 2014 Spouse's date of death 2014

Authorization Sign Form IT-40PNR after reading the following statement.

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 to confirm that the Social Security number(s) used on this return is correct.

5. Your daytime

telephone number

**Your email
address**

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

