Schedule H Form IT-40PNR State Form 54035 (R5 / 9-14)		Schedule H Section 1: Residency Information (Complete Section 2: Additional Information on back)				2014	Enclosure Sequence No. 07 Page 1 of 2	
Name(s) shown on Form IT-40PNR						Your Socia	al Security Number	-
Se	ection 1: Re Inf			and dates of your (and yo g. "IL" for Illinois) or the le				
<u>E</u> 2	cample State of Residence	Date From (MM/DD)		Date To (MM/DD)			a tax return with t appropriate box.	he state/country?
	IL	01 01	2014	06 01 20	014	Yes X	No	
	IN	06 02	2014	12 31 20	014	Yes X	No	
<u>Yo</u>	ur informati							
	(a) State of Residence	(b) Date From (MM/DD)		(c) Date To (MM/DD)			a tax return with t appropriate box.	he state/country?
1A			2014	20	014	Yes	No	
1B			2014		014	Yes	No	
1C			2014		014	Yes	No	
1D			2014)14	Yes	No	
<u>Sp</u>		rmation if m	arried filii					
	(a) State of Residence	(b) Date From (MM/DD)		(c) Date To (MM/DD)			ax return with the propriate box.	e state/country?
2A			2014)14	Yes	No	
2B			2014		014	Yes	No	
2C			2014		014	Yes	No	
2D			2014)14	Yes	No	
							T	
							rum 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	Schedule H Form IT-40PNR	Schedule H Additional Requi		2014	Enclosure Sequence No. 07A Page 2 of 2
Are you filing a federal income tax return for 2014? Place "X" in appropriate box. Yes No 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.	Section 2: Additional Inf	ormation			
a. Place "X" in box if you have filed a federal extension of time to file, Form 4868		eturn for 2014? Place "X" in appr	opriate box. Yes No]	
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 <i>during</i> 2014, enter date of death (MM/DD). Taxpayer's date of death Q014 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 includes my authorization to the lindiana Department of Revenue to furnish my financial institution with my routing number, account number, account type and Social Security number to ensum yrefund 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. Paid Preparer: Firm's Name (or yours if self-employed) Yes No If yes, complete the information below. Priso Personal Representative's Name (please print) IN-OPT on file with paid preparer if not filing electronically PTIN Address City State Zip Code	a. Place "X" in box if you have file			ePay.	
If any individual listed at the top of the IT-40PNR died <i>during</i> 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 ensumy 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. Paid Preparer: Firm's Name (or yours if self-employed) Yes No If yes, complete the information below. Print Personal Representative's Name (please print) IN-OPT on file with paid preparer if not filing electronically PTIN Address City Zip Code City State Zip Code Preparer's	Place "X" in box if at least two-thirds]	
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