

(if answer is less than zero, leave blank) ___

10. Other taxes. Enter amount from Schedule 4, line 4 (enclose schedule) 10

11. Add lines 8, 9 and 10. Enter total here and on line 15 on the back _____ Indiana Taxes ____

STA	Form IT-40 State Form 154	2023		na Full-Year Residei ual Income Tax Reti	_	Due April 15, 2	2024
1816	(R22 / 9-23)	If filing for a fis	cal year, eı	nter the dates (see instructio	ns) (MM/DD/YYYY		
		from		to:		Place if ame	"X" in box ending
	our Social ecurity Number			Spouse's Social Security Number			
		Place "X" in box	if applying	for ITIN	Place "X" in b	ox if applying for	r ITIN
Y	our first name		Initial	Last name			Suffix
lf	filing a joint return,	spouse's first name	Initial	Last name			Suffix
Р	resent address (nu	mber and street or ru	ral route)				
	`		,			Place "X" in box	-
	ity			State		married filing se ostal code	eparately.
	ity			State	ZIP/P	ustai code	
F	oreign country 2-ch	aracter code (see ins	tructions)				
w C	nter below the 2-di orked on Jan. 1, 20 ounty where ou lived		bers (found	d on the back of Schedule C County where spouse lived	Count	where you lived y where se worked Round all	
1.	Enter your federal	adjusted gross incom	e from you	r federal			
	income tax return,	Form 1040 or Form 1	040-SR, lir	ne 11	Federal AGI	1	.00
2.	Enter amount from	Schedule 1, line 7, a	nd enclose	Schedule 1 Ind	iana Add-Backs	2	.00
3.	Add line 1 and line	2				3	.00
4.	Enter amount from	Schedule 2, line 12,	and enclos	e Schedule 2 Indi	ana Deductions	4	.00
5.	Subtract line 4 from	n line 3				5	.00
	•	e 3. Enter amount fro			[
		dule 3			ana Exemptions	6	.00
	Subtract line 6 from	n line 5 ss income tax: multipl	v line 7 hv	Indiana Adjuste	a Gross Income		.00
J.		nan zero, leave blank)		3.1370 (.0313)	. 0		
9.	•	county tax due from S		Γ-40			

12.	Enter credits from Schedule 5, line 13 (enclose schedule) 12		
13.	Enter offset credits from Schedule 6, line 8 (enclose schedule) 13		
14.	Add lines 12 and 13Indiana Credits	14	00
15.	Enter amount from line 11 Indiana Taxes	15	00
16.	If line 14 is equal to or more than line 15, subtract line 15 from line 14 (if smaller, skip to line 23)	16	00
17.	Enter donations from Schedule IN-DONATE (enclose schedule); cannot be greater than line 16	17	00
18.	Subtract line 17 from line 16Overpayment	18	00
19.	Amount from line 18 to be applied to your 2024 estimated tax account (see instructions).		
	Enter your county code county tax to be applied _\$ a .00		
	Spouse's county code county tax to be applied _\$ b .00		
	Indiana adjusted gross income tax to be applied\$ c .00		
	Total to be applied to your estimated tax account (a + b + c; cannot be more than line 18)	19d	00
20.	Penalty for underpayment of estimated tax from Schedule IT-2210 and IT-2210A	20	00
	a. Enter Code A if annualizing. Enter Code F if Farmer or Fisherman a		
21.	Refund: Line 18 minus lines 19d and 20. Note: If less than zero, see line 23 instructions Your Refund	21	00
22. 23.	a. Routing Number b. Account Number c. Type: Checking Savings Hoosier Works MC d. Place an "X" in the box if refund will go to an account outside the United States If line 15 is more than line 14, subtract line 14 from line 15. Add to this any amount on		
	line 20 (see instructions)		00
	Penalty if filed after due date (see instructions)		00
25.	Interest if filed after due date (see instructions)		00
	Amount Due: Add lines 23, 24 and 25 Amount You Owe Do not send cash. Make your check or money order payable to: Indiana Department of Revenue. See instructions if paying with a credit card.		00
Sign	and date this return after reading the Authorization statement on Schedule 7. Remember to	enclose Schedule 7.	
_	ature Date Spouse's Signature Sil novements to Indiana Department of Revenue, D.O. Rev 7224, Indianancia, IN 46207 7224	Date	

- Mail payments 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.

