

Schedule 3: Exemptions

2023

Enclosure Sequence No. 03

Name(s) shown on Form IT-40		Your Social Security Number	
Complete and enclose Schedule IN-DEP: Dependent Information and Additional I dependents on lines 2 and/or 3 below. Complete and enclose Schedule IN-DEP-A claiming dependents on line 6 below.	-	ndent Information if you are	
		Round all entries	
1. Enter \$2000 if you are married filing jointly; otherwise, enter \$1000		1 .0	
Enter the number of dependents listed on Schedule IN-DEP, Box 5 x \$ You MUST enclose Schedule IN-DEP.	1000	2 .0	
 3. You may claim an additional exemption for each qualifying dependent child: who is a son, stepson, daughter, stepdaughter, foster child and/or child for w legal guardian; who was under the age of 19 by Dec. 31, 2023; or who is a full-time student who was under the age of 24 by Dec. 31, 2023; an who you are eligible to claim as a dependent on line 2 above. 	·		
Enter the number of additional dependents listed on Schedule IN-DEP, Box 6. x \$1500		3.0	
4. Place "X" in box(es) below if, by Dec. 31, 2023			
You were age 65 or older and/or blind Spouse was 65 or older and/or blind			
Total number of boxes with Xs x \$1000		4 .0	
5. If age 65 or older, enter amount from Form IT-40, line 1.		<u> </u>	
 If filing as married filing separately and this amount is less than \$20,000, plathe "You were age 65 or older" box below. For all other filers age 65 or older, if this amount is less than \$40,000, place appropriate box(es) below. 			
You were age 65 or older			
Spouse was 65 or older			
Total number of boxes with Xs x \$500		5 .0	
6. Enter the number of additional adopted child exemptions listed on Schedule IN-DEP-A, Box 6 x \$3000		6 .0	
7. Add lines 1, 2, 3, 4, 5 and 6. Enter here and on Form IT-40, line 6 T o	otal Exemptions	7 .0	