

Schedule D: Exemptions

2023

Name(s) shown on Form IT-40PNR	Your Social	Security	Number	
Complete and enclose Schedule IN-DEP: Dependent Information and Additional dependents on lines 2 and/or 3 below. Complete and enclose Schedule IN-DEP-A claiming dependents on line 6 below.				u are
1. Enter \$2000 if you are married filing jointly; otherwise, enter \$1000		1		.00
2. Enter the number of dependents listed on Schedule IN-DEP, Box 5 x \$ You MUST enclose Schedule IN-DEP.	51000	2		.00
 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 v 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; ar 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		.00
4. Place "X" in box(es) below if, by December 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		.00
 5. If age 65 or older, enter amount from Schedule A, line 36A \$ 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		.00
6. Enter the number of additional adopted child exemptions listed on Schedule IN-DEP-A, Box 6 x \$3000 You MUST enclose Schedule IN-DEP-A.		6		.00
7. Add lines 1, 2, 3, 4, 5 and 6		7		.00
8. Enter the number from Schedule A, Proration Section, line 21D		8	٠	
9. Multiply line 7 by line 8. Enter here and on Form IT-40PNR, line 6T	otal Exemptions	9		.00

