Schedule D
Form IT-40PNR
State Form 54032
(R15 / 9-24)

Indiana Department of Revenue
Schedule D: Exemptions

2024

Name(s) shown on Form IT-40PNR

Your Social Security Number

Complete and enclose Schedule IN-DEP: Dependent Information and Additional Dependent Child Information if you are claiming dependents on lines 2 and/or 3 below. Complete and enclose Schedule IN-DEP-A: Adopted Dependent Information if you are claiming dependents on line 6 below.

Round all entries

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 $1000 _____   2 _____ . 00
   You **MUST** enclose Schedule IN-DEP.

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 whom you are a legal guardian;
   - who was under the age of 19 by Dec. 31, 2024; or
   - who is a full-time student who was under the age of 24 by Dec. 31, 2024; and
   - 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, 2024:

   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, place "X" in the "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 "X" in 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 _____   6 _____ . 00
   You **MUST** enclose Schedule IN-DEP-A.

7. Add lines 1, 2, 3, 4, 5 and 6 _____   7 _____ . 00

8. Enter the number from Schedule A, Proration Section, line 21D _____   8 _____ .

9. Multiply line 7 by line 8. Enter here and on Form IT-40PNR, line 6 _____ **Total Exemptions**   9 _____ . 00