| 04       | 8 THE |   |               | Year or Ful      |                           |  |            | 000           |  |               |
|----------|-------|---|---------------|------------------|---------------------------|--|------------|---------------|--|---------------|
| 05       |       | State Form 472                                  | Individ       | ual Incom        | e Tax R                   | eturn  |            | 202           |  |               |
| 06       |       | (R22 / 9-23) If filing for a fisc               | al year, er   | nter the dates ( | see instru                | ctions) (  | MM/DD/Y    | YYY):         |  | pril 15, 2024 |
| 07       |       |   | -             |                  |                           |  |            |               | Place "X'                              | 57            |
| 08       |       | from 99   | 99            | 9999 to:         | 99                        | 99   | 9999       | 9             | if amendi                              | ing X         |
| 09       |       |   |               |                  |                           |  |            |               |  |               |
| 10       |       | Your Social<br>Security Number 999 99           | 99999         |                  | se's Social               |  | 99         | 99            | 9999                                   |               |
| 11       |       | Security Number 999 99                          | 9999          | Secur            | ity Numbe                 | er 🤊   | 99         | 99            | 9999                                   |               |
| 12       |       | v   |               |                  |                           | v  |            |               |  |               |
| 13       |       | Place "X" in box if                             |               |                  |                           | Х  | Place "X   | " in box if a | applying for ITI                       |               |
| 14       |       | Your first name                                 | Initial       | Last name        |                           |  |            |               |  | Suffix        |
| 15       |       | *****   | X             | VVVVV            | vvvvv                     |  | vvvvv      | XXXXXX        | vvvvv                                  | XXXXX         |
| 16<br>17 |       |   |               |                  |                           |  |            |               | ΛΛΛΛΛ                                  |               |
| 18       |       | If filing a joint return, spouse's first name   | Initial       | Last name        |                           |  |            |               |  | Suffix        |
| 19       |       | *****   | X             | XXXXXX           | xxxxx                     | xxxx   | XXXXXX     | XXXXXX        | XXXXX                                  | XXXXX         |
| 20       |       |   |               |                  |                           |  |            |               |  |               |
| 21       |       | Present address (number and street or rura      | ii route)     |                  |                           |  |            |               | •••••••••••••••••••••••••••••••••••••• |               |
| 22       |       | XXXXXXXXXXXXXXXXXX                              | XXXXXX        | xxxxxxxx         | xxxx                      |  |            |               | ce "X" in box if<br>ried filing sepa   |               |
| 23       |       | City  |               |                  | State                     |  | -          | ZIP/Postal    |  |               |
| 24       |       |   |               |                  | Siale                     |  |            | IF/FUSIAI     | coue                                   |               |
| 25       |       | *****   | XXX           |                  |                           | XX   |            | 9999          | 9999999                                |               |
| 26       |       | Foreign country 2-character code (see instr     |               |                  |                           |  |            |               |  |               |
| 27       |       |   | ucionsj       |                  |                           |  |            |               |  |               |
| 28       |       | XX  |               |                  |                           |  |            |               |  |               |
| 29       |       |   |               |                  |                           |  |            |               |  |               |
| 30       |       | Enter below the <b>2-digit county code</b> numb | ers (found    | l on the back o  | f Schedul                 | CT_40  |            | the county    | where you live                         | bre be        |
| 31       |       | worked on Jan. 1, 2023.                         |               |                  | Concau                    | 01-40  |            | uic county    | where you not                          |               |
| 32       |       | County where County where                       |               |                  | County wh                 |  |            | County wh     | ara                                    |               |
| 33       |       | you lived 99 you worked                         | 99            |                  | spouse liv                |  |            | spouse wa     |  |               |
| 34       |       |   |               |                  |                           |  |            |               |  |               |
| 35       |       |   |               |                  |                           |  |            |               | Round all e                            | ntries        |
| 36       | 1.    | Complete Schedule A first. Enter here the       | amount fro    | om Section 3, I  | ine 36B, a                | and enclo  | ose        |               |  |               |
| 37       |       | Schedule A                                      |               |                  |                           |  | liana Inco | ome 1         | 99999999                               | 9999.00       |
| 38       |       |   |               |                  |                           |  |            |               |  |               |
| 39       | 2.    | Enter amount from Schedule B, line 6, and       | l enclose S   | Schedule B       |                           | Indian   | a Add-Ba   | icks 2        | 99999999                               | 9999.00       |
| 40       |       |   |               |                  |                           |  |            |               |  |               |
| 41       | 3.    | Add line 1 and line 2                           |               |                  |                           |  |            | 3             | 99999999                               | 9999.00       |
| 42       |       |   |               |                  |                           |  |            |               |  |               |
| 43       | 4.    | Enter amount from Schedule C, line 12, ar       | nd enclose    | Schedule C       |                           | Indiana  | a Deducti  | ons 4         | 99999999                               | 9999.00       |
| 44       |       |   |               |                  |                           |  |            |               | 0000000                                |               |
| 45       | 5.    | Subtract line 4 from line 3                     |               |                  |                           |  |            | 5             | 99999999                               | 2222.00       |
| 46       |       |   |               | +++++++          | + $+$ $+$ $+$ $+$ $+$ $+$ |  |            |               |  |               |
| 47       | 6.    | You must complete Schedule D. Enter amo         | ount from     | Schedule D, lir  |                           | $\left  \left  \left$ |            |               | 000000                                 | 0000          |
| 48       |       | and enclose Schedule D                          |               |                  |                           | Indiana  | Exempti    | ons 6         | 99999999                               | 00.555        |
| 49       |       |   |               |                  |                           |  |            |               | 99999999                               | 9999          |
| 50       |       | Subtract line 6 from line 5                     |               |                  | diana Adji                | usted G  | ross Inco  | ome 7         | 2222222                                | .00           |
| 51       | 8.    | State adjusted gross income tax: multiply I     | ine 7 by 3    | .15% (.0315)     | 8 9                       | 9999   | 999999     |               |  |               |
| 52<br>53 |       | (if answer is less than zero, leave blank)      |               | 4000             | - 8 9                     |  |            |               |  |               |
| 54       | 9.    | County tax. Enter county tax due from Sch       | eaule C1-     | 40PNK            | 999                       | 99999  | 999999     | 9 0 0         |  |               |
| 55       |       | (if answer is less than zero, leave blank)      |               |                  | - 9 7                     |  |            |               |  |               |
| 56       | 10    | Other taxes Enter amount from Sabedule          |               |                  | 10 9                      | 99999  | 999999     | 9 00          |  |               |
| 57       | 10.   | Other taxes. Enter amount from Schedule         | ⊏, iifie 5 (( | enciose sch.)    |                           |  |            |               |  |               |
| 58       | 11    | Add lines 8, 9 and 10. Enter total here and     | on line 16    | on the back      |                           | J .  | ndiana Ta  | ixes 11       | 99999999                               | 9999 00       |
| 59       | 11.   | And miles 0, 3 and 10. Enter total here and     | on line 10    |                  |                           |  |            |               |  |               |
| 60       |       |   |               |                  |                           |  |            |               |  |               |
| 61       |       |   |               |                  |                           |  |            |               |  |               |
| 62       |       |   |               |                  |                           |  |            |               |  |               |
| 63       |       |   | *#****        | 157231116        |                           |  | 10001      |               |  |               |
| 64       |       |   |               |                  |                           |  |            |               |  |               |
| 65       |       |   |               |                  |                           |  |            |               |  |               |
| 66       |       |   |               |                  |                           |  |            |               |  |               |

|    | 0   | 1  |    |    |    |    |     |    |    |    |    |    |    |    |    |    |   |    |     |   |    |    |   |    |    |     |    |    |    |    |    |    |    |    |    |    |   |    |    |    |    |    |    |    |    |    |    |   |    |    |    |    |    |    |     |    |
|----|-----|----|----|----|----|----|-----|----|----|----|----|----|----|----|----|----|---|----|-----|---|----|----|---|----|----|-----|----|----|----|----|----|----|----|----|----|----|---|----|----|----|----|----|----|----|----|----|----|---|----|----|----|----|----|----|-----|----|
| 00 | )0( | 00 | 00 | 00 | 0( | 11 | 1   | 11 | 11 | 1  | 11 | 2  | 22 | 22 | 22 | 22 | 2 | 22 | 23  | 3 | 33 | 33 | 3 | 33 | 33 | 34  | 44 | 44 | 44 | .4 | 44 | 4  | 45 | 55 | 55 | 55 | 5 | 55 | 55 | 56 | 56 | 66 | 56 | 66 | 56 | 66 | 67 | 7 | 77 | 7  | 77 | 77 | 77 | 88 | 38  | 88 |
| 12 | 234 | 15 | 67 | 89 | 90 | 12 | 234 | 45 | 67 | 8' | 90 | )1 | 23 | 34 | 56 | 57 | 8 | 9( | ) 1 | 2 | 34 | 15 | 6 | 78 | 39 | 0 ' | 12 | 34 | 45 | 6  | 78 | 39 | 01 | 2  | 34 | 45 | 6 | 78 | 39 | 01 | 2  | 34 | 15 | 67 | 78 | 9( | 01 | 2 | 34 | -5 | 67 | 89 | 90 | 12 | 23. | 45 |
|    | 0   | 1  |    |    |    |    |     |    |    |    |    |    |    |    |    |    |   |    |     |   |    |    |   |    |    |     |    | -  |    |    |    |    |    |    |    |    |   |    |    |    | -  |    |    |    |    |    |    |   |    |    |    |    |    |    |     |    |

| 04             |     |  | + $+$ $+$ $+$ |                          | $\vdash$         |
|----------------|-----|--|---------------|--------------------------|------------------|
| 05             | 12. | Enter credits from Schedule F, line 13 (enclose schedule) 12 999999999999.00   |               |                          | $\left  \right $ |
| 06<br>07       | 12  | Enter offset credits from Schedule G, line 8 (enclose schedule) 13 99999999999.00                                      |               |                          | Η                |
| 07             | 13. |  |               |                          | H                |
| 09             | 14. | Add lines 12 and 13 Indiana Credits  | 14            | 9999999999999,00         | H                |
| 10             |     |  |               |                          |                  |
| 11             | 15. | Enter amount from line 11 Indiana Taxes  | 15            | 999999999999.00          |                  |
| 12             |     |  |               |                          |                  |
| 13             | 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            | 999999999999.00          |                  |
| 14             |     |  |               | 9999999999999            | $\vdash$         |
| 15             | 17. | Enter donations from Schedule IN-DONATE (enclose schedule); cannot be greater than line 16                             | 17            | 99999999999999           |                  |
| 16<br>17       | 10  | Subtract line 17 from line 16 Overpayment  | 18            | 9999999999999            | ┢                |
| 18             | 10. |  | 10            |                          | H                |
| 19             | 19. | Amount from line 18 to be applied to your 2024 estimated tax account (see instructions).                               |               |                          |                  |
| 20             |     |  |               |                          |                  |
| 21             |     | Enter your county code 99 county tax to be applied \$ a 99999999999.00   |               |                          |                  |
| 22             |     |  |               |                          |                  |
| 23             |     | Spouse's county code 99 county tax to be applied \$ b 99999999999.00   |               |                          |                  |
| 24             |     | Indiana adjusted gross income tax to be applied \$ c 99999999999.00  |               |                          |                  |
| 25<br>26       |     | Indiana adjusted gross income tax to be applied <u>\$ c 9999999999999999999999999999999</u> .00                        |               |                          | -                |
| 27             | _   | Total to be applied to your estimated tax account (a + b + c; cannot be more than line 18)                             | 19d           | 9999999999999            | $\left  \right $ |
| 28             | _   |  | 15u           |                          | H                |
| 29             | 20. | Penalty for underpayment of estimated tax from Schedule IT-2210 and IT-2210A   | 20            | 999999999999.00          | Γ                |
| 30             |     |  |               |                          |                  |
| 31             |     | a. Enter code A if annualizing. Enter Code F if Farmer or Fisherman a X  |               |                          |                  |
| 32             |     |  |               |                          |                  |
| 33             | 21. | Refund: Line 18 minus lines 19d and 20. Note: If less than zero, see line 23 instructions Your Refund                  | 21            | 999999999999.00          |                  |
| 34             |     |  |               |                          | $\square$        |
| 35<br>36       | 22. | Direct Deposit (see instructions)  |               |                          | H                |
| 37             |     | a. Routing Number 9 9 9 9 9 9 9 9 9 9  |               |                          | H                |
| 38             |     |  |               |                          |                  |
| 39             |     | b. Account Number 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9  |               |                          |                  |
| 40             |     |  |               |                          |                  |
| 41             |     | c. Type: X Checking X Savings X Hoosier Works MC   |               |                          |                  |
| 42             |     | d. Place an "X" in the box if refund will go to an account outside the United States $X$                               |               |                          | $\vdash$         |
| 43<br>44       |     | d. Place an "X" in the box if refund will go to an account outside the United States $X$                               |               |                          | Н                |
| 45             | 23  | If line 15 is more than line 14, subtract line 14 from line 15. Add to this any amount on line 20                      |               |                          | H                |
| 46             | 20. | (see instructions)   | 23            | 9999999999999.00         | Π                |
| 47             |     |  |               |                          |                  |
| 48             | 24. | Penalty if filed after due date (see instructions)   | 24            | 9999999999999.00         | Ц                |
| 49             |     |  |               |                          | $\mid \mid$      |
| 50             | 25. | Interest if filed after due date (see instructions)  | 25            | 9999999999999.00         | $\left  \right $ |
| 51<br>52       | 00  | Amount Due Add lines 22, 24 and 25   | 00            | 999999999999             | ⊢                |
| 53             | 26. | Amount Due: Add lines 23, 24 and 25 Amount You Owe Do not send cash. Please make your check or money order payable to: | 26            |                          | Η                |
| 54             |     | Indiana Department of Revenue. See instructions if paying by credit card.  |               |                          | Η                |
| 55             |     |  |               |                          | đ                |
| 56             | Sig | n and date this return after reading the Authorization statement on Schedule H. You must en                            | CIOSE         | Schedule H (both pages). | П                |
| 57             |     |  |               |                          |                  |
| 58             | You | r Signature Date Spouse's Signature  |               | Date                     | $\parallel$      |
| 59<br>60       |     | enclosing payment mail to: Indiana Department of Revenue, P.O. Box 7224, Indianapolis, IN 46207                        | -7224.        |                          | $\mid$           |
|                | • M | ail all other returns to: Indiana Department of Revenue, P.O. Box 40, Indianapolis, IN 46206-0040.                     |               |                          | Η                |
|                |     |  |               |                          |                  |
| 61             |     |  |               |                          | ⊢                |
|                |     | 15723121694  |               |                          |                  |
| 61<br>62       |     |  |               |                          |                  |
| 61<br>62<br>63 |     |  |               |                          |                  |