04 05	67890123456789 Schedule 7 Form IT-40, State Fo (R14/9-23)	rm 54000							2023	8	Sequence No. 0
06 07	Name(s) shown on Forr	n IT-40						Your So	cial Security	(Numbe	er in the second s
08	xxxxxxxxxxxxxx	XXXXX	XXXXXX	xxxxxx	XXXXXX	xxxxxx	xxxxxx	999	99	9	999
10	1. Federal filing informa Are you filing a federal in	ation									
12											
13	Out-of-state income: income from Illinois, Kent										
15	for state where you and/o										
16	State where you worked		Your in	ncome	-	State	e where sp	ouse worked		Spouse	's income
18	XX	\$	999999	9999.0	2		XX		\$	9999	99999.00
19	3. Extension of time to				<i>c</i>		4000				
20 21	a. Place "X" in box if yo	ou have fil	ed a fede	eral extension	on of time	to file, For	m 4868, or	made an onl	ine extension	on paym	ent.
22	b. Place "X" in box if yo	ou have fil	ed an Ind	liana extens	sion of tim	ne to file, F	orm IT-9, o	r made an In	diana exten	sion pay	ment online. X
23	4. Farm/Fishing income										
25	Place "X" in box if at leas	t two-thire						ishing. X			
26	Important: If you placed a	in "X" in tl	he box, yc	ou MUST a	tach Sch	edule IT-22	210.				
27	5. Schedule IN-40PA filer	s. If you a	are eligible	e to file fede	eral Form	8857, Req	uest for In	nocent Spous	e Relief, ar	d are co	ompleting X
28 29	Indiana Schedule IN-40P	A, enclos	e Schedul	le IN-40PA	and chec	k the box.					A
30	6. Date of death										
	If any individual listed at	the top o	f the IT-4(0 diad durir	a 2023	enter date	of death (N	/IM/DD).			
31		+ + + +		o uleu uum	.go_o,	onitor dato	or acaur (i				
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32 33	Taxpayer's date	of death	99	99 20)23 Sp	ouse's dat		99	99 20	23	
32 33 34	Authorization: Sign For	of death m I T-40 a	99 Ifter read	99 20)23 Sp lowing st	ouse's dat t atement.	e of death				t is true com-
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