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Form IT-40PNR
State Form 472
(R23 / 9-24)

Indiana Department of Revenue

**Indiana Part-Year or Full-Year Nonresident
Individual Income Tax Return**

2024

Due April 15, 2025

If filing for a fiscal year, enter the dates (see instructions) (MM/DD/YYYY):

from 99 99 9999 to: 99 99 9999

Place "X" in box if you are applying for ITIN.

Place "X" in box if spouse is applying for ITIN.

Place "X" in box if amending.

Your Social Security Number 999 99 9999

Spouse's Social Security Number 999 99 9999

Place "X" in box if you are married filing separately.

Your first name Initial Last name Suffix
XXXXXXXXXXXXXXXXXX X XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXX

If filing a joint return, spouse's first name Initial Last name Suffix
XXXXXXXXXXXXXXXXXX X XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXX

Present address (number and street or rural route)
XX

City State ZIP/Postal code Foreign country 2-character code (see instructions)
XXXXXXXXXXXXXXXXXXXXXXXXXX XX 9999999999 XX

Enter below the 2-digit county code numbers (found on the back of Schedule CT-40PNR) for the county where you lived and worked on Jan. 1, 2024.

County where you lived 99 County where you worked 99 County where spouse lived 99 County where spouse worked 99

Round all entries

1. Complete Schedule A first. Enter here the amount from Section 3, line 36B, and enclose Schedule A _____	Indiana Income	1	9999999999	.00
2. Enter amount from Schedule B, line 6, and enclose Schedule B _____	Indiana Add-Backs	2	9999999999	.00
3. Add line 1 and line 2 _____		3	9999999999	.00
4. Enter amount from Schedule C, line 12, and enclose Schedule C _____	Indiana Deductions	4	9999999999	.00
5. Subtract line 4 from line 3 _____		5	9999999999	.00
6. You must complete Schedule D. Enter amount from Schedule D, line 9, and enclose Schedule D _____	Indiana Exemptions	6	9999999999	.00
7. Subtract line 6 from line 5 _____	Indiana Adjusted Gross Income	7	9999999999	.00
8. State adjusted gross income tax: multiply line 7 by 3.05% (.0305) (if answer is less than zero, leave blank) _____		8	9999999999	.00
9. County tax. Enter county tax due from Schedule CT-40PNR (if answer is less than zero, leave blank) _____		9	9999999999	.00
10. Other taxes. Enter amount from Schedule E, line 5 (enclose sch.) _____		10	9999999999	.00
11. Add lines 8, 9 and 10. Enter total here and on line 15 on the back _____	Indiana Taxes	11	9999999999	.00



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04

05 12. Enter credits from Schedule F, line 13 (enclose schedule) [REDACTED]

06

07 13. Enter offset credits from Schedule G, line 8 (enclose schedule)

08

09 14. Add lines 12 and 13 _____ **Indiana Credits**

10

11 15. Enter amount from line 11 _____ **Indiana Taxes**

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)

14

15 17. Enter donations from Schedule IN-DONATE (enclose schedule); cannot be greater than line 16

16

17 18. Subtract line 17 from line 16 _____ **Overpayment**

18

19 19. Amount from line 18 to be applied to your 2025 estimated tax account (see instructions).

20

21 a. Enter your county code county tax to be applied

22

23 a. Spouse's county code county tax to be applied

24

25 b. Indiana adjusted gross income tax to be applied

26

27 c. Total to be applied to your estimated tax account (a + b + c; cannot be more than line 18)

28

29 20. Penalty for underpayment of estimated tax from Schedule IT-2210 and IT-2210A

30

31 a. Enter code A if annualizing. Enter Code F if farmer or fisherman

32

33 21. **Refund:** Line 18 minus lines 19d and 20. Note: If less than zero, see line 23 instructions **Your Refund**

34

35 22. **Direct Deposit** (see instructions)

36

37 a. Routing Number

38

39 b. Account Number

40

41 c. Type: Checking Savings Hoosier Works MC

42

43 d. Place an "X" in the box if refund will go to an account outside the United States.

44

45 23. If line 15 is more than line 14, subtract line 14 from line 15. Add to this any amount on line 20
(see instructions)

46

47

48 24. Penalty if filed after due date (see instructions)

49

50 25. Interest if filed after due date (see instructions)

51

52 26. Amount Due: Add lines 23, 24 and 25 _____ **Amount You Owe**

53 Do not send cash. Please make your check or money order payable to:

54 Indiana Department of Revenue. See instructions if paying by credit card.

55 **Sign and date this return after reading the Authorization statement on Schedule H. You must enclose Schedule H (both pages).**

56
57
58 Your Signature _____ Date _____ Spouse's Signature _____ Date _____

- 59 • If enclosing payment mail to: Indiana Department of Revenue, P.O. Box 7224, Indianapolis, IN 46207-7224.
- 60 • Mail all other returns to: Indiana Department of Revenue, P.O. Box 40, Indianapolis, IN 46206-0040.



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