

Name(s) shown on Form IT-40

Your Social Security Number

  

**Round all entries**

- |   |  |        |
|---|--|--------|
| 1. Tax add-back: certain taxes deducted from federal Schedules C, C-EZ, E and/or F _____                  | 1  | .00    |
| 2. Net operating loss carryforward from federal Form 1040, "Other income" line _____                      | 2  | .00    |
| 3. OOS municipal obligation interest add-back _____   | 3  | .00    |
| 4. Bonus depreciation add-back _____  | 4  | .00    |
| 5. Section 179 expense excess add-back _____  | 5  | .00    |
| 6. Other Add-Backs: See instructions.   |  |        |
| a. Enter add-back name <input style="width: 300px;" type="text"/>   | code no. <input style="width: 50px;" type="text"/> | 6a .00 |
| b. Enter add-back name <input style="width: 300px;" type="text"/>   | code no. <input style="width: 50px;" type="text"/> | 6b .00 |
| c. Enter add-back name <input style="width: 300px;" type="text"/>   | code no. <input style="width: 50px;" type="text"/> | 6c .00 |
| d. Enter add-back name <input style="width: 300px;" type="text"/>   | code no. <input style="width: 50px;" type="text"/> | 6d .00 |
| e. Enter add-back name <input style="width: 300px;" type="text"/>   | code no. <input style="width: 50px;" type="text"/> | 6e .00 |
| f. Enter add-back name <input style="width: 300px;" type="text"/>   | code no. <input style="width: 50px;" type="text"/> | 6f .00 |
| g. Enter add-back name <input style="width: 300px;" type="text"/>   | code no. <input style="width: 50px;" type="text"/> | 6g .00 |
| h. Enter add-back name <input style="width: 300px;" type="text"/>   | code no. <input style="width: 50px;" type="text"/> | 6h .00 |
| i. Enter add-back name <input style="width: 300px;" type="text"/>   | code no. <input style="width: 50px;" type="text"/> | 6i .00 |
| j. Enter add-back name <input style="width: 300px;" type="text"/>   | code no. <input style="width: 50px;" type="text"/> | 6j .00 |
| k. Enter add-back name <input style="width: 300px;" type="text"/>   | code no. <input style="width: 50px;" type="text"/> | 6k .00 |
| l. Enter add-back name <input style="width: 300px;" type="text"/>   | code no. <input style="width: 50px;" type="text"/> | 6l .00 |
| m. Enter add-back name <input style="width: 300px;" type="text"/>   | code no. <input style="width: 50px;" type="text"/> | 6m .00 |
| n. Enter add-back name <input style="width: 300px;" type="text"/>   | code no. <input style="width: 50px;" type="text"/> | 6n .00 |
| o. Enter add-back name <input style="width: 300px;" type="text"/>   | code no. <input style="width: 50px;" type="text"/> | 6o .00 |
| 7. Add lines 1 through 6. Enter total here and on Form IT-40, line 2 _____ <b>Total Indiana Add-Backs</b> | 7  | .00    |

