Namets) shown on Form IT-40 Your Social Security Number	Form IT-40 State Form 53997 (R15 / 9-24)	Schedule 3: Exemptions	2024	4 Sequence No. 03	
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 lines 6 below. Round all entries 1. Enter S2000 if you are married filing jointly; otherwise, enter \$1000 2. Enter the number of dependents listed on Schedule IN-DEP, Box 5 99 x \$1000 2. 999999999999. 00 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 is a full-time student who was under the age of 24 by Dec. 31, 2024; and • who is a rule-time student who was under the age of 24 by Dec. 31, 2024; and • who is a rule-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. 4. Place "X" in box(es) below if, by Dec. 31, 2024: You were age 65 or older X and/or blind X Total number of boxes with Xs 99 x \$1000 4. 999999999999. 00 5. If age 65 or older, enter amount from Form IT-40, line 1. 99999999999999999999999999999999999			Your Social Secu	ur Social Security Number	
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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 X Spouse was 65 or older X Total number of boxes with Xs 99 x \$500 5 99999999999 . 00 6. Enter the number of additional adopted child exemptions listed on Schedule IN-DEP-A, Box 6 99 x \$3000 6 99999999999 . 00 You MUST enclose Schedule IN-DEP-A. 7. Add lines 1, 2, 3, 4, 5 and 6. Enter here and on Form IT-40, line 6 Total Exemptions 7 99999999999 . 00	Total number of boxes with Xs	99 x \$1000	4	99999999999.00	
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