

Indiana Department of Revenue **Schedule 3: Exemptions**

2024

Enclosure Sequence No. **03**

Name(s) shown on Form IT-40	Your Social Security Number
Complete and enclose Schedule IN-DEP: Dependent Information and Additional Declaiming dependents on lines 2 and/or 3 below. Complete and enclose Schedule IN you are claiming dependents on line 6 below.	
Enter \$2000 if you are married filing jointly; otherwise, enter \$1000	1 .00
Enter the number of dependents listed on Schedule IN-DEP, Box 5 x \$1000 You MUST enclose Schedule IN-DEP.	02.00
 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 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 you are eligible to claim as a dependent on line 2 above. 	you are a
Enter the number of additional dependents listed on Schedule IN-DEP, Box 6. x \$1500x	3.00
4. Place "X" in box(es) below if, by Dec. 31, 2024:	
You were age 65 or older and/or blind Spouse was 65 or older and/or blind	
Total number of boxes with Xs x \$1000	4
 5. If age 65 or older, enter amount from Form IT-40, line 1. If filing as married filing separately and this amount is less than \$20,000, place "X 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 Spouse was 65 or older 	
Total number of boxes with Xs x \$500	5 .00
6. Enter the number of additional adopted child exemptions listed on Schedule IN-DEP-A, Box 6 x \$3000 x \$000	6 .00
7. Add lines 1, 2, 3, 4, 5 and 6. Enter here and on Form IT-40, line 6 Tota	al Exemptions 7 .00