

Indiana Department of Revenue Schedule 7: Additional Required Information

2024

Enclosure Sequence No. **06**

Name(s) shown on Form IT-40		Your Social Security Number					
Federal filing information Are you filing a federal income tax	return for 2024? Place "X" in a	ppropriate box.	Yes	No _			_
2. Out-of-state income Complete if you and/or your spous Kentucky, Michigan, Ohio, Pennsy you and/or your spouse worked.	e (if filing a joint return) receive Ivania or Wisconsin. <u>Enter two</u>	ed any salary, wage -digit code number	e, tip and/o from the b	r commis ack of Sc	sion incon hedule C	ne from Illino Γ-40 for state	is, where
State where you worked	Your income	State where sp	ouse worl	ked	;	Spouse's inc	ome
	.00						.00
Extension of time to filea. Place "X" in box if you have	filed a federal extension of time	to file, Form 4868,	or made a	n online e	xtension p	payment.	
b. Place "X" in box if you have	filed an Indiana extension of tin	ne to file, Form IT-9,	or made a	an Indiana	extensior	n payment on	line.
4. Farm/Fishing income Place "X" in box if at least two-third Important: If you placed an "X" in t	ds of your gross income was m ne box, you MUST attach Sche	ade from farming o	r fishing.				
5. Schedule IN-40PA filers If you are eligible to file federal Forenclose Schedule IN-40PA and ch		Spouse Relief, and	l are comp	leting Ind	iana Sche	edule IN-40P	Δ,
6. Date of death If any individual listed at the top of	the IT-40 died during 2024, en	ter date of death (N	/IM/DD).			_	
Taxpayer's date of death	2024	Spouse's date of de	ath		2024	1	
Authorization – Sign Form IT-40 Under penalty of perjury, I have ex complete and correct. I understand all taxes due under this return. Als Revenue (DOR) to furnish my fina to ensure my refund is properly de Social Security number(s) used or	amined this return and all attact that if this is a joint return, an o, my request for direct deposincial institution with my routing posited. I grant permission to I	chments and to the y refund will be mad t of my refund inclu number, account r	de payable des my au lumber, ac	to us joir thorization count type	ntly and ea n to the In e and Soc	ach of us is li diana Depar ial Security r	able for tment of number
7. Your daytime telephone number		our email ddress					
I authorize the Department to dispersonal representative.		Paid Prepare	er: Firm's	Name (or	yours if s	elf-employed	i)
Yes No If yes, con	nplete the information below						
Personal Representative's Name (IN-OPT	on file wit	h paid pre	parer if n	ot filing electr	onically	
		PTIN					
Telephone number		Address					
Address		City					
City		State		Z	ZIP Code		
State ZI	P Code	Preparer's signature					