Schedule D
Form IT-40PNR
State Form 54032
(R15 / 9-24)

Indiana Department of Revenue

Schedule D: Exemptions

2024

Enclosure
Sequence No. **04**

Name(s) shown on Form IT-40PNR: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

Your Social Security Number: 999 99 9999

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 line 6 below.

Round all entries

1. Enter $2000 if you are married filing jointly; otherwise, enter $1000 _____ | 1 | 99999999999.00

2. Enter the number of dependents listed on Schedule IN-DEP, Box 5 [99] x $1000 _____ | 2 | 99999999999.00
   You **MUST** enclose Schedule IN-DEP.

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 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. [99] x $1500 _____ | 3 | 99999999999.00

4. Place "X" in box(es) below if, by December 31, 2024:

   You were age 65 or older [X] and/or blind [X]

   Spouse was 65 or older [X] and/or blind [X]

   Total number of boxes with Xs [99] x $1000 _____ | 4 | 99999999999.00

5. If age 65 or older, enter amount from Schedule A, line 36A. [99999999999999999999]
   - 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 _____ | 7 | 99999999999.00

8. Enter the number from Schedule A, Proration Section, line 21D _____ | 8 | 9.999

9. Multiply line 7 by line 8. Enter here and on Form IT-40PNR, line 6 _____ **Total Exemptions** | 9 | 99999999999.00

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