

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

2024

Enclosure Sequence No. **04**

Name(s) shown on Form IT-40PNR Your Social Security Number 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 ___ 0 0 x \$1000 2. Enter the number of dependents listed on Schedule IN-DEP, Box 5 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 x \$1500 listed on Schedule IN-DEP, Box 6. 4. Place "X" in box(es) below if, by December 31, 2024: You were age 65 or older and/or blind and/or blind Spouse was 65 or older Total number of boxes with Xs x \$1000 0 0 5. If age 65 or older, enter amount from Schedule A, line 36A. • 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 Spouse was 65 or older Total number of boxes with Xs x \$500 6. Enter the number of additional adopted child x \$3000 exemptions listed on Schedule IN-DEP-A. Box 6 You MUST enclose Schedule IN-DEP-A. 7. Add lines 1, 2, 3, 4, 5 and 6 _____ 8. Enter the number from Schedule A, Proration Section, line 21D 8 9. Multiply line 7 by line 8. Enter here and on Form IT-40PNR, line 6 Total Exemptions