

Indiana Department of Revenue **Schedule E: Other Taxes** 

2024

Enclosure Sequence No. **04B** 

| Name(s) shown on Form IT-40PNR   | Your Social Security Number | Security Number |  |
|--|-----------------------------|-----------------|--|
|  |                             |                 |  |
| Use tax on out-of-state purchases from line 4 of Sales/Use Tax Worksheet             | 1                           | 0 (             |  |
| Household employment taxes. Enclose Schedule IN-H                                    | 2                           | 0 (             |  |
| Recapture of certain Indiana offset credits. Enclose Schedule IN-CR                  | 3                           | 0 (             |  |
| 4. Nonresident professional team member's county tax from Schedule IN-PRO, line 11 _ | 4                           | 0 (             |  |
| 5. Add lines 1 through 4. Enter here and on Form IT-40PNR, line 10Total (            | Other Taxes 5               | 0 (             |  |

## **Schedule IN-PRO**

Nonresident professional team members, including nonresident race team members, should complete this schedule to figure the Indiana county tax due on modified wage income (see instructions).

| Column A   | Column B                | Column C           | Column D                            |
|--|-------------------------|--------------------|-------------------------------------|
| County<br>Code   | Modified<br>Wage Income | County<br>Tax Rate | County Tax<br>(Column B X Column C) |
| 1.   | 0.0                     |                    | 0.0                                 |
| 2.   | 0.0                     |                    | 0.0                                 |
| 3.   | 0.0                     |                    | 0.0                                 |
| 4.   | 0.0                     |                    | 0.0                                 |
| 5.   | 0.0                     |                    | 0.0                                 |
| 6.   | 0.0                     |                    | 0.0                                 |
| 7.   | 0.0                     |                    | 0.0                                 |
| 8.   | 0.0                     |                    | 0.0                                 |
| 9.   | 0.0                     |                    | 0.0                                 |
| 10.  | 0.0                     |                    | 0.0                                 |
| 11. Total county tax. Add lines D-1 through D-10; carry this total to Schedule E, line 4 |                         | 00                 |                                     |