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Schedule IN-DEP
Form IT-40/IT-40PNR
State Form 54815
(R13 / 9-24)

Indiana Department of Revenue

Enclosure

**Dependent Information and Additional
Dependent Child Information**

Sequence No. **03A/04A**

2024

Name(s) shown on Form IT-40/IT-40PNR

Your Social Security Number

XX

999 99 9999

1A. Dependent's First Name
XXXXXXXXXXXXXXXXXXXXXXXXXXXX

1B. Dependent's Last Name
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

1C. Dependent's Social Security Number
999 99 9999

1D. Dependent's Date of Birth (mm dd yyyy)
99 99 9999

1E. Place "X" in box 1E if claiming dependent as an additional dependent child exemption 1E

1F. Place "X" in box 1F if dependent child claimed for the first time (see instructions) 1F

2A. Dependent's First Name
XXXXXXXXXXXXXXXXXXXXXXXXXXXX

2B. Dependent's Last Name
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

2C. Dependent's Social Security Number
999 99 9999

2D. Dependent's Date of Birth (mm dd yyyy)
99 99 9999

2E. Place "X" in box 2E if claiming dependent as an additional dependent child exemption 2E

2F. Place "X" in box 2F if dependent child claimed for the first time (see instructions) 2F

3A. Dependent's First Name
XXXXXXXXXXXXXXXXXXXXXXXXXXXX

3B. Dependent's Last Name
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

3C. Dependent's Social Security Number
999 99 9999

3D. Dependent's Date of Birth (mm dd yyyy)
99 99 9999

3E. Place "X" in box 3E if claiming dependent as an additional dependent child exemption 3E

3F. Place "X" in box 3F if dependent child claimed for the first time (see instructions) 3F

4A. Dependent's First Name
XXXXXXXXXXXXXXXXXXXXXXXXXXXX

4B. Dependent's Last Name
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

4C. Dependent's Social Security Number
999 99 9999

4D. Dependent's Date of Birth (mm dd yyyy)
99 99 9999

4E. Place "X" in box 4E if claiming dependent as an additional dependent child exemption 4E

4F. Place "X" in box 4F if dependent child claimed for the first time (see instructions) 4F

5. **Dependent Exemptions.** Add the number of dependents listed above (see instructions). Enter the total here and in the box on line 2 of Schedule 3 (if filing Form IT-40) or Schedule D (if filing Form IT-40PNR) **Box 5** 99

6. **Additional Dependent Exemptions.** Add the total number of boxes with Xs from lines 1E, 1F, 2E, 2F, 3E, 3F, 4E and 4F if applicable. Enter the total here and in the box on line 3 of Schedule 3 (if filing Form IT-40) or Schedule D (if filing Form IT-40PNR) **Box 6** 99



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