

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

Your Social Security Number

	A		B		C		D		E		F		G		H
	Social Security Number	Form Code	Employer or Payer ID Number	State Income	State Tax Withheld	Local Income	Local Tax Withheld	Locality Code							
1				00	00	00	00								
2				00	00	00	00								
3				00	00	00	00								
4				00	00	00	00								
5				00	00	00	00								
6				00	00	00	00								
7				00	00	00	00								
8				00	00	00	00								
9				00	00	00	00								
10				00	00	00	00								
11				00	00	00	00								
12				00	00	00	00								
13				00	00	00	00								
14				00	00	00	00								
15				00	00	00	00								
16				00	00	00	00								
17				00	00	00	00								
18				00	00	00	00								
19				00	00	00	00								
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21				00	00	00	00								
22				00	00	00	00								
23				00	00	00	00								
24				00	00	00	00								
25				00	00	00	00								
26	Add lines 1 through 25 column E. Enter total on line 1 of IT-40 Schedule 5, or line 1 of IT-40PNR Schedule F, or line 7 of IT-40RNR.				00										
27	Add lines 1 through 25 column G. Enter total on line 2 of IT-40 Schedule 5, or line 2 of IT-40PNR Schedule F, or line 8 of IT-40RNR.						00								

Form Type	Form Code	Form Type	Form Code	Form Type	Form Code
W2/W2C	W	1099R	R	1099G	U
W2G	G	1099M	M	1099NEC	N

