

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

Indiana Department of Revenue Indiana Withholding Statements

2024

Your Social Security Number

Enclosure Sequence No. **26**

A Social Security Number		C Employer or Payer ID Number	D State Income	E State Tax Withheld	F Local Income	G Local Tax Withheld	H Localit Code
			00	00	0.0	00	
			00	00	0.0	00	
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			0.0	00	0.0	00	
	5, or li	column E. Enter tota ne 1 of IT-40PNR Sch		0.0			
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.						0.0	

Schedule IN-W Reference Chart									
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				

