01						
0000				444555555555666		
	56789012345678901234567 Form IT-40			8901234567890123	3456/89012.	3456/8901234
04	State Form 154		epartment of Full-Year R			
05	(R24 / 9-25)				2025	
07			Income Ta		2023	
08	If filing for a figural ve		ue April 15, 202		actructions)	
09	If filling for a fiscal ye	ear, enter the dates (N	/IIVI/DD/YYYY).	All others, leave blank (see i	nstructions).	
10	from	99 99 99	999 to: 9	9 99 9999		
11					Place	"X" in box
12	Place "X" in box if you are applying for I	TIN.X Place "X	" in box if spou	se is applying for ITIN. X	if ame	
13	Your Social	Spouse'	s Social		Place "X" in box i	f you are
14	Security Number 999 99	9999 Security	Number 99	9 99 9999	married filing sep	arately. X
15	Your first name	Initial La	st name			Suffix
16	777777777777777777777777777777777777777	7.7	7373737373737373737	X	7.7.7.7.7.7.7.7.7	3737373737
17	XXXXXXXXXXXXX		XXXXXXXX	XXXXXXXXXXXXXXXX	XXXXXX	XXXXX
18	If filing a joint return, spouse's first nam	e Initial La	st name			Suffix
20	xxxxxxxxxxxxx	X	XXXXXXXX	XXXXXXXXXXXXXXX	XXXXXX	XXXXX
21			1212121212121212121		12 12 12 12 12 12 1	2 12 12 12 12 1
22	Mailing address (number and street or	PO BOX)				
23	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXX			Foreign country	(2 abarastar
24	City		State	ZIP/Postal code	Foreign country code (see instr	
25	5.19					
26	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		XX	9999999999	XX	
27						
28	Enter below the 2-digit county code nur	mbers (found on the b	ack of Schedule	e CT-40) for the county wher	e you lived and w	orked
29	on Jan. 1, 2025.					
30	County where 99 county who		County w			
31	you lived 99 you worked	d 99	spouse	ived 99 spouse	vorked 99	
33	If f 4 000F th ili du					C:::
34	If, as of Jan. 1, 2025, the mailing addre and either your mailing address or your					
35	list the physical address of your and/or					ess, you must
36	See instructions for further information				ochedule 01-40.	
37				50 444,550.	Round all	entries
38	Enter your federal adjusted gross i	ncome from your fede	eral			
39	income tax return, Form 1040 or F	orm 1040-SR, line 11		Federal AGI	1 9999999	9999.00
40						
41	Enter amount from Schedule 1, line	e 7, and enclose Sche	edule 1	Indiana Add-Backs	2 9999999	9999.00
42					000000	
43	3. Add line 1 and line 2				3 9999999	9999.00
44	1 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	- 40 1 0-1	0	la dia aa Dadaadiaaa	4 000000	
45	4. Enter amount from Schedule 2, line	e iz, and enclose Sch	ieaule 2	Indiana Deductions	4 9999999	99999.00
46	5. Subtract line 4 from line 3				5 9999999	9999.00
47 48	J. Subtract fille 4 HOHI fille 3				J J J J J J J J J J J J	
49	6. Complete Schedule 3. Enter amou	nt from Schedule 3 Ji	ne 7			
50	and enclose Schedule 3	ili il olii oolioddio o, ili	107,	Indiana Exemptions	6 9999999	9999.00
51						
52	7. Subtract line 6 from line 5		Indiana	Adjusted Gross Income	7 9999999	9999.00
53	8. State adjusted gross income tax: m	ultiply line 7 by 3% (.0	3)			
54	(if answer is less than zero, leave I			9999999999.00		
55	9. County tax. Enter county tax due fr					
56	(if answer is less than zero, leave I		9	9999999999.00		
57	10. Other taxes. Enter amount from Sch	nedule 4, line 4				
58	(enclose schedule)		10	9999999999.00		
59			<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>		44 000000	
60	11. Add lines 8, 9 and 10. Enter total h	ere and on line 15 on	the back	Indiana Taxes	11 9999999	9999.00
61						
62			15105111604			
63	- 		15125111694			
UH						

01						
00000	000	000	1111111111112222222222333333333344444444			7788888
04	00/	890	12345678901234567890123456789012345678901234567890123	450	0/890123456/8	9012345
05	12.	Ente	credits from Schedule 5, line 13 (enclose schedule) 12 99999999999999999999999999999999999			
06						
07	13.	Ente	r offset credits from Schedule 6, line 8 (enclose schedule) 13 99999999999.00			
08	4.4	۸ ما ما		14	999999999999.	00
10	14.	Add	ines 12 and 13 Indiana Credits	14	9999999999	00
11	15.	Ente	r amount from line 11 Indiana Taxes	15	99999999999.	00
12						
13	16.	If line	e 14 is equal to or more than line 15, subtract line 15 from line 14 (if smaller, skip to line 23)	16	99999999999.	00
14	17	Ento	donations from Schedule IN-DONATE (enclose schedule); cannot be greater than line 16	17	9999999999999.	00
16	17.	Ente	donations from Scriedule IN-DONALE (enclose scriedule), calinot de greater than line 10	1/		00
17	18.	Subt	ract line 17 from line 16 Overpayment	18	99999999999.	00
18						
19	19.	Amo	unt from line 18 to be applied to your 2026 estimated tax account (see instructions).	+++		
20		a	Enter your county code 99 county tax to be applied 19a 9999999999.00			
22		ц. I				
23		b. ;	Spouse's county code 99 county tax to be applied 19b 99999999999.00			
24			ndiana adjusted gross income tax to be applied 19c 9999999999.00	+++		
25 26		C.	ndiana adjusted gross income tax to be applied 19c 9999999999999999999999999999999999			
27		d.	Total to be applied to your estimated tax account (a + b + c; cannot be more than line 18)	19d	99999999999.	00
28						
29	20.	Pena	Ity for underpayment of estimated tax from Schedule IT-2210 and IT-2210A	20	99999999999.	00
30		2	Enter Code A if annualizing. Enter Code F if farmer or fisherman 20a X			
32		a.	Eliter Gode All arindalizing. Eliter Gode I il failler of fisherman			
33	21.	Refu	nd: Line 18 minus lines 19d and 20. Note: If less than zero, see line 23 instructions _ Your Refund	21	99999999999.	00
34	22.	Dire	ct Deposit (see instructions)			
35		2	Routing Number 9 9 9 9 9 9 9 9 9	+++		
37						
38		b. <i>i</i>	Account Number 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9			
39						
40		C.	Type: X Checking X Savings X Hoosier Works MC	+++		
41		d	Place an "X" in the box if refund will go to an account outside the United States.			
43		u.	Table dil X III tile box il relatid will go to dil docoditi odiside tile office otales.			
44	23.		e 15 is more than line 14, subtract line 14 from line 15. Add to this any amount on			
45		line	20 (see instructions)	23	99999999999.	00
46 47	24	Dono	Ity if filed after due date (see instructions)	24	99999999999	00
48	24.	I GIIC	inty if filled after due date (see instructions)	24		
49	25.	Inter	est if filed after due date (see instructions)	25	99999999999.	00
50					00000000000	
51	26.		unt Due: Add lines 23, 24 and 25 Amount You Owe	26	99999999999.	00
52			ot send cash. Make your check or money order payable to: Indiana Department of Revenue. nstructions if paying with a credit card.			
54	0					
55	Sig	n and	date this return after reading the Authorization statement on Schedule 7. Remember to	ncio	se Schedule 7.	
56	Sia	noturo	Date Spouse's Signature		Date	
5 7 5 8		nature Iail na	yments to: Indiana Department of Revenue, P.O. Box 7224, Indianapolis, IN 46207-7224.	++	Date	
59	• \	1ail all	other returns to: Indiana Department of Revenue, P.O. Box 40, Indianapolis, IN 46206-0040.	++		
60	• V	isit <u>w</u>	vw.in.gov/taxpayer-receipt to view your taxpayer receipt.	Ш		
61				\coprod		
62			45125124604	$+\!+\!\!+$		
64			15125121694	++		
65						
66						