Schedule 3
Form IT-40
State Form 53997
(R16 / 9-25)

Indiana Department of Revenue
Schedule 3: Exemptions

2025

Enclosure
Sequence No. 03

Name(s) shown on Form IT-40

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

Your Social Security Number

999   99   9999

Complete and enclose Schedule IN-DEP: Dependent Information and Additional Dependent Child Information if you are claiming dependents on lines 2 and/or 3 below. Complete and enclose Schedule IN-DEP-A: Adopted Dependent Information if you are claiming dependents on line 6 below.

Round all entries

1. Enter $2000 if you are married filing jointly; otherwise, enter $1000 _____   1   99999999999.00

2. Enter the number of dependents listed on Schedule IN-DEP, Box 5   99   x $1000 _____   2   99999999999.00
   You **MUST** enclose Schedule IN-DEP.

3. You may claim an additional exemption for each qualifying dependent child:
   - who is a son, stepson, daughter, stepdaughter, foster child and/or child for whom you are a legal guardian;
   - who was under the age of 19 by Dec. 31, 2025; or
   - who is a full-time student who was under the age of 24 by Dec. 31, 2025; and
   - who you are eligible to claim as a dependent on line 2 above.

   Enter the number of additional dependents
   listed on Schedule IN-DEP, Box 6.   99   x $1500 _____   3   99999999999.00

4. Place "X" in box(es) below if, by Dec. 31, 2025:

   You were age 65 or older   X   and/or blind   X

   Spouse was 65 or older   X   and/or blind   X

   Total number of boxes with Xs   99   x $1000 _____   4   99999999999.00

5. If age 65 or older, enter amount from Form IT-40, line 1.   999999999999999999999
   - If filing as married filing separately and this amount is less than $20,000, place "X" in the "You were age 65 or older" box below.
   - For all other filers age 65 or older, if this amount is less than $40,000, place "X" in appropriate box(es) below.

   You were age 65 or older   X

   Spouse was 65 or older   X

   Total number of boxes with Xs   99   x $500 _____   5   99999999999.00

6. Enter the number of additional adopted child
   exemptions listed on Schedule IN-DEP-A, Box 6   99   x $3000 _____   6   99999999999.00
   You **MUST** enclose Schedule IN-DEP-A.

7. Add lines 1, 2, 3, 4, 5 and 6. Enter here and on Form IT-40, line 6 _____   **Total Exemptions**   7   99999999999.00

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