

Indiana Department of Revenue **Schedule 3: Exemptions**

2025

Enclosure Sequence No. **03**

Name(s) shown on Form IT-40 Your Soc	al Security Number	
Complete and enclose Schedule IN-DEP: Dependent Information and Additional Dependent Clearing dependents on lines 2 and/or 3 below. Complete and enclose Schedule IN-DEP-A: Acyou are claiming dependents on line 6 below.		
1. Enter \$2000 if you are married filling jointly; otherwise, enter \$1000	1 .00	
Enter \$2000 if you are married filing jointly; otherwise, enter \$1000		
Enter the number of dependents listed on Schedule IN-DEP, Box 5 x \$1000 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. x \$1500x	3 .00	
4. Place "X" in box(es) below if, by Dec. 31, 2025:		
You were age 65 or older and/or blind Spouse was 65 or older and/or blind		
Total number of boxes with Xs x \$1000	_ 4 .00	
 5. If age 65 or older, enter amount from Form IT-40, line 1. 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		
Spouse was 65 or older		
Total number of boxes with Xs x \$500	_ 5 .00	
6. Enter the number of additional adopted child exemptions listed on Schedule IN-DEP-A, Box 6 x \$3000 You MUST enclose Schedule IN-DEP-A.	6 .00	
7. Add lines 1, 2, 3, 4, 5 and 6. Enter here and on Form IT-40, line 6Total Exemption	ns 7 .00	