

Name(s) shown on Form IT-40

Your Social Security Number

1. Federal filing information

Are you filing a federal income tax return for 2025? Place "X" in appropriate box. Yes ☐ No ☐

2. Out-of-state income

Complete if you and/or your spouse (if filing a joint return) received any salary, wage, tip and/or commission income from Illinois, Kentucky, Michigan, Ohio, Pennsylvania or Wisconsin. Enter two-digit code number from the back of Schedule CT-40 for state where you and/or your spouse worked.

State where you worked

Your income

State where spouse worked

Spouse's income

.00.00

3. Extension of time to file

a. Place "X" in box if you have filed a federal extension of time to file, Form 4868, or made an online extension payment. ☐

b. Place "X" in box if you have filed an Indiana extension of time to file, Form IT-9, or made an Indiana extension payment online. ☐

4. Farm/Fishing income

Place "X" in box if at least two-thirds of your gross income was made from farming or fishing. ☐
Important: If you placed an "X" in the box, you MUST attach Schedule IT-2210.

5. Schedule IN-40PA filers

If you are eligible to file federal Form 8857, Request for Innocent Spouse Relief, and are completing Indiana Schedule IN-40PA, enclose Schedule IN-40PA and check the box. ☐

6. Date of death

If any individual listed at the top of the IT-40 died *during* 2025, enter date of death (MM/DD).

Taxpayer's date of death 2025

Spouse's date of death 2025

Authorization – Sign Form IT-40 after reading the following statement.

Under penalty of perjury, I have examined this return and all attachments and to the best of my knowledge and belief, it is true, complete and correct. I understand that if this is a joint return, any refund will be made payable to us jointly and each of us is liable for all taxes due under this return. Also, my request for direct deposit of my refund includes my authorization to the Indiana Department of Revenue (DOR) to furnish my financial institution with my routing number, account number, account type and Social Security number to ensure my refund is properly deposited. I grant permission to DOR to contact the Social Security Administration to confirm that the Social Security number(s) used on this return is correct.

**7. Your daytime
telephone number**

**Your email
address**

**I authorize the Department to discuss my return with my
personal representative.**

Yes ☐ No ☐ **If yes, complete the information below.**

Personal Representative's Name (please print)

Telephone
number

Address

City

State

ZIP Code

Paid Preparer: Firm's Name (or yours if self-employed)

☐ IN-OPT on file with paid preparer if not filing electronically

PTIN

Address

City

State

ZIP Code

Preparer's
signature

