

Name(s) shown on Form IT-40PNR

Your Social Security Number

Round all entries

- | | | | |
|--|-------------------------------|-------------------------|-----|
| 1. Tax add-back: certain taxes deducted from federal Schedules C, C-EZ, E and/or F _____ | 1 | <input type="text"/> | .00 |
| 2. OOS municipal obligation interest add-back _____ | 2 | <input type="text"/> | .00 |
| 3. Bonus depreciation add-back _____ | 3 | <input type="text"/> | .00 |
| 4. Section 179 expense excess add-back _____ | 4 | <input type="text"/> | .00 |
| 5. Other Add-Backs: See instructions. | | | |
| a. Enter add-back name <input type="text"/> | code no. <input type="text"/> | 5a <input type="text"/> | .00 |
| b. Enter add-back name <input type="text"/> | code no. <input type="text"/> | 5b <input type="text"/> | .00 |
| c. Enter add-back name <input type="text"/> | code no. <input type="text"/> | 5c <input type="text"/> | .00 |
| d. Enter add-back name <input type="text"/> | code no. <input type="text"/> | 5d <input type="text"/> | .00 |
| e. Enter add-back name <input type="text"/> | code no. <input type="text"/> | 5e <input type="text"/> | .00 |
| f. Enter add-back name <input type="text"/> | code no. <input type="text"/> | 5f <input type="text"/> | .00 |
| g. Enter add-back name <input type="text"/> | code no. <input type="text"/> | 5g <input type="text"/> | .00 |
| h. Enter add-back name <input type="text"/> | code no. <input type="text"/> | 5h <input type="text"/> | .00 |
| i. Enter add-back name <input type="text"/> | code no. <input type="text"/> | 5i <input type="text"/> | .00 |
| j. Enter add-back name <input type="text"/> | code no. <input type="text"/> | 5j <input type="text"/> | .00 |
| k. Enter add-back name <input type="text"/> | code no. <input type="text"/> | 5k <input type="text"/> | .00 |
| l. Enter add-back name <input type="text"/> | code no. <input type="text"/> | 5l <input type="text"/> | .00 |
| m. Enter add-back name <input type="text"/> | code no. <input type="text"/> | 5m <input type="text"/> | .00 |
| n. Enter add-back name <input type="text"/> | code no. <input type="text"/> | 5n <input type="text"/> | .00 |
| o. Enter add-back name <input type="text"/> | code no. <input type="text"/> | 5o <input type="text"/> | .00 |
| 6. Add lines 1 through 5. Enter total here and on Form IT-40PNR, line 2 Total Indiana Add-Backs | 6 | <input type="text"/> | .00 |

