

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

2025

Enclosure Sequence No. **04**

Name(s) shown on Form IT-40PNR Your Social Security Number	
Complete and enclose Schedule IN-DEP: Dependent Information and Additional Deposition of the Complete and enclose Schedule IN- you are claiming dependents on line 6 below.	
Enter \$2000 if you are married filing jointly; otherwise, enter \$1000	1 .00
Enter the number of dependents listed on Schedule IN-DEP, Box 5 x \$1000 You MUST enclose Schedule IN-DEP.	2 .00
 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 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. 	ou are a
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 December 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
 5. If age 65 or older, enter amount from Schedule A, line 36A. If filing as married filing separately and this amount is less than \$20,000, place "X" 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	in
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	7 .00
Enter the number from Schedule A, Proration Section, line 21D	8 .
9. Multiply line 7 by line 8. Enter here and on Form IT-40PNR, line 6Total	Exemptions 9 .00