01	0000	00111111111	1222222222	23333333333444	4444445555	5555556	6666	666667777	777778
12345		901234567890		1234567890123	45678901234				5678901
04		Schedule F / Schedule IN-D	ONATE	Indiana Departm			2025	Seque	Enclosure nce No. 05
06		Form IT-40PNR	JIVALE	Scriedule r	Creaks		.023		
07		State Form 54033 (R16 / 9-25)							
08	Name	e(s) shown on Form I	T-40PNR			Your Socia	l Securi	ty Number	
09	XXX	XXXXXXXXXXX	XXXXXXXXXX	(XXXXXXXXXXXXX	XXXXXXXX	999	99	9999	
11									
12								Round all ent	ries
13	1 1	Indiana state tax with	held: See instruction	ons			1	9999999	999.00
15			1010. 000 11104 001	,,,,,					
16	2. I	ndiana county tax wit	thheld: See instruc	tions			2	99999999	999.00
17	3 [Pass Through Entity	Tay Credit				3	9999999	999.00
19	0. 1	ass mough Entity	Tax Great						
20	4. E	Estimated tax paid for	r 2025: include any	extension payment mad	le with Form IT-9		4	99999999	999.00
21	5 1	Unified tax credit for t	the elderly				5	99999999	999 00
23		Earned income credit					5		0 0
24		Enter earned income							
25 26	1 5	Schedule IN-EIC, line	A-3		Box A 9999999	9999.00			
27	E	Enter number from So	chedule A, Proratic	on Section, line 21D	Box B 9.99				
28									
29	ı	Multiply Box A by Box	B, enter total here	<u> </u>			6	99999999	999.00
30	7. 1	ake County resident	ial income tax crec	lit			7	9999999	999.00
32									
33				conomy credit. Enter amo	ount from Schedule	IN-EDGE,	8	99999999	000 00
34	I	ine 19 (enclose sche	aule)				8	9999999	999.00
36	9. E	Economic developme	ent for a growing ed	conomy retention credit. I	Enter amount from				
37		Schedule IN-EDGE-R	र, line 19 (enclose :	schedule)			9	99999999	999.00
38	10 F	Headquarters relocati	ion credit (refundal	ole portion - see instruction	ons)		10	9999999	999 00
40	10. 1	Todaqual tolo Tolocal	on order (rolanda)		5110)		10		
41	11. /	Adoption Credit					11	99999999	999.00
42	12 [Reserved for future u	S A				12		.00
44	12. 1	reserved for fatale d	30				12		
45	13. <i>A</i>	Add lines 1 through 1	2. Enter total here	and on Form IT-40PNR,	line 12	Total Credit	s 13	99999999	999.00
46 47									
48									
49				Schedule IN					
50		Im	portant: The amo	unt on line 2 cannot exce	eed the amount on I	orm II-40PN	NR, line	16.	
52	1. [Donations: List fund r	name, 3-digit code	and amount to be donate	ed (see instructions)			
53				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	77777	0.00		0000000	00000
54 55	;	a. Enter fund name	XXXXXXXXX	XXXXXXXXXXXX	XXXX code no	o. 999	1a	99999999	999.00
56		b. Enter fund name	XXXXXXXXX	XXXXXXXXXXXXX	XXXX code no	o. 999	1b	9999999	999.00
57						0.00		0000000	
58		c. Enter fund name	XXXXXXXXX	XXXXXXXXXXXX	XXXX code no	o. 999	1c	99999999	999.00
59 60	2. /	Add lines 1a through	1c. Enter total here	e and on Form IT-40PNR	, line 17 To	tal Donation	s 2	9999999	999.00
61									
62									
63 64			+++++++++++++++++++++++++++++++++++++++	2382511	1094				
65									
66									