

Name(s) shown on IT-40PNR

Your Social Security Number

XX

999

99

9999

Section 1: Residency Information

List all state(s) and dates of your (and your spouse's, if filing jointly) residency during 2025. Enter 2-letter state name (e.g. "IL" for Illinois) or the letters "OC" if you were a resident of a foreign country (see instructions).

Example

A		B			C			D	
State of Residence		Date From (MM/DD)			Date To (MM/DD)			Did you file a tax return with the state/country? Place "X" in appropriate box.	
IL		01	01	2025	06	01	2025	Yes <input checked="" type="checkbox"/>	No <input checked="" type="checkbox"/>
IN		06	02	2025	12	31	2025	Yes <input checked="" type="checkbox"/>	No <input checked="" type="checkbox"/>

Your Information

A		B			C			D	
State of Residence		Date From (MM/DD)			Date To (MM/DD)			Did you file a tax return with the state/country? Place "X" in appropriate box.	
1a.	XX	99	99	2025	99	99	2025	Yes <input checked="" type="checkbox"/>	No <input checked="" type="checkbox"/>
1b.	XX	99	99	2025	99	99	2025	Yes <input checked="" type="checkbox"/>	No <input checked="" type="checkbox"/>
1c.	XX	99	99	2025	99	99	2025	Yes <input checked="" type="checkbox"/>	No <input checked="" type="checkbox"/>
1d.	XX	99	99	2025	99	99	2025	Yes <input checked="" type="checkbox"/>	No <input checked="" type="checkbox"/>

Spouse's Information if Married Filing Jointly

A		B			C			D	
State of Residence		Date From (MM/DD)			Date To (MM/DD)			Did you file a tax return with the state/country? Place "X" in appropriate box.	
2a.	XX	99	99	2025	99	99	2025	Yes <input checked="" type="checkbox"/>	No <input checked="" type="checkbox"/>
2b.	XX	99	99	2025	99	99	2025	Yes <input checked="" type="checkbox"/>	No <input checked="" type="checkbox"/>
2c.	XX	99	99	2025	99	99	2025	Yes <input checked="" type="checkbox"/>	No <input checked="" type="checkbox"/>
2d.	XX	99	99	2025	99	99	2025	Yes <input checked="" type="checkbox"/>	No <input checked="" type="checkbox"/>

Turn over to complete Section 2



24025111694

Schedule H
Form IT-40PNR
(continued)

Indiana Department of Revenue
Schedule H, Section 2:
Additional Required Information

2025

Enclosure
Sequence No. **07A**
Page 2 of 2

Section 2: Additional Information

1. Federal filing information

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

2. 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. ☒

3. 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.

4. 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. ☒

5. Date of death

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

Taxpayer's date of death Spouse's date of death

6. Enter the number of days you worked in Indiana during this calendar year (see instructions).

You Spouse

Authorization – Sign Form IT-40PNR 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



24025121694