Enclosure

Schedule H Form IT-40PNR State Form 54035 (R16 / 9-25)

Indiana Department of Revenue

Sequence No. 07 Page 1 of 2

Schedule H, Section 1: Residency Information (Complete Section 2: Additional Information on back.)

Name(s) shown on IT-40PNR Your Social Security Number

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

1 1

	A		В			С			D	
	State of		Date From			Date To		Did you file a tax re	eturn with the state/cou	ntry?
	Residence		(MM/DD)			(MM/DD))	Place "X"	in appropriate box.	
	IL	01	01 2	2025	06	01	2025	Yes X	No X	
	IN	06	02 2	2025	12	31	2025	Yes X	No X	
-										

Your Information

A		В				С		D			
		State of esidence		Date Fro (MM/DD			Date To (MM/DD		Did you file a tax re Place "X" i	turn with the state/country? n appropriate box.	
	1a.	XX	99	99	2025	99	99	2025	Yes X	No X	F
	1b.	XX	99	99	2025	99	99	2025	Yes X	No X	
1	1c.	XX	99	99	2025	99	99	2025	Yes X	No X	
	1d.	XX	99	99	2025	99	99	2025	Yes X	No X	

Spouse's Information if Married Filing Jointly

	A B			Date To (MM/DD)			Ď				
State of Residence		Date From (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 X	No X		
2b	. XX	99	99	2025	99	99	2025	Yes X	No X		
2c	. XX	99	99	2025	99	99	2025	Yes X	No X		
2d	. XX	99	99	2025	99	99	2025	Yes X	No X		

Turn over to complete Section 2



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Form IT-4PNR Additional Required Information Section 2: Additional Information 107 Section 2: Additional Information 108 Section 2: Additional Information 119 110 110 111 110 111 111 11		Schedule H				012343678		
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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 (DCR) to furnish my financial institution with my routing number, account number, account type and Social Security number to social Security number use my refund includes my authorization to confirm that the Social Security number(s) used on this return is correct. 1		7, 000	0					
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Under penalty of perjury, I have examined this return and all attachments and to the best of my knowledge and belief, it is true, opposite 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 999999999999999999999999999999999999		Authorization - Sign Form IT-40PNR after	r reading the following	statement.				
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personal representative. 47 Yes X No X If yes, complete the information below. XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	44							
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