Schedule IN-DEP
Form IT-40/IT-40PNR
State Form 54815
(R14 / 9-25)

Indiana Department of Revenue

Dependent Information and Additional Dependent Child Information 2025

Enclosure
Sequence No. **03A/04A**

Name(s) shown on Form IT-40/IT-40PNR: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

Your Social Security Number: 999 | 99 | 9999

Dependent 1

Dependent's First Name — 1A. XXXXXXXXXXXXXXXXXXXX
Dependent's Last Name — 1B. XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
Dependent's Social Security Number — 1C. 999 | 99 | 9999
Dependent's Date of Birth (mm dd yyyy) — 1D. 99 | 99 | 9999
1E. Place "X" in box 1E if claiming dependent as an additional dependent child exemption _____ 1E X
1F. Place "X" in box 1F if dependent child claimed for the first time (see instructions) _____ 1F X

Dependent 2

Dependent's First Name — 2A. XXXXXXXXXXXXXXXXXXXX
Dependent's Last Name — 2B. XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
Dependent's Social Security Number — 2C. 999 | 99 | 9999
Dependent's Date of Birth (mm dd yyyy) — 2D. 99 | 99 | 9999
2E. Place "X" in box 2E if claiming dependent as an additional dependent child exemption _____ 2E X
2F. Place "X" in box 2F if dependent child claimed for the first time (see instructions) _____ 2F X

Dependent 3

Dependent's First Name — 3A. XXXXXXXXXXXXXXXXXXXX
Dependent's Last Name — 3B. XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
Dependent's Social Security Number — 3C. 999 | 99 | 9999
Dependent's Date of Birth (mm dd yyyy) — 3D. 99 | 99 | 9999
3E. Place "X" in box 3E if claiming dependent as an additional dependent child exemption _____ 3E X
3F. Place "X" in box 3F if dependent child claimed for the first time (see instructions) _____ 3F X

Dependent 4

Dependent's First Name — 4A. XXXXXXXXXXXXXXXXXXXX
Dependent's Last Name — 4B. XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
Dependent's Social Security Number — 4C. 999 | 99 | 9999
Dependent's Date of Birth (mm dd yyyy) — 4D. 99 | 99 | 9999
4E. Place "X" in box 4E if claiming dependent as an additional dependent child exemption _____ 4E X
4F. Place "X" in box 4F if dependent child claimed for the first time (see instructions) _____ 4F X

5. **Dependent Exemptions.** Add the number of dependents listed above (see instructions). Enter the total here and in the box on line 2 of Schedule 3 (if filing Form IT-40) or Schedule D (if filing Form IT-40PNR) _____ **Box 5** 99

6. **Additional Dependent Exemptions.** Add the total number of boxes with Xs from lines 1E,1F, 2E, 2F, 3E, 3F, 4E and 4F if applicable. Enter the total here and in the box on line 3 of Schedule 3 (if filing Form IT-40) or Schedule D (if filing Form IT-40PNR) _____ **Box 6** 99

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