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

Your Social Security Number

Dependent's First Name

Dependent's Last Name

1A.

1B.

Dependent's Social Security Number

Dependent's Date of Birth (mm dd yyyy)

1C.

1D.

1E. Place "X" in box 1E if claiming dependent as an additional dependent child exemption _____ 1E

1F. Place "X" in box 1F if dependent child claimed for the first time (see instructions) _____ 1F

Dependent's First Name

Dependent's Last Name

2A.

2B.

Dependent's Social Security Number

Dependent's Date of Birth (mm dd yyyy)

2C.

2D.

2E. Place "X" in box 2E if claiming dependent as an additional dependent child exemption _____ 2E

2F. Place "X" in box 2F if dependent child claimed for the first time (see instructions) _____ 2F

Dependent's First Name

Dependent's Last Name

3A.

3B.

Dependent's Social Security Number

Dependent's Date of Birth (mm dd yyyy)

3C.

3D.

3E. Place "X" in box 3E if claiming dependent as an additional dependent child exemption _____ 3E

3F. Place "X" in box 3F if dependent child claimed for the first time (see instructions) _____ 3F

Dependent's First Name

Dependent's Last Name

4A.

4B.

Dependent's Social Security Number

Dependent's Date of Birth (mm dd yyyy)

4C.

4D.

4E. Place "X" in box 4E if claiming dependent as an additional dependent child exemption _____ 4E

4F. Place "X" in box 4F if dependent child claimed for the first time (see instructions) _____ 4F

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**

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**

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