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 — 1A.
Dependent's Last Name — 1B.
Dependent's Social Security Number — 1C.
Dependent's Date of Birth (mm dd yyyy) — 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 — 2A.
Dependent's Last Name — 2B.
Dependent's Social Security Number — 2C.
Dependent's Date of Birth (mm dd yyyy) — 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 — 3A.
Dependent's Last Name — 3B.
Dependent's Social Security Number — 3C.
Dependent's Date of Birth (mm dd yyyy) — 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 — 4A.
Dependent's Last Name — 4B.
Dependent's Social Security Number — 4C.
Dependent's Date of Birth (mm dd yyyy) — 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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