Schedule IN-DEP-A
Form IT-40/IT-40PNR
State Form 53111
(R4 / 9-25)

Indiana Department of Revenue

Adopted Dependent Information 2025

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

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

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

Your Social Security Number

999 | 99 | 9999

Adopted Dependent's First Name | Adopted Dependent's Last Name

1A. XXXXXXXXXXXXXXXXXXXX 1B. XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

Adopted Dependent's Social Security Number | Adopted Dependent's Date of Birth (mm dd yyyy)

1C. 999 | 99 | 9999 1D. 99 | 99 | 9999

1E. Place "X" in box if the first listed taxpayer is an adoptive parent of the child _____ 1E X

1F. Place "X" in box if the spouse is an adoptive parent of the child _____ 1F X

Adopted Dependent's First Name | Adopted Dependent's Last Name

2A. XXXXXXXXXXXXXXXXXXXX 2B. XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

Adopted Dependent's Social Security Number | Adopted Dependent's Date of Birth (mm dd yyyy)

2C. 999 | 99 | 9999 2D. 99 | 99 | 9999

2E. Place "X" in box if the first listed taxpayer is an adoptive parent of the child _____ 2E X

2F. Place "X" in box if the spouse is an adoptive parent of the child _____ 2F X

Adopted Dependent's First Name | Adopted Dependent's Last Name

3A. XXXXXXXXXXXXXXXXXXXX 3B. XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

Adopted Dependent's Social Security Number | Adopted Dependent's Date of Birth (mm dd yyyy)

3C. 999 | 99 | 9999 3D. 99 | 99 | 9999

3E. Place "X" in box if the first listed taxpayer is an adoptive parent of the child _____ 3E X

3F. Place "X" in box if the spouse is an adoptive parent of the child _____ 3F X

Adopted Dependent's First Name | Adopted Dependent's Last Name

4A. XXXXXXXXXXXXXXXXXXXX 4B. XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

Adopted Dependent's Social Security Number | Adopted Dependent's Date of Birth (mm dd yyyy)

4C. 999 | 99 | 9999 4D. 99 | 99 | 9999

4E. Place "X" in box if the first listed taxpayer is an adoptive parent of the child _____ 4E X

4F. Place "X" in box if the spouse is an adoptive parent of the child _____ 4F X

Adopted Dependent's First Name | Adopted Dependent's Last Name

5A. XXXXXXXXXXXXXXXXXXXX 5B. XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

Adopted Dependent's Social Security Number | Adopted Dependent's Date of Birth (mm dd yyyy)

5C. 999 | 99 | 9999 5D. 99 | 99 | 9999

5E. Place "X" in box if the first listed taxpayer is an adoptive parent of the child _____ 5E X

5F. Place "X" in box if the spouse is an adoptive parent of the child _____ 5F X

6. Add the number of adopted dependents list above (see instructions). Enter the total here and the box on line 6 of Schedule 3 (if filing Form IT-40) or Schedule D (if filing form IT-40PNR) _____ **Box 6** 99

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