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

Indiana Department of Revenue
Adopted Dependent Information

2025

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

Your Social Security Number

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

1A. [   ] 1B. [   ]

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

1C. [   ][   ][   ] 1D. [   ][   ][   ]

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

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

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

2A. [   ] 2B. [   ]

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

2C. [   ][   ][   ] 2D. [   ][   ][   ]

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

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

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

3A. [   ] 3B. [   ]

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

3C. [   ][   ][   ] 3D. [   ][   ][   ]

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

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

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

4A. [   ] 4B. [   ]

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

4C. [   ][   ][   ] 4D. [   ][   ][   ]

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

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

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

5A. [   ] 5B. [   ]

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

5C. [   ][   ][   ] 5D. [   ][   ][   ]

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

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

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** [   ]

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