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Name(s) shown on Form IT-40

Your Social Security Number

XX

999

99

9999

A

Complete and enclose Schedule IN-DEP: Dependent Information and Additional Dependent Child Information if you are claiming dependents on lines 2 and/or 3 below.

Round all entries

1. Enter \$2000 if you are married filing jointly; otherwise, enter \$1000

1 999999999999 .00

2. Enter the number of dependents listed on Schedule IN-DEP, Box 6

99

x \$1000

2 999999999999 .00

You **MUST** enclose Schedule IN-DEP.

3. You may claim an additional exemption for each qualifying dependent child:

- who is a son, stepson, daughter, stepdaughter, foster child and/or child for whom you are a legal guardian,
- who was under the age of 19 by Dec. 31, 2021,
- or a full-time student who was under the age of 24 by Dec. 31, 2021, and
- who you are eligible to claim as a dependent on line 2 above.

Enter the number of additional dependents listed on Schedule IN-DEP, Box 7.

99

x \$1500

3 999999999999 .00

4. Place "X" in box(es) below if, by December 31, 2021

- You were age 65 or older AB and/or blind AE
Spouse was 65 or older AC and/or blind AF

Total number of boxes with Xs

99

AD x \$1000

4 999999999999 .00

5. If age 65 or older, enter amount from Form IT-40, line 1.

99999999999999999999

- If filing as married filing separately and this amount is less than \$20,000, place "X" in the "You were age 65 or older" box below.
- For all other filers age 65 or older, if this amount is less than \$40,000, place "X" in appropriate box(es) below.

- You were age 65 or older AB
Spouse was 65 or older AC

Total number of boxes with Xs

99

AD x \$500

5 999999999999 .00

6. Add lines 1, 2, 3, 4 and 5. Enter here and on Form IT-40, line 6

Total Exemptions

6 999999999999 .00

