01	00001	111111111	2222222	2223	333333	333344	444444	14555	55555	566666	66666777	777777	7788
2345	67890	1123456789	0123456	7890	123456	578901	2345678	39012	345678	901234	56789012		
04		IT-40PNR		nalai			r Full-Ye come Ta			nt 20 2	21		
06	Tine /	State Form 472 (R20 / 9-21)	If filing	for a fis			ates (see ir				Due	e April 18,	2022
07 08				99	99	9999				99		"X" in box	/X
09			from				to:93				if ame	naing \	/22
10		Social	999	99	9999		Spouse's S		999	99	9999		
11 12	Secu	ırity Number A		99 [9995)	Security Nu	mber B	999	99	9999		
13		cX	Place "X"	in box i	f applying	for ITIN		D	Y Place	"X" in box i	f applying for	ITIN	
1 4 1 5	Your	first name			Initial	Last na	me					Suffix	
6	E	XXXXXXXX	XXXXXX		F X	G XXX	XXXXXX	XXXXX	XXXXX	XXXXXX	XXXXXX	DU XXX	XXX
7	lf filir	ng a joint return, s	spouse's first	name	Initial	Last na	me					Suffix	
9	Н	XXXXXXXX	XXXXXXX		X	J	XXXXXX	XXXXX	XXXXXX	XXXXXX	XXXXXX	DV XXX	XXX
20	Pres	ent address (num											
21	К	X	XXXXXXX	XXXX	XXXXXX	XXXXX	XXXXXXX	ζ			ace "X" in box arried filing se		
23	City	72					Sta			Zip/Posta		policitely. I	
24		YYVVV	XXXXXXX	VVVV	YYYY			XX			9999999		
25 26	M	ign country 2-cha					_ N	VV		0 999	77777		
7	7.73			300 1113									
28	P XX												
30	Ente	r below the 2-dig	it county co	de num	bers (four	nd on the h	ack of Sch	edule CT	-40PNR) f	or the coun	v where you	lived and	
31		ed on January 1,							, , ,		, , , , , , ,		
32		nty where 99	County you we		99			y where se lived	99	County w)	
34	,,,,	R		лиса	S		Spout	, o ii v c u	Т	,	U		
35 36	1 Con	nplete Schedule A	A first Entar I	aoro the	a amount f	from Soctio	on 3 line 36	SR and o	nologo		Round all	entries	
37		edule A	A IIISI. EIIIEI	iere ine	aniou ii i	TOTT Secu	on 3, line at	1 1 1 1	Indiana li	ncome 1	999999	99999	.00
88	0 5 1	1,5				0 1 1 1	_			5	999999	39999	0.0
39 40	2. Ente	er amount from S	chedule B, III	ne 6, ar	nd enclose	Schedule	В	Incl	iana Add-	Backs 2		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	- 00
11	3. Add	line 1 and line 2								3	999999	99999	.00
ŀ2 ŀ3	4 Ent	er amount from S	chodulo C li	20 12 4	and onclos	o Schodul	0.0	Indi	ana Dedu	etions (999999	99999	.00
14	24. E.III.	er arriount moni S	cileudie O, II	116; 12, c	and endos	se ouredu	e C,	IIIUI	ana Dedu				. 0 0
15	5. Sub	tract line 4 from l	ine 3							5	999999	199999	.00
ŀ6 ŀ7	6. You	must complete S	Schedule D. E	Enter ar	nount from	n Schedule	D, line 8.						
8		enclose Schedul						India	ana Exem	ptions 6	999999	99999	.00
9	7 Sub	tract line 6 from I	ine 5				Indiana	Adiusto	d Gross li	ncome 7	999999	99999	. 00
1	8. Stat	e adjusted gross	income tax:		line 7 by	3.23% (.03	323)						- 00
52 53		nswer is less that			bodul- C-	T 4012N15	8	9999	99999	99.00			
54		inty tax. Enter coi nswer is less thai			medule C	1-4UPNK	9	9999	99999	99.00			
5								0000	99999	99 33			
7	10. Oth	er taxes. Enter ar	nount from S	chedul	e E, line 5	(enclose s	sch.) 10	ט פעני ן	777799	22.00			
8	11. Add	lines 8, 9 and 10	. Enter total	here an	d on line	15 on the l	pack		Indiana	Taxes 11	999999	99999	- 00
59 50													
51													
52													
53 54						1572	21111694						
55													
66													

$\cap \cap$	\cap	00111111111112222222223333333334444444444	66666	6666777777777788
45	67	89012345678901234567890123456789012345678901234567890		
) 4) 5	12.	Enter credits from Schedule F, line 10 (enclose schedule) 12 9999999999999999999999999999999	0	
6	13	Enter offset credits from Schedule G, line 8 (enclose schedule) 13 99999999999.0	0	
8				
0	14.	Add lines 12 and 13 Indiana Cred	its 14	9999999999.00
1	15.	Enter amount from line 11 Indiana Taxes	s 15	9999999999.00
3	16.	If line 14 is equal to or more than line 15, subtract line 15 from line 14 (if smaller, skip to line 23) 16	9999999999.00
4 5	17.	Enter donations from Schedule IN-DONATE (enclose schedule); cannot be greater than line 16	17	9999999999.00
6 7	18.	Subtract line 17 from line 16 Overpayment	t 18	9999999999.00
8	19.	Amount from line 18 to be applied to your 2022 estimated tax account (see instructions).		
0				
1 2		Enter your county code 99 county tax to be applied\$ a 99999999999.0		
3 4		Spouse's county code 99 county tax to be applied \$\ b \ 99999999999.	0	
5		Indiana adjusted gross income tax to be applied\$ c 99999999999.0	0	
6 7		Total to be applied to your estimated tax account (a + b + c; cannot be more than line 18)	_ 19d	9999999999.00
9	20.	Penalty for underpayment of estimated tax from Schedule IT-2210 or IT-2210A	_ 20	9999999999.00
0 1	21.	Refund: Line 18 minus lines 19d and 20. Note: If less than zero, see line 23 instructions Your Refu	n c l 21	9999999999.00
2				
3 4	22.	Direct Deposit (see instructions)		
5		a. Routing Number 9 9 9 9 9 9 9 9 9		
6 7		b. Account Number 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9		
9		c. Type: X Checking X Savings X Hoosier Works MC		
0		d. Place an "X" in the box if refund will go to an account outside the United States X		
1 2				
3 4	23.	If line 15 is more than line 14, subtract line 14 from line 15. Add to this any amount on line 20 (see instructions)	_ 23	9999999999.00
5 6	24.	Penalty if filed after due date (see instructions)	24	9999999999.00
7		Interest if filed after due date (see instructions)	25	99999999999.00
9				
0 1	26.	Amount Due: Add lines 23, 24 and 25 Amount You Ov Do not send cash. Please make your check or money order payable to:	ve 26	9999999999.00
2		Indiana Department of Revenue. Credit card payers must see instructions.		
3 4	Sig	n and date this return after reading the Authorization statement on Schedule H. You must	enclose	Schedule H (both pages).
5				
6 7	You	r Signature Date Spouse's Signature		Date
8	• if	enclosing payment mail to: Indiana Department of Revenue, P.O. Box 7224, Indianapolis, IN 46	207-7224	j
9		ail all other returns to: Incliana Department of Revenue, P.O. Box 40, Indianapolis, IN 46206-004		
1				
2 3		15721121694		