

Schedule D: Exemptions

Enclosure **2021** Sequence No. **04**

Name(s) shown on Form IT-40PNR	Your Social Security Number		
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	.00	
Enter the number of dependents listed on Schedule IN-DEP, Box 6 You MUST enclose Schedule IN-DEP. x \$10	000 2	.00	
 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 wh 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. 	om you are a		
Enter the number of additional dependents listed on Schedule IN-DEP, Box 7. x \$1500	3	.00	
4. Place "X" in box(es) below if, by December 31, 2021			
You were age 65 or older and/or blind			
Spouse was 65 or older and/or blind			
Total number of boxes with Xs x \$1000	4	.00	
 5. If age 65 or older, enter amount from Schedule A, line 36A \$ If filing as married filing separately and this amount is less than \$20,000, place 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 "Yappropriate box(es) below. You were age 65 or older Spouse was 65 or older 			
Total number of boxes with Xs x \$500	5	.00	
6. Add lines 1, 2, 3, 4 and 5	6		
7. Enter the number from Schedule A, Proration Section, line 21D			
8. Multiply line 6 by line 7. Enter here and on Form IT-40PNR, line 6	al Exemptions 8	.00	