

Form IT-40RNR State Form 44406 (R20 / 9-21)

Reciprocal Nonresident Indiana Individual Income Tax Return Due April 18, 2022

Place "X" in box if amending

Your Social Security Number			Spouse's Soci Security Numb						heck the box if you are narried filing separately.	
Your first name		Initial	Last name						Suffix	
If filing a joint return, spous	se's first name	Initial	Last name						Suffix	
Present address (number a	and street or r	ural route)						count		
City State Zip/Postal code If any						,		al listed above died du ate of death below (MN	0	
			State where you lived	S	ate where you specified where you worked	u lived	Taxp late of Sp	oayer's death ouse's death	20)21
Your State of Residence Kentucky Note: You must file For Return, if you were a re salaries, tips or commis	Michigan m IT-40PNR sident of a si	Ohio , Part-Year Rate other tha	Pennsylva esident or Nonres n those listed; ha	nia [sident In d Indian	Wisconsi diana Individ a income oth	n ual Income	Tax	For	oortant: You <u>must</u> m IT-40PNR if you l ana riverboat winnin	have
Read Instruction	ns First				Yours (A)			Spouse's (I	В)
1. Enter gross income	from your Ir	ndiana emplo	oyment	1A			00	1B		00
2. Allowable deductions: attach federal Schedule 1			2A			00	2B		00	
3. Indiana adjusted gr	oss income:	line 1 minus	line 2	3A			00	3B		00
4. County tax rate from	n chart (see	instructions)		4A	•			4B	•	
5. County tax due: mu	Itiply line 3 x	line 4		5A			00	5B		00
6. Total county tax due: add lines 5A and 5B						Tota	Tax	6		00
7. Indiana state tax wi	thheld: attac	h W-2 forms						7		00
8. Indiana county tax								8		00
Your W-2(s) showi										
9. Add lines 7 and 8							edits	9		00
Overpayment: if line 9 is more than line 6, subtract line 6 from line 9 and enter amount to be refunded to you						fund	10		00	
1. a. Routing Number c. Type:CheckingSavings										
_			c. Type: Che	cking					Direct	
b. Account Number					Savings				Direct Deposit (see instructions)	
b. Account Number	ne box if refu		an account outsic	le the U	Savings				Deposit	
b. Account Number d. Place an "X" in the 12. Subtract line 9 from	ne box if refu	6 is greater	an account outsic	le the U	Savings nited States				Deposit	00
b. Account Number d. Place an "X" in the 12. Subtract line 9 from 13. Penalty if filed after	ne box if refu	6 is greater e (see instruc	an account outsic than line 9	le the U	Savings nited States			13	Deposit	00
b. Account Number d. Place an "X" in the 12. Subtract line 9 from	ne box if refu line 6 if line the due date	6 is greater e (see instruc e (see instruc	an account outsice than line 9etions)	le the U	Savings nited States			13	Deposit	

Indiana Department of Revenue. See instructions if paying by credit card or electronic check.

Extension of time to file						
Place "X" in box if you have filed a federal extension of time to	file, Form 4868, or mad	de an online extension payment.				
Place "X" in box if you have filed an Indiana extension of time t	o file, Form IT-9, or ma	de an Indiana extension payment online.				
<u>Authorization</u>						
Under penalty of perjury, I have examined this return and all att		· · · · · · · · · · · · · · · · · · ·				
and correct. I understand that if this is a joint return, any refund						
under this return. Also, my request for direct deposit of my ref						
furnish my financial institution with my routing number, account	• • • • • • • • • • • • • • • • • • • •	·				
properly deposited. I give permission to the Department to cor	ntact the Social Security	y Administration to confirm that the Social Security				
number(s) used on this return is correct.						
		Daytime telephone number				
Your Signature	Date					
Spouse's Signature	Date	Email address where we can reach you				
I authorize the Department to discuss my return with my	Paid Preparer: I	Firm's Name (or yours if self-employed)				
personal representative (see below).						
Yes No If yes, complete the information below.						
Personal Representative's Name (please print)	IN-OPT on fi	le with paid preparer if not filing electronically				
	│ PTIN					
Telephone						
number	Address					
Address	L City L					
City L	State	Zip Code				
	Preparer's					
State Zip Code Zip Code	」 signature:					

- If enclosing payment mail to: Indiana Department of Revenue, P.O. Box 7224, Indianapolis, IN 46207-7224.
- Mail all other returns to: Indiana Department of Revenue, P.O. Box 40, Indianapolis, IN 46206-0040.