Schedule
IT-2440
State Form 46003
(R15 / 9-21)

Indiana Disability Retirement Deduction

Attach to Form IT-40 or Form IT-40PNR

2021

Enclosure Sequence No. 15

Your Social Security Number

Spouse's Social Security Number

Your first name | Initial | Last name

If filing a joint return, spouse's first name | Initial | Last name

► Enter the date you and/or your spouse retired.

Yourself: MM DD YYYY

Spouse: MM DD YYYY

► Enter the employer's name below or give payer's name, if other than employer.

Your Employer's or Payer's Name

► Your Daytime Telephone Number

Spouse's Employer's or Payer's Name

Note
- To claim this deduction, you must complete lines 1 through 6 and enclose this schedule with your Indiana return.
- Joint return filers use lines 1A and 3A for you and/or lines 1B and 3B for your spouse's information.

	Column A: Yours	Column B: Spouse's
1. Enter total disability payments received during the year	1A .00	1B .00
2. Add lines 1A and 1B		2 .00
3. Excess of disability payments over $100 per week (see line 3 instructions, Table A and the Worksheet)	3A .00	3B .00
4. Excess of federal adjusted gross income over $15,000 (over $7,500 if married filing separately - see instructions)		4 .00
5. Add lines 3A, 3B, and 4		5 .00
6. Line 2 minus line 5 (if less than zero, enter zero). This is your disability retirement deduction. Enter here and on Form IT-40, Schedule 2, under line 11, or on Form IT-40PNR, Schedule C, under line 11		6 .00

Physician's Statement of Permanent and Total Disability

Completed statement must be signed and dated by the physician

Name of Disabled Individual

First Name | Initial | Last Name | Date you Retired (MM DD YYYY)

Physician Information

First Name | Initial | Last Name

Address (Street Address, City, State and Zip Code)

► I certify that the taxpayer named above is permanently and totally disabled (see instructions).

Physician's Signature

Date

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