

Name(s) shown on Form IT-40/IT-40PNR

Your Social Security Number

Section A: Figure Your Indiana Earned Income Credit

A-1 Enter the earned income credit from your federal income tax return _____ **A-1** .

A-2 Enter your earned income (see instructions) _____ **A-2** .

A-3 Enter your Indiana earned income credit (see instructions).
 Carry this total to Form IT-40, Schedule 5, line 5, or
 Form IT-40PNR, Schedule F, line 5, Box A _____ **Indiana Earned Income Credit** **A-3** .

Section B: Complete if you claimed one or more children on your federal Schedule EIC. See instructions.

	Child 1	Child 2
Enter each child's information		
First name	<input type="text"/>	First name <input type="text"/>
Last name	<input type="text"/>	Last name <input type="text"/>
Child's Social Security Number(s)	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>

Enter letter (e.g. **A, B, C**, etc.) in boxes below that describes each child's relationship, age and location to you.

	Child 1	Child 2
B-1 Relationship:		
A Your Child		
B Grandchild	<input type="checkbox"/>	<input type="checkbox"/>
C Stepchild		
D Foster Child (not related)		
E Other (related foster child, or other related child - see instructions)		
B-2 Age:		
A Under age 18		
B Age 18	<input type="checkbox"/>	<input type="checkbox"/>
C Age 19 - 24 and full-time student		
D Age 19 or older and totally disabled		
B-3 Location:		
A Child lived with you at least 1/2 of the year	<input type="checkbox"/>	<input type="checkbox"/>
B Child was born or died in 2021, and lived with you while alive in 2021.		

Important: You must complete and attach this schedule to your Form IT-40 or IT-40PNR when claiming the earned income credit.

