

01
02
03
04
05
06
07
08
09
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60
61
62
63
64
65
66

Schedule IN-DEP Schedule IN-DEP: Dependent Information and Additional
Form IT-40/IT-40PNR
State Form 54815
(R10 / 9-21)

Enclosure
Sequence No. **03A/04A**
2021

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

Your Social Security Number

XX^E

999 99 9999^A

1A. Dependent's First Name

XXXXXXXXXXXXXXXXXXXXXXXXXXXX

1B. Dependent's Last Name

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

1C. Dependent's Social Security Number

999 99 9999

1D. Dependent's Date of Birth (mm dd yyyy)

99 99 9999

1E. Place "X" in box if claiming dependent as an additional dependent child exemption _____ 1E

2A. Dependent's First Name

XXXXXXXXXXXXXXXXXXXXXXXXXXXX

2B. Dependent's Last Name

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

2C. Dependent's Social Security Number

999 99 9999

2D. Dependent's Date of Birth (mm dd yyyy)

99 99 9999

2E. Place "X" in box if claiming dependent as an additional dependent child exemption _____ 2E

3A. Dependent's First Name

XXXXXXXXXXXXXXXXXXXXXXXXXXXX

3B. Dependent's Last Name

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

3C. Dependent's Social Security Number

999 99 9999

3D. Dependent's Date of Birth (mm dd yyyy)

99 99 9999

3E. Place "X" in box if claiming dependent as an additional dependent child exemption _____ 3E

4A. Dependent's First Name

XXXXXXXXXXXXXXXXXXXXXXXXXXXX

4B. Dependent's Last Name

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

4C. Dependent's Social Security Number

999 99 9999

4D. Dependent's Date of Birth (mm dd yyyy)

99 99 9999

4E. Place "X" in box if claiming dependent as an additional dependent child exemption _____ 4E

5A. Dependent's First Name

XXXXXXXXXXXXXXXXXXXXXXXXXXXX

5B. Dependent's Last Name

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

5C. Dependent's Social Security Number

999 99 9999

5D. Dependent's Date of Birth (mm dd yyyy)

99 99 9999

5E. Place "X" in box if claiming dependent as an additional dependent child exemption _____ 5E

6. **Dependent Exemptions.** Add the number of dependents listed above (see instructions). Enter the total here and in the box on line 2 of Schedule 3 (if filing Form IT-40) or Schedule D (if filing Form IT-40PNR) **Box 6** 99

7. **Additional Dependent Exemptions.** Add the total number of boxes with Xs from lines 1E, 2E, 3E, 4E, and 5E, if applicable. Enter the total here and in the box on line 3 of Schedule 3 (if filing Form IT-40) or Schedule D (if filing Form IT-40PNR) **Box 7** 99



25621111694