



_____ **Indiana Amended Individual Income Tax Return**

Year

If you are **not** filing for the calendar year January 1 through December 31, enter period from: _____ to: _____

Your first name	Initial	Last name	Social Security Number
If filing a joint return, spouse's first name	Initial	Last name	Social Security Number
Present address (number and street or rural route)			Foreign Country (if applicable)
City	State	Zip Code + 4	

Enter the **2-digit county code** numbers for the county where you lived and worked on January 1, _____ (see instructions).

Taxpayer: County where you lived County where you worked **Spouse:** County where you lived County where you worked

Attach a full explanation for filing amended return. Attach all state and federal forms and schedules supporting these changes.

Part I - Income and Exemptions

	A As Shown on Original Return	B Amount of Change	C Correct Amount
1. Indiana adjusted gross income	<input type="text"/>	<input type="text"/>	1 <input type="text"/>
2. Total exemptions	<input type="text"/>	<input type="text"/>	2 <input type="text"/>

Part II - Tax Due

3. State taxable income: line 1 minus line 2	<input type="text"/>	<input type="text"/>	3 <input type="text"/>
4. State adjusted gross income tax: line 3 x 3.4%(.034)	<input type="text"/>	<input type="text"/>	4 <input type="text"/>
5. County income tax: complete Schedule CT-40	<input type="text"/>	<input type="text"/>	5 <input type="text"/>
6. Use tax due on out-of-state purchases	<input type="text"/>	<input type="text"/>	6 <input type="text"/>
7. Household employment tax: attach Schedule IN-H	<input type="text"/>	<input type="text"/>	7 <input type="text"/>
8. Advance earned income credit payments from W-2(s) ...	<input type="text"/>	<input type="text"/>	8 <input type="text"/>
9. Estimated tax applied to next year's account	<input type="text"/>	<input type="text"/>	9 <input type="text"/>
10. Penalty for underpayment of estimated tax	<input type="text"/>	<input type="text"/>	10 <input type="text"/>
11. Total tax due: add lines 4 through 10	Total Tax		11 <input type="text"/>

Part III - Credits

12. Indiana state tax withheld	<input type="text"/>	<input type="text"/>	12 <input type="text"/>
13. Indiana county tax withheld	<input type="text"/>	<input type="text"/>	13 <input type="text"/>
14. Amount of estimated tax paid	<input type="text"/>	<input type="text"/>	14 <input type="text"/>
15. Other credits	<input type="text"/>	<input type="text"/>	15 <input type="text"/>
16. Amount paid on original return	<input type="text"/>	<input type="text"/>	16 <input type="text"/>
17. Total credits: add lines 12 through 16	<input type="text"/>	<input type="text"/>	17 <input type="text"/>
18. Amount previously refunded or requested before contribution to the nongame wildlife fund	<input type="text"/>	<input type="text"/>	18 <input type="text"/>
19. Net credits: line 17 minus line 18	Net Credits		19 <input type="text"/>

Part IV - Refund or Amount Due

20. Refund: If line 19 is greater than line 11, enter the difference here	Your Refund	20 <input type="text"/>
21. Amount Due: If line 11 is greater than line 19, enter the difference here		21 <input type="text"/>
22. Penalty (10% of line 21)		22 <input type="text"/>
23. Interest (see instructions for the rate)		23 <input type="text"/>
24. Total Amount Due (see instruction page for information on how to make your payment) Pay This Amount		24 <input type="text"/>

DD

Signatures are required on the following page

A Are you filing an amended federal return? Yes No If yes, attach a copy of your federal Form 1040X.

B You are filing this return as a: Resident

Full-year nonresident. Enter state of residency

Part-year Indiana resident from to

Enter other state(s) of residency during the tax year

Authorization

Under penalty of perjury, I have examined this return and all attachments and to the best of my knowledge and belief, it is true, complete and correct. I understand that if this is a joint return, any refund will be made payable to us jointly and each of us is liable for all taxes due under this return. Also, my request for direct deposit of my refund includes my authorization to the Indiana Department of Revenue (Department) to furnish my financial institution with my routing number, account number, account type, and social security number to ensure my refund is properly deposited. I give permission to the Department to contact the Social Security Administration in order to confirm the social security number(s) used on this return are correct.

I authorize the Department to discuss my return with my tax preparer. Yes No

Your Signature Date

Your Daytime Telephone Number

Spouse's Signature Date

Spouse's Daytime Telephone Number

Preparer's name Federal I.D. Number, PTIN **OR** Social Security Number

Address

City

State Zip Code + 4

Preparer's Daytime Telephone Number

Preparer's Signature Date

Enter in this box a detailed explanation of your changes. Attach supporting forms, schedules and other appropriate documentation, such as additional W-2 forms, corrected federal schedules, Form IT-40NOL, etc.

If you need assistance in completing this amended return, please call (317) 232-2240, or visit any of the district offices. Please mail the completed return to: **Indiana Department of Revenue**
100 North Senate Avenue
Indianapolis, IN 46204-2253

Keep a copy of your completed return and attachments for your records.