FORM
SC-40
State Form 44404
(R12 / 9-13)

Unified Tax Credit for the Elderly

Married Claimants Must File Jointly

2013

You Must File This Form by June 30, 2014

Your first name	Initial	Last name
Spouse's first name	Initial	Last name

Your Social Security Number

Spouse's Social Security Number

Present address (number and street or rural route)		
City or Town	State	Zip/Postal code

Taxpayer's date of death M M D D 2013

Spouse's date of death M M D D 2013

1. Check box if you were age 65 or older by Dec. 31, 2013 ☐ Check box if spouse was age 65 or older by Dec. 31, 2013 ☐
2. Were you a resident of Indiana for six months or more during 2013? ☐ Yes ☐ No
3. Was your spouse a resident of Indiana for six months or more during 2013? ☐ Yes ☐ No

Determine Your Income

Certain income, such as Social Security, veteran's disability pensions and life insurance proceeds, should **not** be entered on this form. Enter all other income received by you and your spouse during the tax year. **Complete all spaces.** If you had no income from any of the sources listed below, place a zero (-0-) in the space provided. **Round all entries.**

A.	Wages, salaries, tips and commissions, unemployment compensation, etc	A	00
B.	Dividend and interest income	B	00
C.	Net gain or loss from rental income, business income, etc	C	00
D.	Pensions or annuities **(Do not enter Social Security benefits)**	D	00
E.	**Total income** (Add Lines A through D and enter the total here)	E	00
F.	**Your Refund** (See chart on back to figure your refund)	F	00

G. Direct Deposit (1) Routing Number ☐☐☐☐☐☐☐☐☐ (3) ☐ Checking (4) ☐ Savings

(2) Account Number ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

(5) Place an "X" in the box if refund will go to an account outside the United States. ☐

Under penalty of perjury, I (we) have examined this return and to the best of my (our) knowledge and belief, it is true, complete, and correct and that I am (we are) **not** required to file an Indiana income tax return.

Your Signature _____ Date _____

Spouse's Signature _____ Date _____

Daytime Telephone Number

I authorize the Department to discuss my return with my personal representative ☐ **Yes** ☐ **No**
If yes, complete the information below.

Personal Representative's Name (please print)

Telephone number

Address

City

State _____ Zip Code + 4 _____

Paid Preparer: Firm's Name (or yours if self-employed)

☐ PTIN

Address

City

State _____ Zip Code + 4 _____

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