



Indiana Amended Individual Income Tax Return

Tax Year

Form IT-40X
State Form 44405
(R8 / 9-09)

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

/ / to: / /

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

Present address (number and street or rural route)

Place "X" in box if you are married filing separately.

City

State

Zip code + 4

Foreign Country (if applicable)

Place "X" in box if amendment due to an NOL.

Enter loss year

Are you filing an amended federal return? Yes No

If yes, attach a copy of your federal Form 1040X.

Enter the **2-digit county code** numbers for the county where you lived and worked on January 1 of the tax year.

County where you lived

County where you worked

County where spouse lived

County where spouse worked

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

Part I - Income and Exemptions

- 1. Indiana adjusted income
- 2. Total exemptions

Part II - Tax Due

- 3. State taxable income: line 1 minus line 2.....▶
- 4. State adjusted gross income tax: line 3 x 3.4%(.034).....
- 5. County income tax: complete Schedule CT-40
- 6. Use tax due on out-of-state purchases
- 7. Household employment tax: attach Schedule IN-H.....
- 8. Advance earned income credit payments from W-2(s)
- 9. Recapture of CollegeChoice 529 credit.....
- 10. Estimated tax applied to next year's account.....
- 11. Penalty for underpayment of estimated tax.....
- 12. Total tax due: add lines 4 through 11

A
As Shown on Original Return

B
Amount of Change

C
Correct Amount

	A	B	C
	As Shown on Original Return	Amount of Change	Correct Amount
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
Total Tax			
13			
14			
15			
16			
17			
18			
19			
Net Credits			

Part III - Credits

- 13. Indiana state tax withheld.....
- 14. Indiana county tax withheld.....
- 15. Amount of estimated tax paid.....
- 16. Other credits.....
- 17. Amount paid on original return
- 18. Total credits: add lines 13 through 17.....
- 19. Amount previously refunded or requested before contribution to the nongame wildlife fund.....▶
- 20. Net credits: line 18 minus line 19

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IV - Refund or Amount Due

21. Refund: If line 20 is greater than line 12, enter the difference here	Your Refund	21	
22. Amount Due: If line 12 is greater than line 20, enter the difference here		22	
23. Penalty (10% of line 22)		23	
24. Interest (see instructions for the rate).....		24	
25. Total Amount Due (see instruction page for information on how to make your payment).....	Pay This Amount	25	

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 to confirm that the Social Security number(s) used on this return is correct.

Your Signature _____ Date _____

Spouse's Signature _____ Date _____

Daytime telephone number _____

E-mail address where we can reach you _____

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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 _____

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

Federal I.D. Number PTIN OR Social Security No.

Address _____

City _____

State _____ Zip Code _____

Enter a detailed explanation of your changes. Enclose supporting forms, schedules and other appropriate documentation, such as additional W-2 forms, corrected federal schedules, Schedule 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**



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Instructions to be added at a later date.

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