



Indiana Amended Individual Income Tax Return

Tax Year

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 Suffix

If filing a joint return, spouse's first name Initial

Last name Suffix

Present address (number and street or rural route)

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

City

State

Zip/Postal code

Foreign country 2-character code

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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Complete Part 1 on the back to explain any changes.

	A As Shown on Original Return	B Amount of Change	C Correct Amount
1. Amount from line 1 of Form IT-40/IT-40EZ/IT-40PNR.....	00	00	00
2. Indiana add-backs from Schedule 1 (or Schedule B).....	00	00	00
3. Add lines 1 and 2.....	00	00	00
4. Indiana deductions from Schedule 2 (or Schedule C).....	00	00	00
5. Subtract line 4 from line 3.....	00	00	00
6. Exemptions from Schedule 3 (or Schedule D).....	00	00	00
7. Subtract line 6 from line 5.....	00	00	00
8. State adjusted gross income tax: line 7 x 3.4% (.034).....	00	00	00
9. County tax.....	00	00	00
10. Other taxes from Schedule 4 (or Schedule E).....	00	00	00
11. Add lines 8, 9 and 10 (tax).....	00	00	00
12. Credits from Schedule 5 (or Schedule F).....	00	00	00
13. Offset credits from Schedule 6 (or Schedule G).....	00	00	00
14. Amount previously paid.....	00		00
15. Add lines 12, 13 and 14 (net credits).....	00	00	00
16. Nongame and Wildlife Fund Donation.....	00		00
17. Amount applied to the next year's estimated tax account	00	00	00
18. Amount previously refunded.....	00		00
19. Penalty for the underpayment of estimated tax.....	00	00	00
20. Add lines 11, 16, 17, 18 and 19 (tentative amount due)...	00	00	00



21. Refund: If line 15C is greater than line 20C, enter the difference here and stop. This is your refund. If line 20C is greater than line 15C, continue to line 22..... Your Refund	21		00
22. Amount Due: If line 20C is greater than line 15C, enter the difference here	22		00
23. Penalty (see instructions).....	23		00
24. Interest (see instructions).....	24		00
25. Total Amount Due (see instructions for information on how to make your payment). Pay This Amount	25		00

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 _____ Daytime telephone number _____
 Spouse's Signature _____ Date _____ E-mail address where we can reach you _____

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<p>I authorize the Department to discuss my return with my personal representative.</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, complete the information below.</p> <p>Personal Representative's Name (please print)</p> <p>_____</p> <p>Telephone number _____</p> <p>Address _____</p> <p>City _____</p> <p>State _____ Zip Code _____</p>	<p>Paid Preparer: Firm's Name (or yours if self-employed)</p> <p>_____</p> <p><input type="checkbox"/> PTIN _____</p> <p>Address _____</p> <p>City _____</p> <p>State _____ Zip Code _____</p>
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Part 1 Explanation of changes

Check all that apply. Make sure to enclose copies of W-2s, federal and/or other state tax returns, state schedules (such as CC-40 if claiming a college credit), etc., to support your amendment.

Add W-2 (s) _____

Add/change Credit: name of credit(s) _____

Add/change Deduction: name of deduction(s) _____

Add/change Exemption: which exemption(s) _____

Change in filing status: _____

Other: Explain _____

Mailing Address:

- If enclosing payment mail to: Indiana Department of Revenue, P.O. Box 7224, Indianapolis, IN 46207-7224.
- Mail all other returns to: Indiana Department of Revenue, P.O. Box 40, Indianapolis, IN 46206-0040.



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