

Indiana Income Tax Return for Full-Year 2014 Indiana Resident Filers With No Dependents

Due April 15, 2015

Your Social Security Number			se's Soci ity Numb					
☐ Check if applying for ITIN			Check i	f applying for ITIN				
Your first name	Initial	Last nam	ne				Suffix	
15.50	1						0 "	
If filing a joint return, spouse's first name Initial Last name							Suffix	
Present address (number and street or rural r	route)				Scho	ool Corporation		
,	,					ber (see inst.)		
						oreign country		
					2-cr	naracter code		
Enter the 2-digit county code numbers (found	d on the ba	ack of Scl	nedule C	T-40EZ) for the county where you I	ived	and worked on Ja	anuary 1, 201	14.
County where you lived County where	e you work	ked		County where spouse lived	Со	unty where spous	se worked	
						Round a	II entries	
1 Enter your federal adjusted gross inc	ome from	ı federal	Form 1	040F7 line 4		1		00
 Enter your federal adjusted gross income from federal Form 1040EZ, line 4 Enter the amount from line 3 of the <i>Indiana Deduction Worksheet</i> on the back of this form 						2		00
						3		00
3. Subtract line 2 from line 1 and enter total4. Enter \$1,000 if filing a single return OR \$2,000 if filing a joint return						4		00
5. Subtract line 4 from line 3 (if less than zero, leave blank) State Taxable Income						5		00
6. State adjusted gross income tax: multiply line 5 by 3.4% (.034)						6		00
						7		00
7. County income tax (see instructions)						8		00
8. Use tax due on out-of-state purchases (see instructions) 9. Add lines 6, 7 and 8						9		00
10. From W-2s: all Indiana state tax withheld						10		00
11. From W-2s: all Indiana county tax withheld						11		00
12. Add lines 10 and 11						12		00
					ع ا	12		
13. If line 12 is more than line 9, subtract line 9 from line 12. This is an overpayment. (If line 9 is more than line 12, skip to line 17.) Overpayment						13		00
14. Amount from line 13 to be donated to the Indiana Nongame Wildlife Fund						14		00
15. Subtract line 14 from line 13. This is y	your refur	nd		Your Refun	d 1	15		00
		\neg				Dir	ect	
16. a. Routing Number □ □ □ □ □ □ □ Checking □ Savings					ys		osit	
b. Account Number				☐ Hoosier Works M	IC	(see p	age 7)	
d. Place an "X" in the box if refund wi	ill go to ar	n accour	nt outsid	e the United States \square				
7. If line 9 is more than line 12, subtract line 12 from line 9						17		00
8. Penalty if filed after due date (see instructions)						8		00
Interest if filed after due date (see instructions)						9		00
20. Add lines 17, 18 and 19. This is the a	•							
make your payment, including credit	card option	ons		Amount You Ow	e [2	20		00

Indiana Deduction Worksheet

 Renter's deduction Address where rented if different from the one on the front page 	go (onter helew)
Address where refited it different from the one on the front pat	
Landlord's name and address (enter below)	Total amount of rent paid
,	\$.00
Number of months rented Enter the lesser of \$3,00	00 OR total amount of rent paid1 .00
2. Enter the amount from line 7 of the unemployment compensation	n worksheet2
3. Total deductions: Add lines 1 and 2. Carry this total to page 1, lin	ne 23
Extension of time to file Place "X" in box if you have filed a federal extension of time to file,	Form 4868
Place "X" in box if you have filed an Indiana extension of time to file	e, Form IT-9, or online via e-Pay.
<u>Date of Death</u> If any individual listed at the top of the IT-40EZ died during 2014, e	nter date of death below (MMDD).
Authorization Under penalty of perjury, I have examined this return and all attachments as understand that if this is a joint return, any refund will be made payable to us request for direct deposit of my refund includes my authorization to the India.	nd to the best of my knowledge and belief, it is true, complete and correct. It is jointly and each of us is liable for all taxes due under this return. Also, my ana Department of Revenue to furnish my financial institution with my routing ure my refund is properly deposited. I give permission to the Department to curity number(s) used on this return are correct.
Your Signature	e Daytime telephone number
Spouse's Signature	e
	Email address where we can reach you
I authorize the Department to discuss my return with my personal	Paid Preparer: Firm's Name (or yours if self-employed)
representative.	
Yes No If yes, complete the information below. Personal Representative's Name (please print)	IN-OPT on file with paid preparer if not filing electronically
reisonal Representative s Name (piease print)	
Telephone	PTIN
number	Address
Address	City
City	State Zip Code
State Zip Code	Preparer's signature
	- Olginatai o

- 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.

Keep a copy for your records.

