01																	
00000	000001	11111111	1222222	2222	33333								66666				788888
04	6/89012	234567890 Form			IND	ana	Full-	3456 Year	Resi	JIZ34 dent	4567	89012				6/89	012345
05		IT-40	2022	2			al Inco				1		Due A	April 18,	2023		
06	S	state Form 154															
07		(R21 / 9-22)	If filing	for a fis	cal year,	ente	r the da	tes (se	e instru	uctions)	(MM/L	DD/YYYY	():	Place	"X" in	hov	
08			from	99	99	9	999	to:	99	99	9	999			ending	WX	
09																	
10	Your So	cial					s	pouse's	s Socia	al							
11	Security	/ Number A	999	99	999	19	s	ecurity	Numb	er B	999	99	9 9	999			
12																	
13		CX	Place "X"	in box	if applyir	ng for	ITIN			DΧ	Plac	ce "X" in	box if ap	plying fo			
14	Your firs	st name			Initia	<u> </u>	ast nam	ne							Sı	uffix	
16		XXXXXXX	XXXXXXX		E X	G	XXX	XXXX	XXXX	XXXX	XXXX	XXXXX	XXXXX	XXXX	DII	XXXX	X
17	<u> </u>	a joint return, s			Initia		ast nam	20								uffix	
18	II IIIIII a	a joint return, s	pouse s ilist	Haine	IIIIIIa		ast Hall	ie .								ullix	
19	Н	XXXXXXXX	XXXXXXX		ı X	J	XXX	XXXX	XXXX	XXXX	XXXX	XXXXX	XXXXX	XXXX	DV	XXXX	X
20	Present	address (num	ber and stre	et or ru	ral route)											
21		`											Place	"X" in bo	x if you	ı are 📜	
22	K	X.	XXXXXXX	XXXX	XXXXX	XXX	XXXX	XXXX.	XX				marrie	d filing s	eparate	ely. L ^X	
23	City								State			ZIP/F	Postal co	de			
24		XXXXX.	XXXXXXX	XXXX	XXXX					XX			99999	9999			
25 26	M							N		2 3 2 3		0	, , , , , , ,				
27	Foreign	country 2-cha	racter code ((see ins	structions)											
28	P XX																
29																	
30	Enter be	elow the 2-dig i	t county co	de num	bers (fo	und o	n the ba	ack of S	chedu	le CT-4	0) for t	he count	y where	you lived	d and		
31		on Jan. 1, 202			, i												
32	County	where 99	County	where	99			Co	unty w	here	99	Cour	nty where	9	0		
33	you live	iu i	you wo	rked				spo	ouse li	ved		spou	i se work	eu 📖			
34		R			S						Т				J		
36	1 Enter	your federal a	divoted area	o in com	o from v	our fo	dorol						Ro	ound all	entri	es	
37		e tax return, F	,								Fodo	ral AGI	1 9	9999	9999	99.0	
38	IIIOOIII	ic tax retairi, r	01111 1040 01	i Oiiii i	040 OIX,	IIIIC					- I Cuci	ui AOI					
39	2. Enter	amount from S	Schedule 1, I	ine 7, a	nd enclo	se So	chedule	1		Indian	a Add-	Backs	2	99999	9999	99.0	0
40														20000	0000		
41	3. Add li	ne 1 and line 2											3	99999	9999	99.0	0
42														9999	aaaa	a a l	
43	4. Enter	amount from S	Schedule 2, I	ine 12,	and encl	ose S	Schedule	e 2		Indian	a Dedu	ctions	4 -			99.0	0
44 45	F 0.14		l: 0										5	9999	9999	99.0	
46	5. Subtra	act line 4 from	line 3										5			0	UI
47	6 Comp	lete Schedule	3 Enter ame	ount fro	m Schen	ع اراا	line 7										
48		nclose Schedu		Surit IIO	Jonec		, 10 / ,			ndiana	Exem	ptions	6	9999	9999	99.0	0
49		2,,,,,,,													000		
50		act line 6 from							a Adju	ısted G	ross l	ncome	7	99999	9999	99.0	0
51	8. State	adjusted gross	income tax	: multipl	ly line 7 l	у 3.2	23% (.03	323)		2000	0 0 0 0						
52		wer is less tha							8	9999!	9999	999.0	0 0				
53		y tax. Enter co				CT-4	0		9	9999!	0000	000					
54	(if ans	wer is less tha	in zero, leav	e blank))				9	9999	9999	999.0	0 0				
5 5 5 6	10 045	toyon Friend	mount for	Cob a di	ulo 4 li:	1 /			10	9999	9999	999.0					
57	io. Otner	taxes. Enter a	IIIOUNT Trom	ocnedu	iie 4, line	4 (en	iciose sch	iedule)	10 -	, , , , , , ,) U				
58	11 Add li	nes 8, 9 and 1	0 Enter tota	l here a	nd on lin	e 15	on the h	ack			ndiana	Tayes	11	9999	9999	99.0	0
59	ii. Auu III	nos o, o anu 1	o. Entor tota	. пого а	. IG OII IIII	5 13	JII UIG L	Juon			IIIIIIII	IUAGS				1.0	
60																	
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04	06/	390123456789012345678901234567890123456789012345678901	2345	6/890123456/8901234
05	12	Enter credits from Schedule 5, line 12 (enclose schedule) 12 99999999999999999999999999999999999		
06				
07	13.	Enter offset credits from Schedule 6, line 8 (enclose schedule) 13 99999999999999999999999999999999999		
08				9999999999
09	14.	Add lines 12 and 13 Indiana Credits	14	99999999999
11	15.	Enter amount from line 11 Indiana Taxes	15	99999999999.00
12	10.	Enter difficult from the Fig.		. 00
13	16.	If line 14 is equal to or more than line 15, subtract line 15 from line 14 (if smaller, skip to line 23)	16	9999999999.00
14			17	9999999999
15 16	17.	Enter donations from Schedule IN-DONATE (enclose schedule); cannot be greater than line16	17	.00
17	18.	Subtract line 17 from line 16 Overpayment	18	99999999999,00
18				
19	19.	Amount from line 18 to be applied to your 2023 estimated tax account (see instructions).		
20		Enter your county code 99 county tax to be applied \$ a 999999999999.00		
22				
23		Spouse's county code 99 county tax to be applied \$ b 9999999999.00		
24				
25		Indiana adjusted gross income tax to be applied\$ c 999999999999999999999999999999		
26 27		Total to be applied to your estimated tax account (a + b + c; cannot be more than line 18)	19d	99999999999.00
28		Total to be applied to your estimated tax account (a + b + c, calliot be more trial line 10)	130	, ,
29	20.	Penalty for underpayment of estimated tax from Schedule IT-2210 or IT-2210A	20	99999999999.00
30				9999999999
31	21.	Refund: Line 18 minus lines 19d and 20. Note: If less than zero, see line 23 Your Refund	21	333333333.00
33	22.	Direct Deposit (see instructions)		
34				
35		a. Routing Number 9 9 9 9 9 9 9 9		
36		b. Account Number 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9		
38		b. Account Number 6 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		
39		c. Type: X Checking X Savings X Hoosier Works MC		
40				
41		d. Place an "X" in the box if refund will go to an account outside the United States X		
43	23.	If line 15 is more than line 14, subtract line 14 from line 15. Add any amount to this on line 20		
44		(see instructions)	23	99999999999.00
45				
46	24.	Penalty if filed after due date (see instructions)	24	9999999999.00
47 48	25.	Interest if filed after due date (see instructions)	25	99999999999.00
49	20.	interest if fied after due date (see instructions)	20	
50	26.	Amount Due: Add lines 23, 24 and 25 Amount You Owe	26	99999999999.00
51		Do not send cash. Make your check or money order payable to:		
52 53		Indiana Department of Revenue. See instructions if paying with a credit card.		
54	Sia	and date this return after reading the Authorization statement on Schedule 7. Remember t	o encl	ose Schedule 7.
55				
56				
57 58	Sigr	ature Date Spouse's Signature		Date
59	• M	all payments to: Indiana Department of Revenue, P.O. Box 7224, Indianapolis, IN 46207-7224.		
60		ail all other returns to: Indiana Department of Revenue, P.O. Box 40, Indianapolis, IN 46206-0040		
61				
62		15122121694		
64		19122121037		
65				
66				