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Form **IT-40PNR**
State Form 472
(R21 / 9-22)

Indiana Part-Year or Full-Year Nonresident Individual Income Tax Return

2022

If filing for a fiscal year, enter the dates (see instructions) (MM/DD/YYYY):

Due April 18, 2023

from to:

Place "X" in box if amending

Your Social Security Number A

Spouse's Social Security Number B

C Place "X" in box if applying for ITIN

D Place "X" in box if applying for ITIN

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. L

City State ZIP/Postal code

Foreign country 2-character code (see instructions)

Enter below the **2-digit county code** numbers (found on the back of Schedule CT-40PNR) for the county where you lived and worked on Jan. 1, 2022.

County where you lived County where you worked County where spouse lived County where spouse worked

Round all entries

1. Complete Schedule A first. Enter here the amount from Section 3, line 36B, and enclose Schedule A _____	Indiana Income	1	<input type="text" value="9999999999"/>	<input type="text" value="00"/>
2. Enter amount from Schedule B, line 6, and enclose Schedule B _____	Indiana Add-Backs	2	<input type="text" value="9999999999"/>	<input type="text" value="00"/>
3. Add line 1 and line 2 _____		3	<input type="text" value="9999999999"/>	<input type="text" value="00"/>
4. Enter amount from Schedule C, line 12, and enclose Schedule C _____	Indiana Deductions	4	<input type="text" value="9999999999"/>	<input type="text" value="00"/>
5. Subtract line 4 from line 3 _____		5	<input type="text" value="9999999999"/>	<input type="text" value="00"/>
6. You must complete Schedule D. Enter amount from Schedule D, line 9, and enclose Schedule D _____	Indiana Exemptions	6	<input type="text" value="9999999999"/>	<input type="text" value="00"/>
7. Subtract line 6 from line 5 _____	Indiana Adjusted Gross Income	7	<input type="text" value="9999999999"/>	<input type="text" value="00"/>
8. State adjusted gross income tax: multiply line 7 by 3.23% (.0323) (if answer is less than zero, leave blank) _____		8	<input type="text" value="9999999999"/>	<input type="text" value="00"/>
9. County tax. Enter county tax due from Schedule CT-40PNR (if answer is less than zero, leave blank) _____		9	<input type="text" value="9999999999"/>	<input type="text" value="00"/>
10. Other taxes. Enter amount from Schedule E, line 5 (enclose sch.) _____		10	<input type="text" value="9999999999"/>	<input type="text" value="00"/>
11. Add lines 8, 9 and 10. Enter total here and on line 15 on the back _____	Indiana Taxes	11	<input type="text" value="9999999999"/>	<input type="text" value="00"/>



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04
05 12. Enter credits from Schedule F, line 12 (enclose schedule)

06
07 13. Enter offset credits from Schedule G, line 8 (enclose schedule)

08
09 14. Add lines 12 and 13 _____ **Indiana Credits**

10
11 15. Enter amount from line 11 _____ **Indiana Taxes**

12
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)

14
15 17. Enter donations from Schedule IN-DONATE (enclose schedule); cannot be greater than line 16

16
17 18. Subtract line 17 from line 16 _____ **Overpayment**

18
19 19. Amount from line 18 to be applied to your 2023 estimated tax account (see instructions).

20
21 Enter your county code county tax to be applied __ \$

22
23 Spouse's county code county tax to be applied __ \$

24
25 Indiana adjusted gross income tax to be applied _____ \$

26
27 Total to be applied to your estimated tax account (a + b + c; cannot be more than line 18)

28
29 20. Penalty for underpayment of estimated tax from Schedule IT-2210 or IT-2210A _____

30
31 21. **Refund:** Line 18 minus lines 19d and 20. Note: If less than zero, see line 23 instructions **Your Refund**

32
33 22. **Direct Deposit** (see instructions)

34
35 a. Routing Number

36
37 b. Account Number

38
39 c. Type: Checking Savings Hoosier Works MC

40
41 d. Place an "X" in the box if refund will go to an account outside the United States

42
43 23. If line 15 is more than line 14, subtract line 14 from line 15. Add to this any amount on line 20
44 (see instructions) _____

45
46 24. Penalty if filed after due date (see instructions) _____

47
48 25. Interest if filed after due date (see instructions) _____

49
50 26. **Amount Due:** Add lines 23, 24 and 25 _____ **Amount You Owe**

51 Do not send cash. Please make your check or money order payable to:
52 Indiana Department of Revenue. See instructions if paying by credit card.

53
54 **Sign and date this return after reading the Authorization statement on Schedule H. You must enclose Schedule H (both pages).**

55
56 _____

57 Your Signature _____ Date _____ Spouse's Signature _____ Date _____

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

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