01							
00000 12345		33334444444444455555 57890123456789012345				77777 56780	78888
04	Schedule 3 Sch	nedule 3: Exemptions				Enclosur	
05	Form IT-40, State Form 53997 (R13 / 9-22)		202	2	Seque	nce No. 0)3
06	(((137 5-22)						
07	Name(s) shown on Form IT-40		Your Social S	Security	Number		
08		///////////////////////////////////////	999	0.0	9999		
09	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	NANANANANAN E	999	99	9999	A	
11	Complete and enclose Schedule IN-DEP: Dependent						g
12	dependents on lines 2 and/or 3 below. Complete and	enclose Schedule IN-DEP-A: Ado	pted Depen	dent Inf	ormation if yo	u are	
13	claiming dependents on line 6 below.				Round all ent	tries	
14							
15	1. Enter \$2000 if you are married filing jointly; otherwi	se, enter \$1000		1	99999999	999.0	0
16		W. 5-5 5 6 00 4466			99999999	000 0	
17	Enter the number of dependents listed on Schedul You MUST enclose Schedule IN-DEP.	e IN-DEP, Box 6 99 x \$1000		2	99999999	999.0	U
19	You MUST enclose Schedule IN-DEP.						
20	3. You may claim an additional exemption for each qu	valifying dependent child:					
21	who is a son, stepson, daughter, stepdaughter		ou are a				
22	legal guardian;						
23	who was under the age of 19 by Dec. 31, 2022	2; or					
24	who is a full-time student who was under the a	ge of 24 by Dec. 31, 2022; and					
25	who you are eligible to claim as a dependent of	on line 2 above.					
26							
27	Enter the number of additional dependents				99999999	0000	
28	listed on Schedule IN-DEP, Box 7. 99	x \$1500		3	99999999	999.0	0
30	4. Place "X" in box(es) below if, by Dec. 31, 2022						
31	4. Place A III box(es) below II, by Dec. 31, 2022	AE					
32	You were age 65 or older X and/or blind	X					
33	AC AC	AF					
34	Spouse was 65 or older X and/or blind	X					
35	AD						
36	Total number of boxes with Xs 99 x \$1000			4	99999999	999.0	0
37							
38		. 0000000000000000	0000				
39	5. If age 65 or older, enter amount from Form IT-40, li	ne 1. 999999999999999999	9999				
40	 If filing as married filing separately and this am the "You were age 65 or older" box below. 	nount is less than \$20,000, place X	in				
42	For all other filers age 65 or older, if this amou	nt is less than \$40,000, place "X" in					
43	appropriate box(es) below.	πε ισ 1000 than φ 10,000, place 7. III					
44	AB						
45	You were age 65 or older X						
46	AC						
47	Spouse was 65 or older X						
48	AD 2500				99999999	0000	
49	Total number of boxes with Xs 99 x \$500			5	222229999	222.0	U
50	6. Enter the number of additional adopted child						
52	exemptions listed on Schedule IN-DEP-A, Box 6	99 x \$3000		6	99999999	999 n	0
53	You MUST enclose Schedule IN-DEP-A.	, , , , , , , , , , , , , , , , , , , ,		0			J
54							
55	7. Add lines 1, 2, 3, 4, 5 and 6. Enter here and on For	rm IT-40, line 6 Total E	xemptions	7	99999999	999.0	0
56							
57						$\perp \downarrow \downarrow \downarrow \downarrow$	
58						$\perp \downarrow \downarrow \downarrow \downarrow \downarrow$	
59							
60						++++	
61							
63		23022111694					
64		20022111004				++	
65							
66							