01						
0000	000001111111112222222223333333333334					777888
04	678901234567890123456789012345678901 Schedule 7 Schedule 7: Addition	al Required Inform	nation	45678901	Z345678 Enclo	
04	Form IT-40, State Form 54000		2	<b>022</b> ະ	Sequence No	o. <b>06</b>
06	(R13 / 9-22)					
07	Name(s) shown on Form IT-40		Your Social Secu			
08						
09	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXX E	999	99 99	99 A	
10	1. Federal filing information	57	37			
11	Are you filing a federal income tax return for 2022? Place "X" in a	ppropriate box. Yes $^{X}$	No X			
12						
13 14	2. Out-of-state income: Complete if you and/or your spouse (if income from Illinois, Kentucky, Michigan, Ohio, Pennsylvania or W					
15	for state where you and/or your spouse worked.			UTT THE DACK OF	Scriedule C	1-40
16	State where you worked Your income	State where spouse	worked	Spouse's	s income	
17			Wolnoa			
18	XX \$ 999999999.00	XX		<b>\$</b> 99999	9999.00	
19	3. Extension of time to file					
20	a. Place "X" in box if you have filed a federal extension of time	to file, Form 4868, or mad	e an online ex	tension payme	ent. X	
21						v
22 23	b. Place "X" in box if you have filed an Indiana extension of time	e to file, Form IT-9, or mac	de an Indiana	extension payr	nent online.	X
24	4. Farm/Fishing income					
25	Place "X" in box if at least two-thirds of your gross income was m	ade from farming or fishin	g. X			
26	Important: If you placed an "X" in the box, you MUST attach Sche	edule IT-2210.				
27	5. Schedule IN-40PA filers. If you are eligible to file federal Form	8857 Request for Innocer	nt Spouse Rel	ief and are cou	mpleting	
28	Indiana Schedule IN-40PA, enclose Schedule IN-40PA and check		it opouse i ter		npicting	Х
29						
30	6. Date of death					
31	If any individual listed at the top of the IT-40 died <i>during</i> 2022, e	enter date of death (MM/D	D).			
32 33	Taxpayer's date of death 99 99 2022 Spo	ouse's date of death	99 99	2022		
34						
35	<u>Authorization:</u> Sign Form IT-40 after reading the following sta Under penalty of perjury, I have examined this return and all attact			e and belief it	is true com	
36	plete and correct. I understand that if this is a joint return, any refu					
37	taxes due under this return. Also, my request for direct deposit of	my refund includes my au	uthorization to	the Indiana De	epartment of	
38	Revenue (DOR) to furnish my financial institution with my routing					er to
39	ensure my refund is properly deposited. I grant permission to DO Social Security number(s) used on this return is correct.	R to contact the Social Se	curity Adminis	stration to confi	rm that the	
40						
41	7. Your daytime Your					
43		address XX	xxxxxxxx	xxxxxxxx	XXXX	
44	AG					
45	I authorize the Department to discuss my return with my	Paid Preparer: Fi	<b>rm's Name</b> (o	r yours if self-e	mployed)	
46	personal representative.	AN				
47	Yes $X$ No $X$ If yes, complete the information below.	XXXXXXXXXXX	XXXXXXXX	XXXXXXXXX	XXXXXXX	XX
48		AO				
49	Personal Representative's Name (please print)	X IN-OPT on file	with paid pre	oarer if not filin	g electronica	ally
50	***************************************	AQ	99999999	999		
51		PTIN	9999955	99		
52 53	Telephone 999999999999999999999999999999999999	AR Address XXXXX	XXXXXXXX	xxxxxxxx	XXXXXXX	XX
54	AJ	Address				
55	Address XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX					
56	Address	AT		AU		
57	City XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	State	X	ZIP Code 99	99999999	9
58		Preparer's				
59	State XX ZIP Code 9999999999	signature				
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63		322111694				
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