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04	Schedule D Schedule D: Exemptions		Enclosure
05	Form IT-40PNR, State Form 54032 (R13 / 9-22)	.022	Sequence No. 04
06			
07	Name(s) shown on Form IT-40PNR Your S	Social Securit	ty Number
08 09	xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	99	99999 _A
10	Complete and enclose Schedule IN-DEP: Dependent Information and Additional Dependent (Child Inform	ation if you are claiming
11	dependents on lines 2 and/or 3 below. Complete and enclose Schedule IN-DEP-A: Adopted D		
12	claiming dependents on line 6 below.	•	
14			Round all entries
15	1. Enter \$2000 if you are married filing jointly; otherwise, enter \$1000	1	999999999999.00
16			
17	2. Enter the number of dependents listed on Schedule IN-DEP, Box 6 99 x \$1000	2	999999999999.00
18	You MUST enclose Schedule IN-DEP.		
19			
20 21	 3. You may claim an additional exemption for each qualifying dependent child: who is a son, stepson, daughter, stepdaughter, foster child and/or child for whom you are 		
22	 Who is a soft, stepsoft, daughter, stepdaughter, loster child and/or child for whom you are legal guardian; 	ea	
23	 who was under the age of 19 by Dec. 31, 2022; or 		
24	who is a full-time student who was under the age of 24 by Dec. 31, 2022; and		
25	who you are eligible to claim as a dependent on line 2 above.		
26			
27	Enter the number of additional dependents listed on Schedule IN-DEP. Box 7. 99 x \$1500	3	999999999999.00
28 29	listed on Schedule IN-DEP, Box 7. 99 x \$1500	3	99999999999999
30	4. Place "X" in box(es) below if, by December 31, 2022		
31			
32	You were age 65 or older 🛛 🖉 and/or blind 🛛		
33			
34	Spouse was 65 or older X and/or blind X		
35 36	AD Total number of boxes with Xs 99 x \$1000	4	999999999999.00
37	Total number of boxes with Xs 99 x \$1000	4	
38	5. If age 65 or older, enter amount from Schedule A, line 36A \$ 99999999999999999999999999999999999	999	
39	 If filing as married filing separately and this amount is less than \$20,000, place "X" in 		
40	the "You were age 65 or older" box below.		
41	 For all other filers age 65 or older, if this amount is less than \$40,000, place "X" in 		
42	appropriate box(es) below.		
43 44	AB You were age 65 or older		
45			
46	Spouse was 65 or older X		
47	AD		
48	Total number of boxes with Xs 99 x \$500	5	999999999999.00
49			
50 51	6. Enter the number of additional adopted child exemptions listed on Schedule IN-DEP-A, Box 6 99 x \$3000	6	999999999999.00
52	You MUST enclose Schedule IN-DEP-A.	0	
53			
54	7. Add lines 1, 2, 3, 4, 5 and 6	7	999999999999.00
55			
56	8. Enter the number from Schedule A, Proration Section, line 21D		9.999
57 58	Q Multiply line 7 by line 9. Enter here and an Earm IT 40DND line 6	tions 9	999999999999.00
58	9. Multiply line 7 by line 8. Enter here and on Form IT-40PNR, line 6 Total Exempt	10115 9	••••
60			
61			
62			
63	23722111694		
64			