

Section 2: Additional Information

1. Federal filing information

Are you filing a federal income tax return for 2022? Place "X" in appropriate box. Yes No

2. Extension of time to file

a. Place "X" in box if you have filed a federal extension of time to file, Form 4868, or made an online extension payment.

b. Place "X" in box if you have filed an Indiana extension of time to file, Form IT-9, or made an Indiana extension payment online.

3. Farm/Fishing income

Place "X" in box if at least two-thirds of your gross income was made from farming or fishing.

Important: If you placed an "X" in the box, you MUST attach Schedule IT-2210.

4. Schedule IN-40PA filers. If you are eligible to file federal Form 8857, Request for Innocent Spouse Relief, and are completing

Indiana Schedule IN-40PA, enclose Schedule IN-40PA and check the box.

5. Date of death

If any individual listed at the top of the IT-40PNR died during 2022, enter date of death (MM/DD).

Taxpayer's date of death 99 99 2022 Spouse's date of death 99 99 2022

Authorization: Sign Form IT-40PNR after reading the following statement.

Under penalty of perjury, I have examined this return and all attachments and to the best of my knowledge and belief, it is true, complete and correct. I understand that if this is a joint return, any refund will be made payable to us jointly and each of us is liable for all taxes due under this return. Also, my request for direct deposit of my refund includes my authorization to the Indiana Department of Revenue (DOR) to furnish my financial institution with my routing number, account number, account type and Social Security number to ensure my refund is properly deposited. I grant permission to DOR to contact the Social Security Administration to confirm that the Social Security number(s) used on this return is correct.

6. Your daytime

telephone number 9999999999999999

Your email

address XXXXXXXXXXXXXXXXXXXXXXXX

AG

I authorize the Department to discuss my return with my personal representative.

Yes No If yes, complete the information below.

Personal Representative's Name (please print) AH

XX

Telephone number 9999999999 AI

Address AJ XXX

City AK XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

State AL XX AM ZIP Code 999999999

Paid Preparer: Firm's Name (or yours if self-employed)

AN XXX

AO IN-OPT on file with paid preparer if not filing electronically

AQ PTIN 999999999

AR Address XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

AS City XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

AT State XX AU ZIP Code 999999999

Preparer's signature

