Schedule IN-DEP
Form IT-40/IT-40PNR
State Form 54815
(R11 / 9-22)

Schedule IN-DEP: Dependent Information and Additional Dependent Child Information

Enclosure
Sequence No. **03A/04A**
2022

Name(s) shown on Form IT-40/IT-40PNR

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX E

Your Social Security Number

999 99 9999 A

Dependent's First Name — Dependent's Last Name

1A. XXXXXXXXXXXXXXXXXXXX 1B. XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

Dependent's Social Security Number — Dependent's Date of Birth (mm dd yyyy)

1C. 999 99 9999 1D. 99 99 9999

1E. Place "X" in box if claiming dependent as an additional dependent child exemption ______ 1E X

Dependent's First Name — Dependent's Last Name

2A. XXXXXXXXXXXXXXXXXXXX 2B. XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

Dependent's Social Security Number — Dependent's Date of Birth (mm dd yyyy)

2C. 999 99 9999 2D. 99 99 9999

2E. Place "X" in box if claiming dependent as an additional dependent child exemption ______ 2E X

Dependent's First Name — Dependent's Last Name

3A. XXXXXXXXXXXXXXXXXXXX 3B. XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

Dependent's Social Security Number — Dependent's Date of Birth (mm dd yyyy)

3C. 999 99 9999 3D. 99 99 9999

3E. Place "X" in box if claiming dependent as an additional dependent child exemption ______ 3E X

Dependent's First Name — Dependent's Last Name

4A. XXXXXXXXXXXXXXXXXXXX 4B. XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

Dependent's Social Security Number — Dependent's Date of Birth (mm dd yyyy)

4C. 999 99 9999 4D. 99 99 9999

4E. Place "X" in box if claiming dependent as an additional dependent child exemption ______ 4E X

Dependent's First Name — Dependent's Last Name

5A. XXXXXXXXXXXXXXXXXXXX 5B. XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

Dependent's Social Security Number — Dependent's Date of Birth (mm dd yyyy)

5C. 999 99 9999 5D. 99 99 9999

5E. Place "X" in box if claiming dependent as an additional dependent child exemption ______ 5E X

6. **Dependent Exemptions.** Add the number of dependents listed above (see instructions). Enter the total here and in the box on line 2 of Schedule 3 (if filing Form IT-40) or Schedule D (if filing Form IT-40PNR) .... **Box 6** 99

7. **Additional Dependent Exemptions.** Add the total number of boxes with Xs from lines 1E, 2E, 3E, 4E, and 5E, if applicable. Enter the total here and in the box on line 3 of Schedule 3 (if filing Form IT-40) or Schedule D (if filing Form IT-40PNR) .... **Box 7** 99

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