Schedule IN-DEP-A
Form IT-40/IT-40PNR
State Form 53111
(9-22)

Schedule IN-DEP-A: Adopted Dependent Information

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

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

Your Social Security Number: 999 99 9999 A

Adopted Dependent's First Name / Adopted Dependent's Last Name

1A. XXXXXXXXXXXXXXXXXXXXX 1B. XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

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

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

1E. Place "X" in box if the first listed taxpayer is an adoptive parent of the child ____ 1E X

1F. Place "X" in box if the spouse is an adoptive parent of the child ____ 1F X

Adopted Dependent's First Name / Adopted Dependent's Last Name

2A. XXXXXXXXXXXXXXXXXXXXX 2B. XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

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

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

2E. Place "X" in box if the first listed taxpayer is an adoptive parent of the child ____ 2E X

2F. Place "X" in box if the spouse is an adoptive parent of the child ____ 2F X

Adopted Dependent's First Name / Adopted Dependent's Last Name

3A. XXXXXXXXXXXXXXXXXXXXX 3B. XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

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

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

3E. Place "X" in box if the first listed taxpayer is an adoptive parent of the child ____ 3E X

3F. Place "X" in box if the spouse is an adoptive parent of the child ____ 3F X

Adopted Dependent's First Name / Adopted Dependent's Last Name

4A. XXXXXXXXXXXXXXXXXXXXX 4B. XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

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

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

4E. Place "X" in box if the first listed taxpayer is an adoptive parent of the child ____ 4E X

4F. Place "X" in box if the spouse is an adoptive parent of the child ____ 4F X

Adopted Dependent's First Name / Adopted Dependent's Last Name

5A. XXXXXXXXXXXXXXXXXXXXX 5B. XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

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

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

5E. Place "X" in box if the first listed taxpayer is an adoptive parent of the child ____ 5E X

5F. Place "X" in box if the spouse is an adoptive parent of the child ____ 5F X

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

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