

Name(s) shown on Form IT-40PNR

Your Social Security Number

- | | | | |
|---|---|----------------------|-----|
| 1. Use tax on out-of-state purchases from line 4 of Sales/Use Tax Worksheet _____ | 1 | <input type="text"/> | .00 |
| 2. Household employment taxes. Enclose Schedule IN-H _____ | 2 | <input type="text"/> | .00 |
| 3. Recapture of certain Indiana offset credits. Enclose Schedule IN-CR _____ | 3 | <input type="text"/> | .00 |
| 4. Nonresident professional team member's county tax from Schedule IN-PRO, line 11 _____ | 4 | <input type="text"/> | .00 |
| 5. Add lines 1 through 4. Enter here and on Form IT-40PNR, line 10 _____ Total Other Taxes | 5 | <input type="text"/> | .00 |

Schedule IN-PRO

Nonresident professional team members, including nonresident race team members, should complete this schedule to figure the Indiana county tax due on modified wage income (see instructions).

| Column A County Code | Column B Modified Wage Income | Column C County Tax Rate | Column D County Tax (Column B X Column C) |
|---|----------------------------------|-----------------------------|---|
| 1. <input type="text"/> | <input type="text"/> | <input type="text"/> | 1 <input type="text"/> |
| 2. <input type="text"/> | <input type="text"/> | <input type="text"/> | 2 <input type="text"/> |
| 3. <input type="text"/> | <input type="text"/> | <input type="text"/> | 3 <input type="text"/> |
| 4. <input type="text"/> | <input type="text"/> | <input type="text"/> | 4 <input type="text"/> |
| 5. <input type="text"/> | <input type="text"/> | <input type="text"/> | 5 <input type="text"/> |
| 6. <input type="text"/> | <input type="text"/> | <input type="text"/> | 6 <input type="text"/> |
| 7. <input type="text"/> | <input type="text"/> | <input type="text"/> | 7 <input type="text"/> |
| 8. <input type="text"/> | <input type="text"/> | <input type="text"/> | 8 <input type="text"/> |
| 9. <input type="text"/> | <input type="text"/> | <input type="text"/> | 9 <input type="text"/> |
| 10. <input type="text"/> | <input type="text"/> | <input type="text"/> | 10 <input type="text"/> |
| 11. Total county tax. Add lines D-1 through D-10; carry this total to Schedule E, line 4 _____ Total County Tax | | | 11 <input type="text"/> |