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Schedule IN-DEP Schedule IN-DEP: Dependent Information and Additional
Form IT-40/IT-40PNR
State Form 54815
(R12 / 9-23)

Dependent Child Information

Enclosure
Sequence No. **03A/04A**
2023

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

Your Social Security Number

XX

999 99 9999

| | | | |
|-----|--|-----|--|
| 1A. | Dependent's First Name XXXXXXXXXXXXXXXXXXXXXXXXXX | 1B. | Dependent's Last Name XXXXXXXXXXXXXXXXXXXXXXXXXX |
| 1C. | Dependent's Social Security Number 999 99 9999 | 1D. | Dependent's Date of Birth (mm dd yyyy) 99 99 9999 |
| 1E. | Place "X" in box 1E if claiming dependent as an additional dependent child exemption _____ | | 1E <input checked="" type="checkbox"/> |
| 1F. | Place "X" in box 1F if dependent child claimed for the first time (see instructions) _____ | | 1F <input checked="" type="checkbox"/> |

| | | | |
|-----|--|-----|--|
| 2A. | Dependent's First Name XXXXXXXXXXXXXXXXXXXXXXXXXX | 2B. | Dependent's Last Name XXXXXXXXXXXXXXXXXXXXXXXXXX |
| 2C. | Dependent's Social Security Number 999 99 9999 | 2D. | Dependent's Date of Birth (mm dd yyyy) 99 99 9999 |
| 2E. | Place "X" in box 2E if claiming dependent as an additional dependent child exemption _____ | | 2E <input checked="" type="checkbox"/> |
| 2F. | Place "X" in box 2F if dependent child claimed for the first time (see instructions) _____ | | 2F <input checked="" type="checkbox"/> |

| | | | |
|-----|--|-----|--|
| 3A. | Dependent's First Name XXXXXXXXXXXXXXXXXXXXXXXXXX | 3B. | Dependent's Last Name XXXXXXXXXXXXXXXXXXXXXXXXXX |
| 3C. | Dependent's Social Security Number 999 99 9999 | 3D. | Dependent's Date of Birth (mm dd yyyy) 99 99 9999 |
| 3E. | Place "X" in box 3E if claiming dependent as an additional dependent child exemption _____ | | 3E <input checked="" type="checkbox"/> |
| 3F. | Place "X" in box 3F if dependent child claimed for the first time (see instructions) _____ | | 3F <input checked="" type="checkbox"/> |

| | | | |
|-----|--|-----|--|
| 4A. | Dependent's First Name XXXXXXXXXXXXXXXXXXXXXXXXXX | 4B. | Dependent's Last Name XXXXXXXXXXXXXXXXXXXXXXXXXX |
| 4C. | Dependent's Social Security Number 999 99 9999 | 4D. | Dependent's Date of Birth (mm dd yyyy) 99 99 9999 |
| 4E. | Place "X" in box 4E if claiming dependent as an additional dependent child exemption _____ | | 4E <input checked="" type="checkbox"/> |
| 4F. | Place "X" in box 4F if dependent child claimed for the first time (see instructions) _____ | | 4F <input checked="" type="checkbox"/> |

5. **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 5** 99

6. **Additional Dependent Exemptions.** Add the total number of boxes with Xs from lines 1E, 1F, 2E, 2F, 3E, 3F, 4E and 4F 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 6** 99



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