

**2024**

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

Your Social Security Number

1A.

1B.

1C.

1D.

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

1F. Place "X" in box 1F if dependent child claimed for the first time (see instructions) \_\_\_\_\_ 1F

2A.

2B.

2C.

2D.

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

2F. Place "X" in box 2F if dependent child claimed for the first time (see instructions) \_\_\_\_\_ 2F

3A.

3B.

3C.

3D.

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

3F. Place "X" in box 3F if dependent child claimed for the first time (see instructions) \_\_\_\_\_ 3F

4A.

4B.

4C.

4D.

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

4F. Place "X" in box 4F if dependent child claimed for the first time (see instructions) \_\_\_\_\_ 4F

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**

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**

