Indiana Department of Revenue Schedule 7: Additional Required Information

2024

(R15 / 9-24)						
Name(s) shown on Form IT-40		Your Social Security Number				
1. Federal filing information Are you filing a federal income tax	return for 2024? Place "X" ir	i appropriate l	box. Yes	No		
2. Out-of-state income Complete if you and/or your spous Kentucky, Michigan, Ohio, Pennsy you and/or your spouse worked.	se (if filing a joint return) recei /Ivania or Wisconsin. <u>Enter tw</u>	ived any salar vo-digit code r	y, wage, tip a <u>number</u> from	and/or comm the back of \$	ission incom Schedule CT	e from Illinois, -40 for state where
State where you worked	Your income	State v	here spouse	worked	S	pouse's income
	.00					.00
3. Extension of time to file			4000			
a. Place "X" in box if you have	filed a federal extension of tin	ne to file, Forn	n 4868, or ma	ade an online	extension p	ayment.
b. Place "X" in box if you have	filed an Indiana extension of	time to file, Fo	rm IT-9, or m	ade an Indiai	na extension	payment online.
4. Farm/Fishing income Place "X" in box if at least two-thir Important: If you placed an "X" in t				ing.		
5. Schedule IN-40PA filers If you are eligible to file federal Fo enclose Schedule IN-40PA and ch		nt Spouse Re	lief, and are	completing Ir	ndiana Sche	dule IN-40PA,
6. Date of death If any individual listed at the top of	the IT-40 died <i>during</i> 2024, o	enter date of o	leath (MM/D	D).		
Taxpayer's date of death	2024	Spouse's da	te of death		2024	
<u>Authorization</u> – Sign Form IT-40 Under penalty of perjury, I have ex complete and correct. I understan all taxes due under this return. Als Revenue (DOR) to furnish my fina to ensure my refund is properly de Social Security number(s) used or	kamined this return and all att d that if this is a joint return, a o, my request for direct depo ncial institution with my routil posited. I grant permission to	achments and any refund will sit of my refu ng number, ac	be made pa nd includes n count numbe	yable to us jo ny authorizat er, account ty	pintly and ea ion to the Ind pe and Soci	ch of us is liable for diana Department of al Security number
7. Your daytime telephone number		Your email address				
I authorize the Department to di personal representative.	scuss my return with my		Preparer: Fi	rm's Name (or yours if se	elf-employed)
Yes No If yes, cor	nplete the information belo	w.				
Personal Representative's Name		N-OPT on fil	PT on file with paid preparer if not filing electronically			
		PTIN				
Telephone		Addre	ess			
Address		City				
City		State			ZIP Code	

23324111694

ZIP Code

State

Preparer's

signature