

Name(s) shown on Form IT-40PNR

Your Social Security Number

Round all entries

- | | | | | |
|--|-------------------------------|----|----------------------|-----|
| 1. Tax add-back: certain taxes deducted from federal Schedules C, C-EZ, E and/or F _____ | | 1 | <input type="text"/> | .00 |
| 2. OOS municipal obligation interest add-back _____ | | 2 | <input type="text"/> | .00 |
| 3. Bonus depreciation add-back _____ | | 3 | <input type="text"/> | .00 |
| 4. Section 179 expense excess add-back _____ | | 4 | <input type="text"/> | .00 |
| 5. Other Add-Backs: See instructions. | | | | |
| a. Enter add-back name <input type="text"/> | code no. <input type="text"/> | 5a | <input type="text"/> | .00 |
| b. Enter add-back name <input type="text"/> | code no. <input type="text"/> | 5b | <input type="text"/> | .00 |
| c. Enter add-back name <input type="text"/> | code no. <input type="text"/> | 5c | <input type="text"/> | .00 |
| d. Enter add-back name <input type="text"/> | code no. <input type="text"/> | 5d | <input type="text"/> | .00 |
| e. Enter add-back name <input type="text"/> | code no. <input type="text"/> | 5e | <input type="text"/> | .00 |
| f. Enter add-back name <input type="text"/> | code no. <input type="text"/> | 5f | <input type="text"/> | .00 |
| g. Enter add-back name <input type="text"/> | code no. <input type="text"/> | 5g | <input type="text"/> | .00 |
| h. Enter add-back name <input type="text"/> | code no. <input type="text"/> | 5h | <input type="text"/> | .00 |
| i. Enter add-back name <input type="text"/> | code no. <input type="text"/> | 5i | <input type="text"/> | .00 |
| j. Enter add-back name <input type="text"/> | code no. <input type="text"/> | 5j | <input type="text"/> | .00 |
| k. Enter add-back name <input type="text"/> | code no. <input type="text"/> | 5k | <input type="text"/> | .00 |
| l. Enter add-back name <input type="text"/> | code no. <input type="text"/> | 5l | <input type="text"/> | .00 |
| m. Enter add-back name <input type="text"/> | code no. <input type="text"/> | 5m | <input type="text"/> | .00 |
| n. Enter add-back name <input type="text"/> | code no. <input type="text"/> | 5n | <input type="text"/> | .00 |
| o. Enter add-back name <input type="text"/> | code no. <input type="text"/> | 5o | <input type="text"/> | .00 |
| 6. Add lines 1 through 5. Enter total here and on Form IT-40PNR, line 2 Total Indiana Add-Backs | | 6 | <input type="text"/> | .00 |

