

2012 Indiana Income Tax Return for Full-Year Indiana Resident Filers With No Dependents

Due April 15, 2013

	ur Social			e's Soci ity Numb								
_	Check if applying for ITIN				applying for ITIN							
	our first name									Suffix		
If filing a joint return, spouse's first name Initial Last name								Suffix				
Present address (number and street or rural route) Sch								hool (Corporation			
								mber (see pg. 12, 13)				
City State Zip/Postal code Fo								preign country				
								-chara	character code			
Ent	er the 2-digit county code numbers (found on	the b	ack of Sch	nedule C	T-40EZ) for the co	ounty where y	you live	ed and	worked on	January 1, 20	12.	
County where you lived County where you worked County where spouse lived County where spouse liv								County where spouse worked				
									Round all entries			
1	Enter your federal adjusted gross income	fron	n federal	Form 1	140F7 line 4			1			00	
	Enter your federal adjusted gross income from federal Form 1040EZ, line 4 Enter the amount from line 3 of the <i>Indiana Deduction Worksheet</i> on the back of this form										00	
								2			00	
	Subtract line 2 from line 1 and enter total Enter \$1 000 if filing a single return OP \$2 000 if filing a joint return							4			00	
4.	Enter \$1,000 if filing a single return OR \$2,000 if filing a joint return Subtract line 4 from line 3 State Taxable Income							5			00	
								6			00	
6. 7											00	
	. County income tax (see instructions on page 9) (if less than zero, leave blank)							8			00	
	Use tax due on out-of-state purchases (see instructions on page 6)											
	Add lines 6, 7 and 8 Total Tax							9			00	
	From W-2s: all Indiana state tax withheld							10			00	
	11. From W-2s: all Indiana county tax withheld							11			00	
12.	2. Automatic Taxpayer Refund credit. See eligibility requirements on page 6.											
	Enter \$111 if you are eligible; enter \$222 if joint filing and both are eligible; or,							12				
	enter \$111 if joint filing but only one is eligible. Leave blank if not eligible										00	
	Add lines 10, 11 and 12					Total Cre	edits	13			00	
14.	If line 13 is more than line 9, subtract line overpayment. (If line 9 is more than line					Overnavr	mont	14			00	
15	Amount from line 14 to be donated t						nem	15			00	
	Subtract line 15 from line 14. This is you			-		Your Re	fund	16			00	
10.												
17.	a. Routing Number				c.Type Chee	cking 🗌 Sa	avings		П	irect		
	b. Account Number				🗌 🗆 но	oosier Worl	ks MC		De	eposit		
	d. Place an "X" in the box if refund will go	to a	n accoun	t outsid	e the United Sta	ates \Box			(see	page 7)		
18.	If line 9 is more than line 13, subtract line	e 13 f	rom line 9	9				18			00	
	Penalty if filed after due date (see instructions on page 8)										00	
20.	Interest if filed after due date (see instruc	tions	on page	8)				20			00	
	Add lines 18, 19 and 20. This is the amo											
	make your payment, including credit card	-				nount You	Owe	21			00	