



Taxpayer's Full Name: _____ **Spouse's Full Name:** _____

Form ID: IN Indiana General Information

County of residence (as of January 1 of tax year)	Taxpayer	Spouse
	____ [3]	____ [4]
County of employment (as of January 1 of tax year)	____ [5]	____ [6]

Household employment taxes:

Employee Name _____	Employee SSN _____ [7]
Income _____	State Tax Withheld _____
County Tax Withheld _____	County Code _____

Contributions

Amount of contribution you wish to make to:

Nongame Wildlife Fund	_____ [8]
Military Family Relief Fund	_____ [9]
Public K-12 Education Fund	_____ [10]

Credit for Donation to an Indiana College or University

Mark this field if you made a cash or noncash contribution to an Indiana college or university _____ [11]

Renter's Information

Taxpayer, Spouse, Joint (T,S) _____	Principal address _____ [12]
	City, state, zip code _____
Number of months rented _____	Total rent paid _____
Landlord name _____ [13]	
Landlord address _____	
Landlord city, state, zip code _____	

Part-year Resident and Nonresident Information

Enter the dates you lived in Indiana or in other states.

State of residency (Use these fields if you or your spouse had only one state of residency)	Taxpayer	Spouse
	____ [14]	____ [15]

States of residency (Use these fields if you or your spouse had more than one state of residency)			
Taxpayer, Spouse(T,S)	State Postal Code	From Date	To Date
_____	_____	_____	_____ [16]
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

NOTES/QUESTIONS: