



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

Form ID: IN

Indiana General Information

	Taxpayer	Spouse
County of residence (as of January 1 of tax year)	_____ [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,J)	_____	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.

	Taxpayer	Spouse
State of residency (Use these fields if you or your spouse had only one state of residency)	_____ [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: