

Name(s) shown on Form IT-40

Your Social Security Number

Complete and enclose Schedule IN-DEP: Dependent Information and Additional
Dependent Child Information if you are claiming dependents on lines 2 and/or 3 below.

Round all entries

1. Enter \$2000 if you are married filing jointly; otherwise, enter \$1000 _____

1	<input type="text"/>	.00
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2. Enter the number of dependents listed on Schedule IN-DEP, Box 6 x \$1000 _____
You **MUST** enclose Schedule IN-DEP.

2	<input type="text"/>	.00
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3. You may claim an additional exemption for each qualifying dependent child:

- who is a son, stepson, daughter, stepdaughter, foster child and/or child for whom you are a legal guardian,
- who was under the age of 19 by Dec. 31, 2020,
- or a full-time student who was under the age of 24 by Dec. 31, 2020, and
- who you are eligible to claim as a dependent on line 2 above.

Enter the number of additional dependents listed on Schedule IN-DEP, Box 7. x \$1500 _____

3	<input type="text"/>	.00
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4. Place "X" in box(es) below if, by December 31, 2020

You were age 65 or older and/or blind

Spouse was 65 or older and/or blind

Total number of boxes with Xs x \$1000 _____

4	<input type="text"/>	.00
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5. If age 65 or older, enter amount from Form IT-40, line 1.

If this amount is less than \$40,000, place "X" in box(es) below if:

You were age 65 or older

Spouse was 65 or older

Total number of boxes with Xs x \$500 _____

5	<input type="text"/>	.00
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6. Add lines 1, 2, 3, 4 and 5. Enter here and on Form IT-40, line 6 _____ **Total Exemptions**

6	<input type="text"/>	.00
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