



Form
IT-40
State Form 154
(R18 / 9-19)

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2019

**Indiana Full-Year Resident
Individual Income Tax Return**

Due April 15, 2020

If filing for a fiscal year, enter the dates (see instructions) (MM/DD/YYYY):

from to:

Your Social Security Number

Spouse's Social Security Number

Place "X" in box if applying for ITIN

Place "X" in box if applying for ITIN

Your first name Initial Last name Suffix

If filing a joint return, spouse's first name Initial Last name Suffix

Present address (number and street or rural route)

Place "X" in box if you are married filing separately.

City

State

Zip/Postal code

Foreign country 2-character code (see instructions)

Enter below the 2-digit county code numbers (found on the back of Schedule CT-40) for the county where you lived and worked on January 1, 2019.

County where you lived County where you worked

County where spouse lived County where spouse worked

Round all entries

1. Enter your federal adjusted gross income from your federal income tax return, Form 1040 or Form 1040-SR, line 8b	Federal AGI	1	-3377	00
2. Enter amount from Schedule 1, line 8, and enclose Schedule 1	Indiana Add-Backs	2	0	00
3. Add line 1 and line 2		3	-3377	00
4. Enter amount from Schedule 2, line 12, and enclose Schedule 2	Indiana Deductions	4	0	00
5. Subtract line 4 from line 3		5	-3377	00
6. You must complete Schedule 3. Enter amount from Schedule 3, line 6, and enclose Schedule 3	Indiana Exemptions	6	1000	00
7. Subtract line 6 from line 5	Indiana Adjusted Gross Income	7	-4377	00
8. State adjusted gross income tax: multiply line 7 by 3.23% (.0323) (if answer is less than zero, leave blank)		8		00
9. County tax. Enter county tax due from Schedule CT-40 (if answer is less than zero, leave blank)		9		00
10. Other taxes. Enter amount from Schedule 4, line 4 (enclose sch.)		10	0	00
11. Add lines 8, 9 and 10. Enter total here and on line 15 on the back	Indiana Taxes	11	0	00



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12. Enter credits from Schedule 5, line 10 (enclose schedule)

13. Enter offset credits from Schedule 6, line 8 (enclose schedule)

14. Add lines 12 and 13 Indiana Credits

15. Enter amount from line 11 Indiana Taxes

16. If line 14 is equal to or more than line 15, subtract line 15 from line 14 (if smaller, skip to line 23)

17. Enter donations from Schedule IN-DONATE (enclose schedule); cannot be greater than line 16

18. Subtract line 17 from line 16 Overpayment

19. Amount from line 18 to be applied to your 2020 estimated tax account (see instructions).

Enter your county code county tax to be applied \$

Spouse's county code county tax to be applied \$

Indiana adjusted gross income tax to be applied \$

Total to be applied to your estimated tax account (a + b + c; cannot be more than line 18)

20. Penalty for underpayment of estimated tax from Schedule IT-2210 or IT-2210A (enclose sch.)

21. **Refund:** Line 18 minus lines 19d and 20. Note: If less than zero, see line 23 Your Refund

22. **Direct Deposit** (see instructions)

a. Routing Number

b. Account Number

c. Type: Checking Savings Hoosier Works MC

d. Place an "X" in the box if refund will go to an account outside the United States

23. If line 15 is more than line 14, subtract line 14 from line 15. Add to this any amount on line 20 (see instructions)

24. Penalty if filed after due date (see instructions)

25. Interest if filed after due date (see instructions)

26. **Amount Due:** Add lines 23, 24 and 25 Amount You Owe

Do not send cash. Please make your check or money order payable to:
Indiana Department of Revenue. Credit card payers must see instructions.

Sign and date this return after reading the Authorization statement on Schedule 7. You must enclose Schedule 7.

Your Signature Date 4/13/20

Spouse's Signature _____ Date _____

- If enclosing payment mail to: Indiana Department of Revenue, P.O. Box 7224, Indianapolis, IN 46207-7224.
- Mail all other returns to: Indiana Department of Revenue, P.O. Box 40, Indianapolis, IN 46206-0040.



Substitute for Form W-2, Wage and Tax Statement, or Form 1099-R, Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 1040, 1040-SR, or 1040-X.
▶ Go to www.irs.gov/Form4852 for the latest information.

1 Name(s) shown on return **Jon R. Golden** **2** Your social security number

3 Address
Syracuse, IN 46567

4 Enter year in space provided and check one box. For the tax year ending December 31, 2019,
I have been unable to obtain (or have received an incorrect) Form W-2 OR Form 1099-R.
I have notified the IRS of this fact. The amounts shown on line 7 or line 8 are my best estimates for all wages or payments made to me and tax withheld by my employer or payer named on line 5.

5 Employer's or payer's name, address, and ZIP code **6** Employer's or payer's TIN (if known)
39-

7 Form W-2. Enter wages, tips, other compensation, and taxes withheld.

a Wages, tips, and other compensation	0.00	f State income tax withheld	3850.18
b Social security wages	0.00	(Name of state)	Indiana
c Medicare wages and tips	0.00	g Local income tax withheld	
d Social security tips		(Name of locality)	
e Federal income tax withheld	3344.88	h Social security tax withheld	7882.02
		i Medicare tax withheld	1843.38

8 Form 1099-R. Enter distributions from pensions, annuities, retirement or profit-sharing plans, IRAs, insurance contracts, etc.

a Gross distribution		f Federal income tax withheld	
b Taxable amount		g State income tax withheld	
c Taxable amount not determined	<input type="checkbox"/>	(Name of state)	
d Total distribution	<input type="checkbox"/>	h Local income tax withheld	
e Capital gain (included on line 8b)		(Name of locality)	
		i Employee contributions	
		j Distribution codes	

9 How did you determine the amounts on lines 7 and 8 above?
W-2 provided by payer erroneously alleged payments of IRC 26 Section 3401 (a) and Section 3121 (a) "wages", hereby disputed and corrected as shown on Line 7 (a), (b) and (c). The withheld amounts shown on Line 7 (e), (f), (h) and (i) were derived from the W-2 sent to me.

10 Explain your efforts to obtain Form W-2, Form 1099-R, or Form W-2c, Corrected Wage and Tax Statement.
None. Withheld amounts are correct.

General Instructions
Section references are to the Internal Revenue Code.
Future developments. For the latest information about developments related to Form 4852, such as legislation enacted after it was published, go to www.irs.gov/Form4852.
Purpose of form. Form 4852 serves as a substitute for Forms W-2, W-2c, and 1099-R and is completed by you or your representatives when (a) your employer or payer doesn't issue you a Form W-2 or Form 1099-R or (b) an employer or payer has issued an incorrect Form W-2 or Form 1099-R. Attach this form to the back of your income tax return before any supporting forms or schedules.
You should always attempt to get your Form W-2, Form W-2c, or Form 1099-R from your employer or payer before contacting the IRS or filing Form 4852. If you don't receive the missing or corrected form from your employer or payer by the end of February, you may call the IRS at 800-829-1040 for assistance. You must provide your name, address (including ZIP code), phone number, social security number, and dates of employment. You must also provide your employer's or payer's name, address (including ZIP code), and phone number. The IRS will contact your employer or payer and request the missing form. The IRS also will send you a Form 4852. If you don't receive the missing form in sufficient time to file your income tax return timely, you may use the Form 4852 that the IRS sent you.

If you received an incorrect Form W-2 or Form 1099-R, you should always attempt to have your employer or payer issue a corrected form before filing Form 4852.
Note: Retain a copy of Form 4852 for your records. To help protect your social security benefits, keep a copy of Form 4852 until you begin receiving social security benefits, just in case there is a question about your work record and/or earnings in a particular year. After September 30 following the date shown on line 4, you may use your Social Security online account to verify wages reported by your employers. Please visit www.SSA.gov/myaccount. Or, you may contact your local SSA office to verify wages reported by your employer.
Will I need to amend my return? If you receive a Form W-2, Form W-2c, or Form 1099-R after your return is filed with Form 4852, and the information you receive indicates that the information reported on your original return is incorrect, you must amend your return by filing Form 1040-X, Amended U.S. Individual Income Tax Return. You are responsible for filing your income tax return with accurate information regardless of whether you receive a Form W-2, Form W-2c, or Form 1099-R and regardless of whether the information on any forms received is correct.
Penalties. The IRS will challenge the claims of individuals who attempt to avoid or evade their federal tax liability by using Form 4852 in a manner other than as prescribed. Potential penalties for the improper use of Form 4852 include:

Name(s) shown on Form IT-40

Your Social Security Number

Jon R. Golden

Round all entries

1. Tax add back: certain taxes deducted from federal Schedules C, C-EZ, E and/or F _____	1		.00
2. Net operating loss carryforward from federal Form 1040, "Other income" line _____	2		.00
3. OOS municipal obligation interest add-back _____	3		.00
4. Current year conformity add-back (see instructions) _____	4		.00
5. Bonus depreciation add-back _____	5		.00
6. Section 179 expense excess add-back _____	6		.00
7. Other Add-Backs: See instructions.			
a. Enter add-back name _____	code no.	7a	.00
b. Enter add-back name _____	code no.	7b	.00
c. Enter add-back name _____	code no.	7c	.00
d. Enter add-back name _____	code no.	7d	.00
e. Enter add-back name _____	code no.	7e	.00
f. Enter add-back name _____	code no.	7f	.00
g. Enter add-back name _____	code no.	7g	.00
h. Enter add-back name _____	code no.	7h	.00
i. Enter add-back name _____	code no.	7i	.00
j. Enter add-back name _____	code no.	7j	.00
k. Enter add-back name _____	code no.	7k	.00
l. Enter add-back name _____	code no.	7l	.00
m. Enter add-back name _____	code no.	7m	.00
n. Enter add-back name _____	code no.	7n	.00
o. Enter add-back name _____	code no.	7o	.00
8. Add lines 1 through 7. Enter total here and on Form IT-40, line 2	Total Indiana Add-Backs		8 0 .00



Name(s) shown on Form IT-40

Your Social Security Number

Jon R. Golden

1. Renter's deduction

Address where rented if different from the one on the front page (enter below)

Amount of rent paid

Landlord's name and address (enter below)

\$.00

Round all entries

Number of months rented

Enter the lesser of \$3,000 or amount of rent paid

1 .00

2. Homeowner's residential property tax deduction

Address where property tax was paid if different from front page (enter below)

Number of months lived there

Amount of property tax paid \$.00

Enter the lesser of \$2,500 or the amount of property tax paid

2 0 .00

3. State tax refund reported on federal return

3 0 .00

4. Interest on U.S. government obligations

4 .00

5. Taxable Social Security benefits

5 .00

6. Taxable railroad retirement benefits

6 .00

7. Military service deduction: \$5,000 maximum for qualifying person

7 .00

8. Private school/homeschool deduction: \$1,000 per qualifying child (see instructions)

8 .00

9. Indiana net operating loss deduction

9 .00

10. Nontaxable portion of unemployment compensation (from line 7 of Unemployment Comp. Worksheet)

10 .00

11. Other Deductions: See instructions (attach additional sheets if necessary)

a. Enter deduction name

code no.

11a .00

b. Enter deduction name

code no.

11b .00

c. Enter deduction name

code no.

11c .00

12. Add lines 1 through 11. Enter total here and on line 4 of Form IT-40.

Total Deductions

12 0 .00



Name(s) shown on Form IT-40

Your Social Security Number

Jon R. Golden

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 1000 .00

2. Enter the number of dependents listed on Schedule IN-DEP, Box 6 0 x \$1000 2 0 .00
You **MUST** enclose Schedule IN-DEP.

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, 2019,
 - or a full-time student who was under the age of 24 by Dec. 31, 2019, 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. 0 x \$1500 3 0 .00

4. Place "X" in box(es) below if, by December 31, 2019

You were age 65 or older and/or blind

Spouse was 65 or older and/or blind

Total number of boxes with Xs 0 x \$1000 4 0 .00

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 0 x \$500 5 0 .00

6. Add lines 1, 2, 3, 4 and 5. Enter here and on Form IT-40, line 6 **Total Exemptions** 6 1000 .00



**Schedule IN-DEP: Dependent Information and Additional
Dependent Child Information**

Name(s) shown on Form IT-40/IT-40PNR

Your Social Security Number

Jon R. Golden

[] [] [] [] [] [] [] [] [] []

1A. Dependent's First Name []
 1B. Dependent's Last Name []
 1C. Dependent's Social Security Number [] [] []
 1D. Dependent's Date of Birth (mm dd yyyy) [] [] []
 1E. Place "X" in box if claiming dependent as an additional dependent child exemption _____ 1E []

2A. Dependent's First Name []
 2B. Dependent's Last Name []
 2C. Dependent's Social Security Number [] [] []
 2D. Dependent's Date of Birth (mm dd yyyy) [] [] []
 2E. Place "X" in box if claiming dependent as an additional dependent child exemption _____ 2E []

3A. Dependent's First Name []
 3B. Dependent's Last Name []
 3C. Dependent's Social Security Number [] [] []
 3D. Dependent's Date of Birth (mm dd yyyy) [] [] []
 3E. Place "X" in box if claiming dependent as an additional dependent child exemption _____ 3E []

4A. Dependent's First Name []
 4B. Dependent's Last Name []
 4C. Dependent's Social Security Number [] [] []
 4D. Dependent's Date of Birth (mm dd yyyy) [] [] []
 4E. Place "X" in box if claiming dependent as an additional dependent child exemption _____ 4E []

5A. Dependent's First Name []
 5B. Dependent's Last Name []
 5C. Dependent's Social Security Number [] [] []
 5D. Dependent's Date of Birth (mm dd yyyy) [] [] []
 5E. Place "X" in box if claiming dependent as an additional dependent child exemption _____ 5E []

6. **Dependent Exemptions.** Add the number of dependents listed above (see instructions). Enter the total here and in the box on line 2 of Schedule 3 (if filing Form IT-40) or Schedule D (if filing Form IT-40PNR) **Box 6** [] 0

7. **Additional Dependent Exemptions.** Add the total number of boxes with Xs from lines 1E, 2E, 3E, 4E, and 5E, if applicable. Enter the total here and in the box on line 3 of Schedule 3 (if filing Form IT-40) or Schedule D (if filing Form IT-40PNR) **Box 7** [] 0

Name(s) shown on Form IT-40

Your Social Security Number

Jon R. Golden

[Redacted Social Security Number]

1. Use tax on out-of-state purchases from line 4 of Sales/Use Tax Worksheet _____	1	0	.00
2. Household employment taxes. Enclose Schedule IN-H _____	2		.00
3. Recapture of certain Indiana offset credits. Enclose Schedule IN-CR _____	3		.00
4. Add lines 1 through 3. Enter here and on Form IT-40, line 10 _____ Total Other Taxes	4	0	.00



Name(s) shown on Form IT-40

Your Social Security Number

Jon R. Golden

[] [] [] [] [] []

Round all entries

1. Indiana state tax withheld: enclose W-2s, 1099s showing state tax withholding amounts _____	1	3850	.00
2. Indiana county tax withheld: enclose W-2s, 1099s showing county tax withholding amounts _____	2	0	.00
3. Estimated tax paid for 2019: include any extension payment made with Form IT-9 _____	3		.00
4. Unified tax credit for the elderly _____	4		.00
5. Earned income credit: enclose Schedule IN-EIC and enter amount from line A-3 _____	5		.00
6. Lake County residential income tax credit _____	6		.00
7. Economic development for a growing economy credit. Enter amount from Schedule IN-EDGE, line 19 (enclose schedule) _____	7		.00
8. Economic development for a growing economy retention credit. Enter amount from Schedule IN-EDGE-R, line 19 (enclose schedule) _____	8		.00
9. Headquarters relocation credit (refundable portion - see instructions) _____	9		.00
10. Add lines 1 through 9. Enter total here and on Form IT-40, line 12 _____ Total Credits	10	3850	.00

Schedule IN-DONATE

Important. The amount on line 2 cannot exceed the amount on Form IT-40/IT-40PNR, line 16.

1. Donations: List fund name, 3-digit code and amount to be donated (see instructions)

a. Enter fund name	[]	code no. []	1a	[]	.00
b. Enter fund name	[]	code no. []	1b	[]	.00
c. Enter fund name	[]	code no. []	1c	[]	.00

2. Add lines 1a through 1c. Enter total here and on Form IT-40/IT-40PNR, line 17 **Total Donations** 2 [] 0 .00



Name(s) shown on Form IT-40

Your Social Security Number

Jon R. Golden

[Redacted]

Round all entries

1. Credit for local taxes paid outside Indiana 1 .00

2. Community revitalization enhancement district credit 2 .00

3. Other Local Credits: See instructions (enclose additional sheets if necessary)

a. Enter credit name code no. 3a .00

b. Enter credit name code no. 3b .00

Important: Lines 1 through 3 cannot be greater than the county tax due on Form IT-40, line 9 (see *Combined Limitation* instructions)

4. College credit: attach Schedule CC-40 4 .00

5. Credit for taxes paid to other states: enclose other state's return 5 .00

6. Other Credits: See instructions (enclose additional sheets if necessary)

a. Enter credit name code no. 6a .00

b. Enter credit name code no. 6b .00

c. Enter credit name code no. 6c .00

d. Enter credit name code no. 6d .00

7. Enter the total credits from Schedule IN-OCC, line 17, and enclose that schedule 7 .00

Important: Lines 4 through 7 added together cannot be greater than the state adjusted gross income tax due on Form IT-40, line 8 (see *Combined Limitation* instructions)

8. Add lines 1 through 7. Enter total here and on line 13 of Form IT-40 8 0 .00 **Total Offset Credits**



County Tax Schedule for
Full-Year Indiana Residents

2019

Name(s) shown on Form IT-40

Your Social Security Number

Jon R. Golden

[Redacted Social Security Number]

1. Enter the amount from IT-40, line 7. Note: If both you and your spouse lived in the same county on January 1, enter the entire amount from Form IT-40, line 7 on line 1A (do not complete Column B). See instructions _____

Column A - Yourself		Column B - Spouse's	
1A	-4377.00	1B	.00

2. Enter the county tax rate from the chart on the back of this schedule for the county where you lived on Jan. 1, 2019 ____

2A	0.01	2B	
----	------	----	--

3. Multiply line 1 by the rate on line 2 (leave blank if less than zero)

3A	.00	3B	.00
----	-----	----	-----

4. Add lines 3A and 3B. Enter the total here. **Note: Perry County residents: If you live in Perry County and worked in the Kentucky counties of Breckinridge, Hancock or Meade, you must complete lines 5 and 6.** Otherwise, enter the total here and on line 7 below (see instructions) _____

4	0.00
---	------

5. Enter the amount of income that was taxed by certain Kentucky localities (see instructions) _____

5	.00
---	-----

6. Multiply line 5 by .0181 and enter total here _____

6	0.00
---	------

7. Enter total of line 4 minus line 6. Enter this amount on line 9 of Form IT-40 _____

7	0.00
---	------