



2023 Federal Tax Return Filing
Instructions
FOR THE YEAR ENDING
December 31, 2023

Prepared for	ANDREW R STILLSON																
Tax Summary	<table><tr><td>Gross Income.....</td><td>\$6849</td></tr><tr><td>Adjusted Gross Income.....</td><td>\$6849</td></tr><tr><td>Total Deductions.....</td><td>\$7249</td></tr><tr><td>Total Taxable Income.....</td><td>\$0</td></tr><tr><td>Total Tax.....</td><td>\$0</td></tr><tr><td>Total Payments.....</td><td>\$78</td></tr><tr><td>Refund Amount.....</td><td>\$78</td></tr><tr><td>Amount You Owe.....</td><td>\$0</td></tr></table>	Gross Income.....	\$6849	Adjusted Gross Income.....	\$6849	Total Deductions.....	\$7249	Total Taxable Income.....	\$0	Total Tax.....	\$0	Total Payments.....	\$78	Refund Amount.....	\$78	Amount You Owe.....	\$0
Gross Income.....	\$6849																
Adjusted Gross Income.....	\$6849																
Total Deductions.....	\$7249																
Total Taxable Income.....	\$0																
Total Tax.....	\$0																
Total Payments.....	\$78																
Refund Amount.....	\$78																
Amount You Owe.....	\$0																
Make check payable to																	
Mailing Address	Department of the Treasury Internal Revenue Service Kansas City, MO 64999-0002																

Instructions

If you e-filed your return and it has been accepted, you will get notified via text or email if you opted for that option.

If you have a balance due being paid by check or are paper filing the return, mail it to the address indicated.

Sign and date Form. Assemble what you need to mail. Attach any schedules and forms behind Form 1040 in order of the Attachment Sequence Number shown in the upper right corner of the schedule or form.

If there are supporting statements, arrange them in the same order as the schedules or forms they support and attach them last. Do not attach correspondence or other items unless required to do so.

Attach a copy of each W-2, W-2G, and 2439 to the front of Form 1040. Also attach Form(s) 1099-R or 1099-G if tax was withheld.

Pay balance due on your taxes Make your check or money order for payable to the United States Treasury. Do not send cash and do not forget to sign it. Write your Social Security number(s) and daytime phone number on your check or money order (U.S. funds only).



**2023 STATE TAX RETURN FILING
INSTRUCTIONS
INDIANA
FOR THE YEAR ENDING
December 31, 2023**

Prepared for	ANDREW R STILLSON																					
Tax Summary	<table><tr><td>Adjusted Gross Income.....</td><td>\$</td><td>5,849</td></tr><tr><td>Total Deductions.....</td><td>\$</td><td>1,000</td></tr><tr><td>Total Taxable Income.....</td><td>\$</td><td>5,849</td></tr><tr><td>Total Tax.....</td><td>\$</td><td>336</td></tr><tr><td>Total Payments.....</td><td>\$</td><td>254</td></tr><tr><td>Refund Amount.....</td><td>\$</td><td>0</td></tr><tr><td>Amount You Owe.....</td><td>\$</td><td>82</td></tr></table>	Adjusted Gross Income.....	\$	5,849	Total Deductions.....	\$	1,000	Total Taxable Income.....	\$	5,849	Total Tax.....	\$	336	Total Payments.....	\$	254	Refund Amount.....	\$	0	Amount You Owe.....	\$	82
Adjusted Gross Income.....	\$	5,849																				
Total Deductions.....	\$	1,000																				
Total Taxable Income.....	\$	5,849																				
Total Tax.....	\$	336																				
Total Payments.....	\$	254																				
Refund Amount.....	\$	0																				
Amount You Owe.....	\$	82																				
Make check payable to	Indiana Department of Revenue																					
Mailing Address	INDIANA DEPARTMENT OF REVENUE PO BOX 7224 INDIANAPOLIS, IN 46207-7224																					

Special Instructions

Sign and Date Your Return

Please Sign and Date Form IT-40. If filing a joint return both you and your spouse need to sign the form.

Assemble What You Need to Mail

Attach any schedules and forms behind Form IT-40. Include all pages of the IT-40. If there are supporting statements, arrange them in the same order as the schedules and forms they support and attach them last. Attach a copy of each W-2, W-2G, 1099R, and 1099G for which IN tax has been withheld.

Pay Balance Due on Your Taxes

Complete your check or money order for \$82. Do not send cash and do not forget to sign the check. Write the last 4 digits of Social Security number(s), daytime phone number, tax year, and Form IT-40 on your check or money order (U.S. funds only).

Mail Form (insert State Base Form Constant) & Other Documents To:

Mailing Address listed above. To retain the proof of mailing, we recommend using certified mail to send your form(s).

When mailing to an address without a P.O. box, you may also use: Airborne Express, DHL Worldwide Express, FedEx, or



**2023 STATE TAX RETURN FILING
INSTRUCTIONS
INDIANA
FOR THE YEAR ENDING
December 31, 2023**

UPS.

Keep A Copy

Click on Main Menu and then E-File or Print to print your return. Attach your copy of each W-2, W-2G, 1099R or 1099G with withholding. Keep with your records for three years.

DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
Kansas City, MO 64999-0002

Fold here for #10 envelope

DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
Kansas City, MO 64999-0002

Fold here for 6x9 envelope

Fold here for #10 envelope

2023 TWO YEAR COMPARISON

ANDREW R STILLSON
317-27-3943

Keep for Your Records

	2023	2022	Difference
Filing status	Single		
INCOME:			
Wages, salaries, tips, etc.	6,849		6,849
Interest income			
Ordinary dividend income			
IRA distributions and pension income			
Taxable social security income			
Capital gain or (loss) (Schedule D)			
Schedule 1 - Income			
Refunds of state and local taxes			
Alimony received			
Business income or (loss) (Schedule C)			
Other gains or (losses) (Form 4797)			
Rental real estate, partnerships, estates, etc. (Schedule E)			
Farm income or (loss) (Schedule F)			
Unemployment compensation			
Other income			
Total income	6,849		6,849
ADJUSTMENTS:			
Schedule 1 - Adjustments			
Educator expenses			
Busn expenses for reserviists, performing artists, etc			
Health savings account deduction			
Moving expenses			
Deductible part of self-employment tax			
Self-employed SEP, SIMPLE and qualified plans deduction ...			
Self-employed health insurance			
Penalty on early withdrawal of savings			
Alimony paid			
IRA contributions			
Student loan interest deduction			
Archer MSA deduction			
Other adjustments			
Total adjustments			
ADJUSTED GROSS INCOME:	6,849		6,849
DEDUCTIONS:			
Standard deduction or Itemized deductions	7,249		7,249
Charitable contributions if taking standard deduction	N/A		
If itemized, Schedule A deductions:			
Medical and dental expenses			
Sales, income, and other taxes paid	254		254
Interest paid			
Gifts to charity			
Casualty and theft losses			
Other miscellaneous deductions			
Qualified business income deduction			
TAXABLE INCOME:			

2023 TWO YEAR COMPARISON

ANDREW R STILLSON
317-27-3943

Keep for Your Records

	2023	2022	Difference
TAX COMPUTATION (BEFORE CREDITS):			
Tax			
Tax calculation method	TABLE		
Schedule 2 – Taxes			
Alternative minimum tax			
Excess advance premium tax credit repayment			
Total taxes			
Tax rate	10%	%	
CREDITS:			
Child and other dependents tax credit			
Schedule 3 – Non-Refundable Credits			
Foreign tax credit			
Child care credit			
Education credit			
Retirement savings contribution credit			
Other credits			
Total credits			
OTHER TAXES:			
Schedule 2 – Other Taxes			
Self-employment tax			
Additional tax on IRAs			
Other taxes			
TOTAL TAXES:			
PAYMENTS:			
Federal income tax withheld	78		78
Estimated payments made			
Earned income credit			
Refundable child tax credit or additional child tax credit			
American opportunity credit			
Schedule 3 – Refundable Credits & Payments			
ACA premium tax credit			
Qualified sick and family leave credit			
Other payments			
Total payments	78		78
AMOUNT DUE / REFUND:			
Amount overpaid	78		78
Overpayment applied to next year			
Refund	78		78
Amount due			
Penalty			

Tax Calculation Methods:

Sch D = Sch D tax worksheet
Sch J = Inc Aver for Farmer/Fisherman
FEITW = Foreign Earned Income Tax WS

QDCGTW = Qual Div Cap Gain Tax WS
F8615 = Child with unearned income

TCW = Tax Comp Worksheet (rates)
TABLE = Tax Table

For the year Jan. 1-Dec. 31, 2023, or other tax year beginning , 2023, ending , 20 See separate instructions.

Your first name and middle initial ANDREW R		Last name STILLSON	Your social security number 317-27-3943	
If joint return, spouse's first name and middle initial		Last name	Spouse's social security number	
Home address (number and street). If you have a P.O. box, see instructions. 316 NORTH INDEPENDENCE STREET		Apt. no.	Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse	
City, town, or post office. If you have a foreign address, also complete spaces below. TIPTON		State IN		ZIP code 46072
Foreign country name	Foreign province/state/county			Foreign postal code

Filing Status ☒ Single ☐ Married filing separately (MFS) ☐ Head of household (HOH) ☐ Qualifying surviving spouse (QSS)

Check only one box. ☐ Married filing jointly (even if only one had income)

If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent:

Digital Assets At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) ☐ Yes ☒ No

Standard Deduction ☒ Someone can claim: ☒ You as a dependent ☐ Your spouse as a dependent ☐ Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness You: ☐ Were born before January 2, 1959 ☐ Are blind Spouse: ☐ Was born before January 2, 1959 ☐ Is blind

Dependents (see instructions):		(2) Social security number	(3) Relationship to you	(4) Check the box if qualifies for (see inst.):
(1) First name	Last name			Child tax credit

Income Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld. If you did not get a Form W-2, see instructions.	1a	Total amount from Form(s) W-2, box 1 (see instructions)	1a	6,849
	b	Household employee wages not reported on Form(s) W-2	1b	
	c	Tip income not reported on line 1a (see instructions)	1c	
	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)	1d	
	e	Taxable dependent care benefits from Form 2441, line 26	1e	
	f	Employer-provided adoption benefits from Form 8839, line 29	1f	
	g	Wages from Form 8919, line 6	1g	
	h	Other earned income (see instructions)	1h	
	i	Nontaxable combat pay election (see instructions) 1i		
	z	Add lines 1a through 1h	1z	6,849
	2a	Tax-exempt interest 2a	b Taxable interest 2b	
	3a	Qualified dividends 3a	b Ordinary dividends 3b	
	4a	IRA distributions 4a	b Taxable amount 4b	
	5a	Pensions and annuities 5a	b Taxable amount 5b	
	6a	Social security benefits 6a	b Taxable amount 6b	
c If you elect to use the lump-sum election method, check here (see instructions)				
7	Capital gain or (loss). Attach Schedule D if required. If not required, check here	7		
8	Additional income from Schedule 1, line 10	8		
9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income	9	6,849	
10	Adjustments to income from Schedule 1, line 26	10		
11	Subtract line 10 from line 9. This is your adjusted gross income	11	6,849	
12	Standard deduction or itemized deductions (from Schedule A)	12	7,249	
13	Qualified business income deduction from Form 8995 or Form 8995-A	13		
14	Add lines 12 and 13	14	7,249	
15	Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income	15	0	

Tax and Credits	16 Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	16	0
	17 Amount from Schedule 2, line 3	17	
	18 Add lines 16 and 17	18	0
	19 Child tax credit or credit for other dependents from Schedule 8812	19	
	20 Amount from Schedule 3, line 8	20	
	21 Add lines 19 and 20	21	
	22 Subtract line 21 from line 18. If zero or less, enter -0-	22	0
	23 Other taxes, including self-employment tax, from Schedule 2, line 21	23	
24 Add lines 22 and 23. This is your total tax	24	0	

Payments	25 Federal income tax withheld from:				
	a Form(s) W-2	25a	78		
	b Form(s) 1099	25b			
	c Other forms (see instructions)	25c			
	d Add lines 25a through 25c	25d	78		
	26 2023 estimated tax payments and amount applied from 2022 return	26			
	27 Earned income credit (EIC)	27			
	28 Additional child tax credit from Schedule 8812	28			
	29 American opportunity credit from Form 8863, line 8	29			
	30 Reserved for future use	30			
31 Amount from Schedule 3, line 15	31				
32 Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits	32				
33 Add lines 25d, 26, and 32. These are your total payments	33	78			

Refund	34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	78
	35a Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	78
	b Routing number 074901672 c Type: <input type="checkbox"/> Checking <input checked="" type="checkbox"/> Savings		
	d Account number 48245528		
	36 Amount of line 34 you want applied to your 2024 estimated tax	36	

Amount You Owe	37 Subtract line 33 from line 24. This is the amount you owe . For details on how to pay, go to www.irs.gov/Payments or see instructions	37	
	38 Estimated tax penalty (see instructions)	38	

Third Party Designee	Do you want to allow another person to discuss this return with the IRS? See instructions <input type="checkbox"/> Yes . Complete below. <input checked="" type="checkbox"/> No		
	Designee's name	Phone no.	Personal identification number (PIN)

Sign Here	Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
	Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
	Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
	Phone no. 7656359618	Email address drewstillson82@gmail.com		

Paid Preparer Use Only	Preparer's name	Preparer's signature	Date	PTIN	Check if: <input type="checkbox"/> Self-employed
	Firm's name	Firm's address			Phone no.
					Firm's EIN

2023 WAGES AND SALARIES SUMMARY ATTACHMENT

ANDREW R STILLSON
317-27-3943

Employer Name	Employer EIN	T or S	Wages	Federal Withholding	Social Security Tax Withheld	State	State Wages	State Tax Withheld	Local Tax Withheld
BOYS GIRLS CLUBS IN INDIANA	81-4118364	T	5,400	78	335	IN	5,400	170	
BOYS GIRLS CLUB OF TIPTON C	35-1871264	T	1,449		90	IN	1,449	46	38

Total 6,849 78 425 6,849 216 38

2023 FEDERAL TAX WITHHOLDINGS ATTACHMENT

ANDREW R STILLSON
317-27-3943

W-2

BOYS GIRLS CLUBS IN INDIAN

78

Total to Form 1040/1040-SR line 25d

78

2023 STANDARD DEDUCTION WORKSHEET FOR DEPENDENTS – LINE 12

ANDREW R STILLSON
317-27-3943

Keep for Your Records

Use this worksheet **only** if someone can claim you, or your spouse if filing jointly, as a dependent.

1. Check if: ☐ You were born before January 2, 1959.
☐ You are blind.
☐ Spouse was born before January 2, 1959.
☐ Spouse is blind. Total number of boxes checked 1. _____
2. Is your **earned income** * more than \$850?
☒ **Yes.** Add \$400 to your earned income. Enter the total. 2. 7,249
☐ **No.** Enter \$1,250. 2. _____
3. Enter the amount shown below for your filing status.
● Single or married filing separately – \$13,850 3. 13,850
● Married filing jointly – \$27,700 3. _____
● Head of household – \$20,800 3. _____
4. **Standard deduction.**
a. Enter the **smaller** of line 2 or line 3. If born after January 1, 1959, and not blind, **stop here** and enter this amount on Form 1040 or 1040–SR, line 12. Otherwise, go to line 4b 4a. 7,249
b. If born before January 2, 1959, or blind, multiply the number on line 1 by \$1,500 (\$1,850 if single or head of household) 4b. _____
c. Add lines 4a and 4b. Enter the total here and on Form 1040 or 1040–SR, line 12 4c. 7,249

* **Earned income** includes wages, salaries, tips, professional fees, and other compensation received for personal services you performed. It also includes any taxable scholarship or fellowship grant. Generally, your earned income is the total of the amount(s) you reported on Form 1040 or 1040–SR, line 1z, and Schedule 1, lines 3, 6, 8r, 8t, and 8u minus the amount, if any, on Schedule 1, line 15.

2023 **Indiana Full-Year Resident
Individual Income Tax Return**

Due April 15, 2024

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

from to:

Place "X" in box ☐
if amending

Your Social Security Number 317 27 3943

Spouse's Social Security Number

☐ Place "X" in box if applying for ITIN

☐ Place "X" in box if applying for ITIN

Your first name ANDREW Initial R Last name STILLSON Suffix

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

Present address (number and street or rural route)

316 NORTH INDEPENDENCE STREET Place "X" in box if you are married filing separately. ☐

City TIPTON State IN ZIP/Postal code 46072

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 Jan. 1, 2023.

County where you lived 80 County where you worked 80 County where spouse lived County where spouse worked

Round all entries

- Enter your federal adjusted gross income from your federal income tax return, Form 1040 or Form 1040-SR, line 11 **Federal AGI** 1 6849 .00
- Enter amount from Schedule 1, line 7, and enclose Schedule 1 **Indiana Add-Backs** 2 .00
- Add line 1 and line 2 3 6849 .00
- Enter amount from Schedule 2, line 12, and enclose Schedule 2 **Indiana Deductions** 4 .00
- Subtract line 4 from line 3 5 6849 .00
- Complete Schedule 3. Enter amount from Schedule 3, line 7, and enclose Schedule 3 **Indiana Exemptions** 6 1000 .00
- Subtract line 6 from line 5 **Indiana Adjusted Gross Income** 7 5849 .00
- State adjusted gross income tax: multiply line 7 by 3.15% (.0315) (if answer is less than zero, leave blank) 8 184 .00
- County tax. Enter county tax due from Schedule CT-40 (if answer is less than zero, leave blank) 9 152 .00
- Other taxes. Enter amount from Schedule 4, line 4 (enclose schedule) 10 .00
- Add lines 8, 9 and 10. Enter total here and on line 15 on the back **Indiana Taxes** 11 336 .00

12. Enter credits from Schedule 5, line 13 (enclose schedule)	12	254	.00			
13. Enter offset credits from Schedule 6, line 8 (enclose schedule)	13		.00			
14. Add lines 12 and 13	Indiana Credits		14	254	.00	
15. Enter amount from line 11	Indiana Taxes		15	336	.00	
16. If line 14 is equal to or more than line 15, subtract line 15 from line 14 (if smaller, skip to line 23)			16		.00	
17. Enter donations from Schedule IN-DONATE (enclose schedule); cannot be greater than line 16			17		.00	
18. Subtract line 17 from line 16	Overpayment		18		.00	
19. Amount from line 18 to be applied to your 2024 estimated tax account (see instructions).						
Enter your county code		county tax to be applied _ \$	a		.00	
Spouse's county code		county tax to be applied _ \$	b		.00	
Indiana adjusted gross income tax to be applied		\$	c		.00	
Total to be applied to your estimated tax account (a + b + c; cannot be more than line 18)			19d		.00	
20. Penalty for underpayment of estimated tax from Schedule IT-2210 and IT-2210A			20		.00	
a. Enter Code A if annualizing. Enter Code F if Farmer or Fisherman			a			
21. Refund: Line 18 minus lines 19d and 20. Note: If less than zero, see line 23 instructions	Your Refund		21		.00	
22. Direct Deposit (see instructions)						
a. Routing Number						
b. Account Number						
c. Type:	<input type="checkbox"/>	Checking	<input type="checkbox"/>	Savings	<input type="checkbox"/>	Hoosier Works MC
d. Place an "X" in the box if refund will go to an account outside the United States	<input type="checkbox"/>					
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)			23	82	.00	
24. Penalty if filed after due date (see instructions)			24		.00	
25. Interest if filed after due date (see instructions)			25		.00	
26. Amount Due: Add lines 23, 24 and 25	Amount You Owe		26	82	.00	

Do not send cash. Make your check or money order payable to:
Indiana Department of Revenue. See instructions if paying with a credit card.

Sign and date this return after reading the Authorization statement on Schedule 7. Remember to enclose Schedule 7.

Signature	Date	Spouse's Signature	Date
-----------	------	--------------------	------

- Mail payments 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.



Name(s) shown on Form IT-40

ANDREW R STILLSON

Your Social Security Number

317

27

3943

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. Complete and enclose Schedule IN-DEP-A: Adopted Dependent Information if you are claiming dependents on line 6 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 5

x \$1000

2

.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, 2023; or
- who is a full-time student who was under the age of 24 by Dec. 31, 2023; 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 6.

x \$1500

3

.00

4. Place "X" in box(es) below if, by Dec. 31, 2023

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

.00

5. If age 65 or older, enter amount from Form IT-40, line 1.

- If filing as married filing separately and this amount is less than \$20,000, place "X" in the "You were age 65 or older" box below.
- For all other filers age 65 or older, if this amount is less than \$40,000, place "X" in appropriate box(es) below.

You were age 65 or older

☐

Spouse was 65 or older

☐

Total number of boxes with Xs

x \$500

5

.00

6. Enter the number of additional adopted child exemptions listed on Schedule IN-DEP-A, Box 6

x \$3000

6

.00

You **MUST** enclose Schedule IN-DEP-A.

7. Add lines 1, 2, 3, 4, 5 and 6. Enter here and on Form IT-40, line 6

Total Exemptions

7

1000

.00



23023111729

Name(s) shown on Form IT-40

ANDREW R STILLSON

Your Social Security Number

317

27

3943

Round all entries

1. Indiana state tax withheld: See instructions _____	1	216	.00
2. Indiana county tax withheld: See instructions _____	2	38	.00
3. Pass Through Entity Tax Credit _____	3		.00
4. Estimated tax paid for 2023: include any extension payment made with Form IT-9 _____	4		.00
5. Unified tax credit for the elderly _____	5		.00
6. Earned income credit: enclose Schedule IN-EIC and enter amount from line A-3 _____	6		.00
7. Lake County residential income tax credit _____	7		.00
8. Economic development for a growing economy credit. Enter amount from Schedule IN-EDGE, line 19 (enclose schedule) _____	8		.00
9. Economic development for a growing economy retention credit. Enter amount from Schedule IN-EDGE-R, line 19 (enclose schedule) _____	9		.00
10. Headquarters relocation credit (refundable portion - see instructions) _____	10		.00
11. Adoption Credit _____	11		.00
12. Reserved for future use _____	12		.00
13. Add lines 1 through 12. Enter total here and on Form IT-40, line 12 _____ Total Credits	13	254	.00

Schedule IN-DONATE

Important: The amount on line 2 cannot exceed the amount on Form IT-40, 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, line 17		Total Donations		2		.00

Name(s) shown on Form IT-40

ANDREW R STILLSON

Your Social Security Number

317

27

3943

1. Federal filing information

Are you filing a federal income tax return for 2023? Place "X" in appropriate box. Yes ☒ No ☐

2. Out-of-state income: Complete if you and/or your spouse (if filing a joint return) received any salary, wage, tip and/or commission income from Illinois, Kentucky, Michigan, Ohio, Pennsylvania or Wisconsin. Enter two-digit code number from the back of Schedule CT-40 for state where you and/or your spouse worked.

State where you worked

Your income

\$.00

State where spouse worked

Spouse's income

\$.00

3. Extension of time to file

a. Place "X" in box if you have filed a federal extension of time to file, Form 4868, or made an online extension payment. ☐

b. Place "X" in box if you have filed an Indiana extension of time to file, Form IT-9, or made an Indiana extension payment online. ☐

4. Farm/Fishing income

Place "X" in box if at least two-thirds of your gross income was made from farming or fishing. ☐

Important: If you placed an "X" in the box, you MUST attach Schedule IT-2210.

5. Schedule IN-40PA filers. If you are eligible to file federal Form 8857, Request for Innocent Spouse Relief, and are completing Indiana Schedule IN-40PA, enclose Schedule IN-40PA and check the box. ☐

6. Date of death

If any individual listed at the top of the IT-40 died *during* 2023, enter date of death (MM/DD).

Taxpayer's date of death

2023

Spouse's date of death

2023

Authorization: Sign Form IT-40 after reading the following statement.

Under penalty of perjury, I have examined this return and all attachments and to the best of my knowledge and belief, it is true, complete and correct. I understand that if this is a joint return, any refund will be made payable to us jointly and each of us is liable for all taxes due under this return. Also, my request for direct deposit of my refund includes my authorization to the Indiana Department of Revenue (DOR) to furnish my financial institution with my routing number, account number, account type and Social Security number to ensure my refund is properly deposited. I grant permission to DOR to contact the Social Security Administration to confirm that the Social Security number(s) used on this return is correct.

7. Your daytime

telephone number

7656359618

Your

email address

DREWSTILLSON82@GMAIL.C

I authorize the Department to discuss my return with my personal representative.

Yes ☐ No ☒ If yes, complete the information below.

Personal Representative's Name (please print)

Telephone number

Address

City

State

ZIP Code

Paid Preparer: Firm's Name (or yours if self-employed)

☐ IN-OPT on file with paid preparer if not filing electronically

PTIN

Address

City

State

ZIP Code

Preparer's signature



County Tax Schedule for
Full-Year Indiana Residents

2023

Enclosure
Sequence No. 07

Name(s) shown on Form IT-40

ANDREW R STILLSON

Your Social Security Number

317

27

3943

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	5849	.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, 2023 ____

2A	.026		2B		
----	------	--	----	--	--

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

3A	152	.00	3B		.00
----	-----	-----	----	--	-----

4. Add lines 3A and 3B. Enter the total here. **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	152	.00
---	-----	-----

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

5		.00
---	--	-----

6. Multiply line 5 by the rate for Perry County. See County Rate Chart and enter total here ____

6		.00
---	--	-----

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

7	152	.00
---	-----	-----



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

Your Social Security Number

ANDREW R STILLSON

317273943

	A Social Security Number	B Form Code	C Employer or Payer ID Number	D State Income	E State Tax Withheld	F Local Income	G Local Tax Withheld	H Locality Code
1	317273943	W	0158466918	540000	17000			
2	317273943	W	0005267692	144900	4600	144900	3800	C80
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26	Add lines 1 through 25 column E. Enter total on line 1 of IT-40 Schedule 5, or line 1 of IT-40PNR Schedule F, or line 7 of IT-40RNR.				21600			
27	Add lines 1 through 25 column G. Enter total on line 2 of IT-40 Schedule 5, or line 2 of IT-40PNR Schedule F, or line 8 of IT-40RNR.						3800	

Schedule IN-W Reference Chart

Form Type	Form Code	Form Type	Form Code	Form Type	Form Code
W2/W2C	W	1099R	R	1099G	U
W2G	G	1099M	M	1099NEC	N



Cut on line before mailing

POST FILING COUPON

PFC

0912

2029

*SSN 1 317 27 3943

*SSN 2

Period End Date 12 31 2023

Date Due 04 15 2024

Tax Type IND

"Electronic calculation and processing of state tax liabilities serve as a convenience for Indiana taxpayers. The taxpayer remains responsible for providing accurate information and remains liable for payment of the correct amount of tax."

Mail and make check payable to
INDIANA DEPARTMENT OF REVENUE
P.O. BOX 1674
INDIANAPOLIS, IN 46206-1674

ANDREW R STILLSON

316 NORTH INDEPENDENCE STREET

TIPTON IN 46072

Amount Due:

82.00

06000031727394302000010111231202304