Schedule IN-DEP Form IT-40/IT-40PNR State Form 54815 (R7 / 9-18)

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

Enclosure Sequence No. 03A/04A 2018

Name(s) shown on Form IT-40/IT-40PNR	Y	our Social Security Number
Dependent's First Name	Dependent's Last Name	
1A. Dependent's Social Security Number	Dependent's Date of Birth (mm dd yyyy	/\
Dependent's Social Security Number	Dependent's Date of Birth (Illin dd yyy)	
1C 1D		
1E. Place "X" in box if claiming dependent as an additional dependent child exemption1E		
Dependent's First Name	Dependent's Last Name	
2A. 2B		
Dependent's Social Security Number	Dependent's Date of Birth (mm dd yyyy	/)
2C. 2D 2D 2D 2E. Place "X" in box if claiming dependent as a	n additional dependent child exemption	2E
ZE. Thate A miles a saming dependent de d		
Dependent's First Name	Dependent's Last Name	
3A. 3B		
Dependent's Social Security Number	Dependent's Date of Birth (mm dd yyyy	<u>()</u>
3C. 3D		
3E. Place "X" in box if claiming dependent as a	n additional dependent child exemption	3E
-		
Dependent's First Name	Dependent's Last Name	
4A4B		
Dependent's Social Security Number	Dependent's Date of Birth (mm dd yyyy	()
4C. 4D		
4E. Place "X" in box if claiming dependent as an additional dependent child exemption4E		
Dependent's First Name	Dependent's Last Name	
5A. 5B		
Dependent's Social Security Number	Dependent's Date of Birth (mm dd yyyy	')
5C 5D		
5E. Place "X" in box if claiming dependent as a		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	·	
Additional Dependent Exemptions. Add the and 5E, if applicable. Enter the total here and		
Schedule D (if filing Form IT-40PNR)	, -	,