

**Indiana Part-Year or Full-Year Nonresident  
Individual Income Tax Return**

**2020**

Due April 15, 2021

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  721  58  0388

Spouse's Social Security Number

Place "X" in box if applying for ITIN

Place "X" in box if applying for ITIN

Your first name  GAIRIK  Initial  Last name  RAY  Suffix

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

Present address (number and street or rural route)

8101 MEMORIAL LN 2835  Place "X" in box if you are married filing separately.

City  PLANO State  TX Zip/Postal code  75024

Foreign country 2-character code (see instructions)

Enter below the **2-digit county code** numbers (found on the back of Schedule CT-40PNR) for the county where you lived and worked on January 1, 2020.

County where you lived  53 County where you worked  53 County where spouse lived  County where spouse worked

**Round all entries**

- |   |                                      |    |                           |                          |
|---|--------------------------------------|----|---------------------------|--------------------------|
| 1. Complete Schedule A first. Enter here the amount from Section 3, line 36B, and enclose Schedule A _____            | <b>Indiana Income</b>                | 1  | <input type="text"/> 3194 | <input type="text"/> .00 |
| 2. Enter amount from Schedule B, line 6, and enclose Schedule B _____   | <b>Indiana Add-Backs</b>             | 2  | <input type="text"/>      | <input type="text"/> .00 |
| 3. Add line 1 and line 2 _____  |                                      | 3  | <input type="text"/> 3194 | <input type="text"/> .00 |
| 4. Enter amount from Schedule C, line 12, and enclose Schedule C _____  | <b>Indiana Deductions</b>            | 4  | <input type="text"/>      | <input type="text"/> .00 |
| 5. Subtract line 4 from line 3 _____  |                                      | 5  | <input type="text"/> 3194 | <input type="text"/> .00 |
| 6. You must complete Schedule D. Enter amount from Schedule D, line 8, and enclose Schedule D _____                   | <b>Indiana Exemptions</b>            | 6  | <input type="text"/> 412  | <input type="text"/> .00 |
| 7. Subtract line 6 from line 5 _____  | <b>Indiana Adjusted Gross Income</b> | 7  | <input type="text"/> 2782 | <input type="text"/> .00 |
| 8. State adjusted gross income tax: multiply line 7 by 3.23% (.0323) (if answer is less than zero, leave blank) _____ |                                      | 8  | <input type="text"/> 90   | <input type="text"/> .00 |
| 9. County tax. Enter county tax due from Schedule CT-40PNR (if answer is less than zero, leave blank) _____           |                                      | 9  | <input type="text"/> 37   | <input type="text"/> .00 |
| 10. Other taxes. Enter amount from Schedule E, line 5 (enclose sch.) _____  |                                      | 10 | <input type="text"/>      | <input type="text"/> .00 |
| 11. Add lines 8, 9 and 10. Enter total here and on line 15 on the back _____  | <b>Indiana Taxes</b>                 | 11 | <input type="text"/> 127  | <input type="text"/> .00 |



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12. Enter credits from Schedule F, line 10 (enclose schedule)   .
13. Enter offset credits from Schedule G, 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 2021 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 \_\_\_\_\_   .

21. **efund:** Line 18 minus lines 19d and 20. Note: If less than zero, see line 23 instructions **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 H. You must enclose Schedule H (both pages).**

\_\_\_\_\_  
Your Signature Date 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.



Name(s) shown on Form IT-40PNR

Your Social Security Number

GAIRIK RAY

721

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**Section 1: Income or (Loss)** Enter in Column A the same income or loss you reported on your 2020 federal income tax return, Form 1040, Form 1040-SR, and Form 1040 Schedule 1 (except for line 19B and/or a net operating loss carryforward on line 20B; see instructions). Round all entries.

	Column A Income from Federal Return		Column B Income Taxed by Indiana	
1. Your wages, salaries, tips, commissions, etc _____	1A	3194.00	1B	3194.00
2. Spouse's wages, salaries, tips, commissions, etc _____	2A	.00	2B	.00
3. Taxable interest income _____	3A	.00	3B	.00
4. Dividend income _____	4A	.00	4B	.00
5. Taxable refunds, credits, or offsets of state and local taxes from your federal return _____	5A	.00	5B	.00
6. Alimony received _____	6A	.00	6B	.00
7. Business income or loss from federal Schedule C or C-EZ _____	7A	4550.00	7B	0.00
8. Capital gain or loss from sale or exchange of property from your federal return _____	8A	.00	8B	.00
9. Other gains or (losses) from Form 4797 _____	9A	.00	9B	.00
10. Total IRA distribution _____	10A	.00	10B	.00
11. Total pensions and annuities _____	11A	.00	11B	.00
12. Net rent or royalty income or loss reported on federal Schedule E _____	12A	.00	12B	.00
13. Income or loss from partnerships _____	13A	.00	13B	.00
14. Income or loss from trusts and estates _____	14A	.00	14B	.00
15. Income or loss from S corporations _____	15A	.00	15B	.00
16. Farm income or loss from federal Schedule F _____	16A	.00	16B	.00
17. Unemployment compensation _____	17A	.00	17B	.00
18. Taxable Social Security benefits _____	18A	.00	18B	.00
19. Indiana apportioned income from Schedule IT-40PNRA _____			19B	.00
20. Other income reported on your federal return _____	20A	.00	20B	.00
List source(s). ( <b>Do not</b> include federal net operating loss in Column B. See instructions.)				
21. Subtotal: add lines 1 through 20 _____	21A	7744.00	21B	3194.00



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**Proration Section** See instructions.

21C. **Note:** Nonresident military personnel see special instructions and complete worksheet \_\_\_\_\_ 21C  .00

21D. For all other individuals, divide the amount on line 21B by the amount on line 21A (see instructions if either line 21A and/or 21B are less than zero). Please round your answer to a decimal followed by three numbers. Example:  $\$3,100 \div \$8,000 = .3875$ , which rounds to .388 (do not enter a number greater than 1.00). Enter result here and on Schedule D, line 7 \_\_\_\_\_ 21D 0.412

**Section 2: Adjustments to Income** Note: Enter in Column A only those deductions claimed on your 2020 federal income tax return, Form 1040, Form 1040-SR, and Form 1040 Schedule 1. Round all entries.

	Column A Federal Adjustments		Column B Indiana Adjustments	
22. Educator expenses (see instructions) _____	22A	<input type="text"/> .00	22B	<input type="text"/> .00
23. Certain business expenses of reservists, performing artists, etc _____	23A	<input type="text"/> .00	23B	<input type="text"/> .00
24. Health savings account deduction _____	24A	<input type="text"/> .00	24B	<input type="text"/> .00
25. Moving expenses (see instructions) _____	25A	<input type="text"/> .00	25B	<input type="text"/> .00
26. Deductible part of self-employment tax _____	26A	322 .00	26B	0 .00
27. Self-employed, SEP, SIMPLE, and qualified plans _____	27A	<input type="text"/> .00	27B	<input type="text"/> .00
28. Self-employed health insurance deduction _____	28A	<input type="text"/> .00	28B	<input type="text"/> .00
29. Penalty on early withdrawal of savings _____	29A	<input type="text"/> .00	29B	<input type="text"/> .00
30. Alimony paid _____	30A	<input type="text"/> .00	30B	<input type="text"/> .00
31. IRA deduction _____	31A	<input type="text"/> .00	31B	<input type="text"/> .00
32. Student loan interest deduction (see instructions) _____	32A	<input type="text"/> .00	32B	<input type="text"/> .00
33. Tuition and Fees _____	33A	<input type="text"/> .00	33B	<input type="text"/> .00
34. Other (see instructions) <input type="text"/>	34A	<input type="text"/> .00	34B	<input type="text"/> .00
35. Add lines 22 through 34 _____	35A	322 .00	35B	0 .00

**Section 3: Totals**

36. Subtract line 35 from line 21 of Section 1. Carry amount from line 36B to Form IT-40PNR, line 1 \_\_\_\_\_ 36A 7422 .00 36B 3194 .00



Name(s) shown on Form IT-40PNR

Your Social Security Number

GAIRIK RAY

721 58 0388

**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  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, 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   .00

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   .00

5. If age 65 or older, enter amount from Schedule A, line 36A \$   
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  .00

6. Add lines 1, 2, 3, 4 and 5   6 1000 .00

7. Enter the number from Schedule A, Proration Section, line 21D   7 0.412

8. Multiply line 6 by line 7. Enter here and on Form IT-40PNR, line 6  **Total Exemptions**  8 412 .00



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**Round all entries**

- |   |    |     |     |
|---|----|-----|-----|
| 1. Indiana state tax withheld: enclose W-2s, 1099s, IN K-1s showing state tax withholding amounts                                   | 1  | 103 | .00 |
| 2. Indiana county tax withheld: enclose W-2s, 1099s, IN K-1s showing county tax withholding amts.                                   | 2  |     | .00 |
| 3. Estimated tax paid for 2020: include any extension payment made with Form IT-9   | 3  |     | .00 |
| 4. Unified tax credit for the elderly   | 4  |     | .00 |
| 5. Earned income credit: see instructions<br>Enter earned income credit from<br>Schedule IN-EIC, line <b>A-3</b> _____ Box A        |    |     | .00 |
| Enter number from Schedule A, Proration Section, line 21D _____ Box B   |    |     |     |
| Multiply Box A by Box B, enter total here   | 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,<br>line 19 (enclose schedule)             | 7  |     | .0  |
| 8. Economic development for a growing economy retention credit. Enter amount from<br>Schedule IN-EDGE-R, line 19 (enclose schedule) | 8  |     | .00 |
| 9. Headquarters relocation credit (refundable portion - see instructions)   | 9  |     | .00 |
| 10. dd lines 1 through 9. Enter total here and on Form IT-40PNR, line 12 <b>Total Credits</b>                                       | 10 | 103 |     |

**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 <b>Total Donations</b> |       |                | 2  | _____ | .00 |



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Name(s) shown on Form IT-40PNR

Your Social Security Number

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**Section 1: Residency Information**

List all state(s) and dates of your (and your spouse's, if filing jointly) residency during 2020. Enter 2-letter state name (e.g. "IL" for Illinois) or the letters "OC" if you were a resident of a foreign country (see instructions).

**Example**

State of Residence	Date From (MM/DD)	Date To (MM/DD)	Did you file a tax return with the state/country? Place "X" in appropriate box.
IL	01 01 2020	06 01 2020	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
IN	06 02 2020	12 31 2020	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

**Your information**

	(a) State of Residence	(b) Date From (MM/DD)	(c) Date To (MM/DD)	Did you file a tax return with the state/country? Place "X" in appropriate box.
1A	IL	05 22 2020	12 31 2020	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
1B	IN	01 01 2020	05 21 2020	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
1C				Yes <input type="checkbox"/> No <input type="checkbox"/>
1D				Ye <input type="checkbox"/> No <input type="checkbox"/>

**Spouse's information if married filing jointly**

	(a) State of Residence	(b) Date From (MM/DD)	(c) Date To (MM/DD)	Did you file a tax return with the state/country? Place "X" in appropriate box.
2A				Yes <input type="checkbox"/> No <input type="checkbox"/>
2B				Yes <input type="checkbox"/> No <input type="checkbox"/>
2C				Yes <input type="checkbox"/> No <input type="checkbox"/>
2D				Ye <input type="checkbox"/> No <input type="checkbox"/>

Turn over to complete Section 2



Section 2: Additional Information

1. Federal filing information

Are you filing a federal income tax return for 2020? Place "X" in appropriate box. Yes  No

2. 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.

3. 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.

4. MFJ filers. If you are eligible for a refund and you do not want it applied to an existing state income tax liability of your spouse, or to another debt of your spouse to which the state tax refund may be applied, place an "X" in the box and see instructions.

5. Date of death

If any individual listed at the top of the IT-40PNR died during 2020, enter date of death (MM/DD).

Taxpayer's date of death   2020 Spouse's date of death   2020

Authorization Sign Form IT-40PNR 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 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 give permission to the Department to contact the Social Security Administration to confirm that the Social Security number(s) used on this return is correct.

6. Your daytime telephone number

Your email address

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





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**SECTION 1: To be completed by those taxpayers who were residents of an Indiana county as of Jan. 1, 2020.**

	Column A - Yourself	Column B - Spouse's
1. Enter the amount from IT-40PNR, line 7. Note: If both you and your spouse lived in the same county on January 1, enter the entire amount from Form IT-40PNR, line 7 on line 1A only (see instructions) _____	1 2782.00	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, 2020 _____	2A .0134500	2B .
3. Multiply line 1 by the rate on line 2 (leave blank if less than zero) _____	3A 37.00	3B .00
4. Add lines 3A and 3B. Enter the total here. <b>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.</b> Otherwise, enter the total here and on line 7 below. _____		4 37.00
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 .00
7. Enter total of line 4 minus line 6. Continue with Section 2 below if you are married filing jointly and you/spouse need to complete it. Otherwise, enter this amount on line 9 of Form IT-40PNR _____		7 37.00

**SECTION 2: To be completed by those taxpayers who, on Jan. 1, 2020, were not residents of an Indiana county, but who worked in Indiana as of Jan. 1, 2020.**

	Column A - Yourself	Column B - Spouse's
1. Enter your principal employment income (see instructions) _____	1A .00	1B .00
2. Enter deductions. See the complete list of allowable deductions in the instructions _____	2 .00	2 .00
3. Subtract line 2 from line 1 _____	3 .00	3B .00
4. Enter some or all of the exemptions from line 8 of Schedule D (see instructions) _____	4A .00	4B .00
5. Subtract line 4 from line 3 (if less than zero, leave blank) _____	5A .00	5B .00
6. Enter the county tax rate from the chart on the back of this schedule for the county where you worked on Jan. 1, 2020 _____	6A .	6B .
7. Multiply the income on line 5 by the rate on line 6 _____	7A .00	7B .00
8. Enter total of 7A plus 7B; carry to Form IT-40PNR, line 9. (If you have an amount on Section 1, line 7 above, combine that with the amount on line 8 and enter total on Form IT-40PNR, line 9) _____		8 .00



