

Cut on line before mailing

REV 02/16/22 PRO

POST FILING COUPON

PFC

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“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.”

\*SSN 1 653 33 8042

\*SSN 2

Period End Date 12 31 2021

Date Due 04 18 2022

Tax Type IND

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

LEELAVATHI PUTTA

7376 PARKRIDGE BLVD 203

IRVING TX 75063

Amount Due:

599.00

06000065333804202000010111231202108

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

**2021**

Due April 18, 2022

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  653  33  8042

Spouse's Social Security Number

Place "X" in box if applying for ITIN

Place "X" in box if applying for ITIN

Your first name  L E E L A V A T H I  Initial  Last name  P U T T A  Suffix

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

Present address (number and street or rural route)  7376 PARKRIDGE BLVD 203  Place "X" in box if you are married filing separately.

City  IRVING  State  TX  Zip/Postal code  75063

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, 2021.

County where you lived  29  County where you worked  00  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 \_\_\_\_\_ **Indiana Income**  1  56262  .00
2. Enter amount from Schedule B, line 6, and enclose Schedule B \_\_\_\_\_ **Indiana Add-Backs**  2   .00
3. Add line 1 and line 2 \_\_\_\_\_  3  56262  .00
4. Enter amount from Schedule C, line 12, and enclose Schedule C \_\_\_\_\_ **Indiana Deductions**  4   .00
5. Subtract line 4 from line 3 \_\_\_\_\_  5  56262  .00
6. You must complete Schedule D. Enter amount from Schedule D, line 8, and enclose Schedule D \_\_\_\_\_ **Indiana Exemptions**  6  472  .00
7. Subtract line 6 from line 5 \_\_\_\_\_ **Indiana Adjusted Gross Income**  7  55790  .00
8. State adjusted gross income tax: multiply line 7 by 3.23% (.0323) (if answer is less than zero, leave blank) \_\_\_\_\_  8  1802  .00
9. County tax. Enter county tax due from Schedule CT-40PNR (if answer is less than zero, leave blank) \_\_\_\_\_  9  614  .00
10. Other taxes. Enter amount from Schedule E, line 5 (enclose sch.) \_\_\_\_\_  10   .00
11. Add lines 8, 9 and 10. Enter total here and on line 15 on the back \_\_\_\_\_ **Indiana Taxes**  11  2416  .00



12. Enter credits from Schedule F, line 10 (enclose schedule) _____	12	1817	.00	
13. Enter offset credits from Schedule G, line 8 (enclose schedule) _____	13		.00	
14. Add lines 12 and 13 _____ <b>Indiana Credits</b>	14	1817	.00	
15. Enter amount from line 11 _____ <b>Indiana Taxes</b>	15	2416	.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 _____ <b>Overpayment</b>	18		.00	
19. Amount from line 18 to be applied to your 2022 estimated tax account (see instructions).				
Enter your county code <input type="text"/> county tax to be applied _ \$	a		.00	
Spouse's county code <input type="text"/> 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 or IT-2210A _____	20		.00	
<b>21. Refund:</b> Line 18 minus lines 19d and 20. Note: If less than zero, see line 23 instructions <b>Your Refund</b>	21		.00	
<b>22. Direct Deposit</b> (see instructions)				
a. Routing Number <input type="text"/>				
b. Account Number <input type="text"/>				
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	599	.00	
24. Penalty if filed after due date (see instructions) _____	24		.00	
25. Interest if filed after due date (see instructions) _____	25		.00	
<b>26. Amount Due:</b> Add lines 23, 24 and 25 _____ <b>Amount You Owe</b>	26	599	.00	

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

LEELAVATHI PUTTA

653 33 8042

**Section 1: Income or (Loss)** Enter in Column A the same income or loss you reported on your 2021 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			Column B		
	Income from Federal Return			Income Taxed by Indiana		
1. Your wages, salaries, tips, commissions, etc _____	1A	131878	.00	1B	56262	.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	9	.00	4B	0	.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 _____	7A		.00	7B		.00
8. Capital gain or loss from sale or exchange of property from your federal return _____	8A	2854	.00	8B	0	.00
9. Other gains or (losses) from Form 4797 _____	9A		.00	9B		.00
10. Taxable IRA distribution _____	10A		.00	10B		.00
11. Taxable pensions and annuities _____	11A		.00	11B		.00
12. Net rent or royalty income or loss reported on federal Schedule E _____	12A	-15449	.00	12B	0	.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). (Do not include federal net operating loss in Column B. See instructions.)						
21. Subtotal: add lines 1 through 20 _____	21A	119292	.00	21B	56262	.00



**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  0.472

**Section 2: Adjustments to Income** Note: Enter in Column A only those deductions claimed on your 2021 federal income tax return, Form 1040, Form 1040-SR, and Form 1040, Schedule 1, Part II. 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	<input type="text"/> .00	26B	<input type="text"/> .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. Reserved for future use _____	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	<input type="text"/> .00	35B	<input type="text"/> .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  119292 .00 36B  56262 .00



Name(s) shown on Form IT-40PNR

LEELAVATHI PUTTA

Your Social Security Number

653 33 8042

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

2  .00

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, 2021,
- or a full-time student who was under the age of 24 by Dec. 31, 2021, 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  .00

4. Place "X" in box(es) below if, by December 31, 2021

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 Schedule A, line 36A \$

- 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. Add lines 1, 2, 3, 4 and 5

6 1000 .00

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

7 0.472

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

8 472 .00



Name(s) shown on Form IT-40PNR

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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  | 1817 | .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 2021: 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  |      | .00 |
| 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. Add lines 1 through 9. Enter total here and on Form IT-40PNR, line 12 <b>Total Credits</b>  | 10 | 1817 | .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 <b>Total Donations</b> |       |                | 2  | _____ | .00 |



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 2021. 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 2021	06 01 2021	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
IN	06 02 2021	12 31 2021	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	TX	01 30 2021	12 31 2021	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
1B	IN	01 06 2021	01 29 2021	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
1C				Yes <input type="checkbox"/> No <input type="checkbox"/>
1D				Yes <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				Yes <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 2021? 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. 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.

5. Date of death

If any individual listed at the top of the IT-40PNR died during 2021, enter date of death (MM/DD).

Taxpayer's date of death   2021 Spouse's date of death   2021

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

Name(s) shown on Form IT-40PNR

Your Social Security Number

LEELAVATHI PUTTA

653

33

8042

**SECTION 1: To be completed by those taxpayers who were residents of an Indiana county as of Jan. 1, 2021.**

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) \_\_\_\_\_

Column A - Yourself

Column B - Spouse's

1A	55790	.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, 2021 \_\_\_\_\_

2A	.0110000		2B		
----	----------	--	----	--	--

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

3A	614	.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. \_\_\_\_\_

4	614	.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	614	.00
---	-----	-----

**SECTION 2: To be completed by those taxpayers who, on Jan. 1, 2021, were not residents of an Indiana county, but who worked in Indiana as of Jan. 1, 2021**

1. Enter your principal employment income (see instructions) \_\_\_\_\_

Column A - Yourself

Column B - Spouse's

1A		.00	1B		.00
----	--	-----	----	--	-----

2. Enter deductions. See the complete list of allowable deductions in the instructions \_\_\_\_\_

2A		.00	2B		.00
----	--	-----	----	--	-----

3. Subtract line 2 from line 1 \_\_\_\_\_

3A		.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, 2021 \_\_\_\_\_

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
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