

**Indiana Part-Year or Full-Year Nonresident
Individual Income Tax Return** **2022**

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

from to:

Due April 18, 2023
Place "X" in box
if amending

Your Social Security Number 498 91 5238

Spouse's Social Security Number 961 97 5375

Place "X" in box if applying for ITIN

Place "X" in box if applying for ITIN

Your first name MADAN MOHAN Initial Last name PAGADALA Suffix

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

Present address (number and street or rural route) 8831 BUCKEYE DR 424 Place "X" in box if you are married filing separately.

City INDIANAPOLIS State IN ZIP/Postal code 46237

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 Jan. 1, 2022.

County where you lived 49 County where you worked 49 County where spouse lived 49 County where spouse worked 49

Round all entries

1. Complete Schedule A first. Enter here the amount from Section 3, line 36B, and enclose Schedule A _____ **Indiana Income** 1 15284 .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 15284 .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 15284 .00
6. You must complete Schedule D. Enter amount from Schedule D, line 9, and enclose Schedule D _____ **Indiana Exemptions** 6 1232 .00
7. Subtract line 6 from line 5 _____ **Indiana Adjusted Gross Income** 7 14052 .00
8. State adjusted gross income tax: multiply line 7 by 3.23% (.0323) (if answer is less than zero, leave blank) 8 454 .00
9. County tax. Enter county tax due from Schedule CT-40PNR (if answer is less than zero, leave blank) 9 284 .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** 11 738 .00



12. Enter credits from Schedule F, line 12 (enclose schedule) _____	12	488	.00
13. Enter offset credits from Schedule G, line 8 (enclose schedule) _____	13		.00
14. Add lines 12 and 13 _____ Indiana Credits	14	488	.00
15. Enter amount from line 11 _____ Indiana Taxes	15	738	.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 2023 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
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	<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	250	.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	250	.00

Do not send cash. Please make your check or money order payable to:
Indiana Department of Revenue. See instructions if paying by credit card.

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.

