Form IT-40 State Form 154

2023

Indiana Full-Year Resident Individual Income Tax Return

Due.

| April 15 | , 2024 | |
|----------|--------|--|
| | | |

| | (R22 / 9-23) If filing for a fiscal year, enter the dates (see instructions) (MM/DD/YYYY | | |
|----------------------------|--|--|--------------------------|
| | from to: | Place ". if amen | X" in box |
| | 110111 | ii aiiicii | ung |
| ١ | Your Social Spouse's Social | | |
| 5 | Security Number 698 13 9295 Security Number L | | |
| | | | |
| | | box if applying for | |
|) | Your first name Initial Last name | | Suffix |
| | NITHUN RAMJIDAS | | |
| li | f filing a joint return, spouse's first name Initial Last name | | Suffix |
| | | | |
| | | | |
| F | Present address (number and street or rural route) | DI "V" : I | : . |
| | 5102 TRUEMPERWAY | Place "X" in box married filing ser | - |
| (| City State ZIP/F | Postal code | diatory. |
| | | 6025 | |
| L | | 6835 | |
| F | 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 count | y where you lived a | and |
| ٧ | vorked on Jan. 1, 2023. | | and |
| v (| vorked on Jan. 1, 2023. County where County | ty where | and |
| v (| vorked on Jan. 1, 2023. County where County | | and |
| v (| vorked on Jan. 1, 2023. County where County | ty where | |
| v () y | vorked on Jan. 1, 2023. County where County | ty where se worked | entries |
| v () y | vorked on Jan. 1, 2023. County where vou lived County where vou worked County where vou worked County where spouse lived Spouse lived County where spouse lived | ty where se worked | |
| v (y 1. | County where vous lived 02 County where vous lived 00 County where vous lived 00 County where vous lived 00 Spouse lived S | ty where se worked Round all e | entries |
| v (y 1. | worked on Jan. 1, 2023. County where o 2 County where you worked 00 County where spouse lived Sp | ty where se worked | entries |
| 1. | County where vou lived 02 County where vou lived 02 County where vou lived 00 County where vou lived 00 County where vou lived 00 County where vou lived spouse l | ty where se worked Round all e | entries 18.00 |
| 1. | County where vous lived 02 County where vous lived 00 County where vous lived 00 County where vous lived 00 Spouse lived S | ty where se worked Round all 6 | entries 18.00 .00 18.00 |
| 1. 2. 3. | County where vou lived 02 County where vou lived 02 County where vou lived 00 County where vou lived 00 County where vou lived 00 County where vou lived spouse l | ty where se worked Round all 6 | entries 18.00 |
| 1. 2. 3. 4. | County where vou lived | ty where se worked Round all 6 | 18.00 18.00 |
| 1. 2. 3. 4. | County where you worked D2 County where you worked D0 County where spouse lived | ty where se worked Round all 6 | entries 18.00 .00 18.00 |
| 1. 2. 3. 4. 5. | County where vou lived 02 County where you worked 00 County where you worked 00 County where spouse lived Spo | ty where se worked Round all 6 | 18.00 18.00 |
| 1. 2. 3. 4. 5. | County where vou lived | ty where se worked Round all 6 | 18.00 18.00 |
| 1. 2. 3. 4. 5. 6. | County where you worked O2 County where you worked O0 County where spouse lived Spo | ty where se worked Round all 6 | 18.00 18.00 18.00 |
| 1. 2. 3. 4. 5. 6. | County where you lived 02 you worked 00 County where you worked on Jan. 1, 2023. County where you worked 00 Spouse lived | ty where se worked Round all 6 | 18.00 18.00 18.00 |
| 1. 2. 3. 4. 5. 6. | County where vou lived 02 you worked 00 County where you lived 02 you worked 00 Spouse lived Spo | ty where se worked Round all 6 1 2 3 4 5 | 18.00 18.00 18.00 |
| 1. 2. 3. 4. 5. 6. 7. 8. | County where vou lived 02 County where you worked 00 County where you worked 00 County where you worked 00 Spouse lived Sp | ty where se worked Round all 6 1 2 3 4 5 | 18.00 18.00 18.00 |
| 1. 2. 3. 4. 5. 6. 7. 8. | County where vou lived 02 County where vou lived 00 County where vou lived Spouse l | ty where se worked Round all e | 18.00 18.00 18.00 |
| 1. 2. 3. 4. 5. 6. 7. 8. | County where you lived 02 County where you worked 00 County where you lived 02 You worked 00 County where you worked 00 County where spouse lived Sp | ty where se worked Round all 6 1 2 3 4 5 | 18.00 18.00 18.00 |
| 1. 2. 3. 4. 5. 6. 7. 8. 9. | County where you lived 02 County where you worked 00 County where you lived 02 You worked 00 County where you worked 00 County where spouse lived Sp | ty where se worked Round all e | 18.00 18.00 18.00 |
| 1. 2. 3. 4. 5. 6. 7. 8. 9. | County where you lived 02 County where you worked 00 County where you lived 02 You worked 00 County where you worked 00 County where spouse lived Sp | ty where se worked Round all 6 1 2 3 4 5 | 18.00 18.00 18.00 |



| Qi~- | ature Date | Spouse's Signature | Date |
|------|---|--|-----------------------|
| Sigr | and date this return after reading the Authorization stateme | | o enclose Schedule 7. |
| | Do not send cash. Make your check or money order payable to: Indiana Department of Revenue. See instructions if paying with | a credit card. | |
| | Amount Due: Add lines 23, 24 and 25 | Amount You Owe | 26 .0 |
| 25. | Interest if filed after due date (see instructions) | | 25 .0 |
| 24. | Penalty if filed after due date (see instructions) | | 24 .0 |
| 23. | If line 15 is more than line 14, subtract line 14 from line 15. Add line 20 (see instructions) | | 23 .0 |
| | d. Place an "X" in the box if refund will go to an account outside | e the United States | |
| | c. Type: Checking Savings Hoosier Works M | MC | |
| | b. Account Number | | |
| | a. Routing Number | | |
| 22. | Direct Deposit (see instructions) | | |
| 21. | Refund: Line 18 minus lines 19d and 20. Note: If less than zero, see li | ne 23 instructions Your Refund | 21 1.0 |
| | a. Enter Code A if annualizing. Enter Code F if Farmer or Fisher | rman <u> a </u> | |
| 20. | Penalty for underpayment of estimated tax from Schedule IT-22 | 10 and IT-2210A | 20 .0 |
| | Total to be applied to your estimated tax account (a + b + c; can | not be more than line 18) | 19d . 0 |
| | Indiana adjusted gross income tax to be applied\$ | c .00 | |
| | Spouse's county code county tax to be applied _\$ | b .00 | |
| | Enter your county code county tax to be applied _\$ | a .00 | |
| 19. | Amount from line 18 to be applied to your 2024 estimated tax at | ccount (see instructions). | |
| 18. | Subtract line 17 from line 16 | Overpayment | 18 1.0 |
| 17. | Enter donations from Schedule IN-DONATE (enclose schedule) | ; cannot be greater than line 16 | 17 . 0 |
| 16. | If line 14 is equal to or more than line 15, subtract line 15 from li | ine 14 (if smaller, skip to line 23) | 16 1.0 |
| 15. | Enter amount from line 11 | Indiana Taxes | 15 0.0 |
| 14. | Add lines 12 and 13 | Indiana Credits | 14 1.0 |
| 13. | Enter offset credits from Schedule 6, line 8 (enclose schedule) | .00 | |
| 12. | Enter credits from Schedule 5, line 13 (enclose schedule) | 1.00 | |

• Mail all other returns to: Indiana Department of Revenue, P.O. Box 40, Indianapolis, IN 46206-0040.





Schedule 3: Exemptions

2023

Enclosure Sequence No. **03**

| Name(s) shown on Form IT-40 | Your Socia | Security Number | | |
|---|------------------|-----------------|------------------|-------|
| NITHUN RAMJIDAS | 698 | 13 | 9295 | |
| Complete and enclose Schedule IN-DEP: Dependent Information and Additional dependents on lines 2 and/or 3 below. Complete and enclose Schedule IN-DEP-A claiming dependents on line 6 below. | - | | formation if you | are |
| | | | Round all entri | es |
| 1. Enter \$2000 if you are married filing jointly; otherwise, enter \$1000 | | 1 | 10 | 00.00 |
| Enter the number of dependents listed on Schedule IN-DEP, Box 5 You MUST enclose Schedule IN-DEP. x \$ | \$1000 | 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 v 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; ar 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, plathe "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 appropriate box(es) below. | | | | |
| You were age 65 or older | | | | |
| Spouse was 65 or older | | | | |
| Total number of boxes with Xsx \$500 | | 5 | | .00 |
| 6. Enter the number of additional adopted child exemptions listed on Schedule IN-DEP-A, Box 6 x \$3000 You MUST enclose Schedule IN-DEP-A. | | 6 | | .00 |
| 7. Add lines 1, 2, 3, 4, 5 and 6. Enter here and on Form IT-40, line 6 T | Гotal Exemptions | 7 | 10 | 00.00 |

Schedule 5: Credits

2023

Enclosure Sequence No. **04**

Name(s) shown on Form IT-40

Your Social Security Number

| | | | | | 7 |
|---|--------------|---------------|--------|----------------|------|
| NITHUN RAMJIDAS | | 698 | 13 | 9295 | |
| | | | | Round all entr | ries |
| Indiana state tax withheld: See instructions | | | 1 | | 1.00 |
| 2. Indiana county tax withheld: See instructions | | | 2 | | 0.00 |
| 3. Pass Through Entity Tax Credit | | | 3 | | .00 |
| 4. Estimated tax paid for 2023: include any extension payment made with For | rm 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 | e A-3 | | 6 | | .00 |
| 7. Lake County residential income tax credit | | | 7 | | .00 |
| 8. Economic development for a growing economy credit. Enter amount from S | | EDGE, | | | |
| line 19 (enclose schedule) | | | 8 | | .00 |
| Economic development for a growing economy retention credit. Enter amo Schedule IN-EDGE-R, line 19 (enclose schedule) | | | 9 | | .00 |
| 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 | | al Credits | 13 | | 1.00 |
| 13. Add lines 1 tillough 12. Enter total here and on 1 onn 11-40, line 12 | 100 | ai Oreuits | 10 | | |
| Schedule IN-DONA Important: The amount on line 2 cannot exceed the | | orm IT-40, li | ne 16. | | |
| 1. Donations: List fund name, 3-digit code and amount to be donated (see ins | structions) | | | | |
| 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 Donati | ons | 2 | | .00 |

Schedule 7 Form IT-40, State Form 54000 (R14 / 9-23)

Schedule 7: Additional Required Information 2023

Enclosure Sequence No. 06

| Name(s) shown on Form IT-40 | Your Social Security Number |
|--|--|
| NITHUN RAMJIDAS | 698 13 9295 |
| 1. Federal filing information Are you filing a federal income tax return for 2023? Place "X" in appropriate | |
| 2. Out-of-state income: Complete if you and/or your spouse (if filing a joi income from Illinois, Kentucky, Michigan, Ohio, Pennsylvania or Wisconsin. Efor state where you and/or your spouse worked. | |
| State where you worked Your income State | where spouse worked Spouse's income |
| \$.00 | \$.00 |
| Extension of time to file a. Place "X" in box if you have filed a federal extension of time to file, Form | m 4868, or made an online extension payment. |
| b. Place "X" in box if you have filed an Indiana extension of time to file, Fo | orm 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 falmportant: If you placed an "X" in the box, you MUST attach Schedule IT-22 | |
| Schedule IN-40PA filers. If you are eligible to file federal Form 8857, Req Indiana Schedule IN-40PA, enclose Schedule IN-40PA and check the box. | uest for Innocent Spouse Relief, and are completing |
| 6. Date of death If any individual listed at the top of the IT-40 died <i>during</i> 2023, enter date of | of death (MM/DD). |
| Taxpayer's date of death 2023 Spouse's date | e 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 ar plete and correct. I understand that if this is a joint return, any refund will be taxes due under this return. Also, my request for direct deposit of my refund Revenue (DOR) to furnish my financial institution with my routing number, a ensure my refund is properly deposited. I grant permission to DOR to contain Social Security number(s) used on this return is correct. | made payable to us jointly and each of us is liable for all includes my authorization to the Indiana Department of ccount number, account type and Social Security number to |
| 7. Your daytime Your | |
| telephone number 2604798919 email address | RNITHUN2310@GMAIL.COM |
| I authorize the Department to discuss my return with my Pa personal representative. | id Preparer: Firm's Name (or yours if self-employed) |
| Yes No If yes, complete the information below. | LOBAL TAXES LLC |
| | IN ODT on file with a sid war area if a 4 filian all atomically |
| Personal Representative's Name (please print) | IN-OPT on file with paid preparer if not filing electronically |
| PTI | N P02082703 |
| Telephone number Ad | dress 245 ROONEY CT |
| Address Cit | y E BRUNSWICK |
| City Sta | |
| | eparer's nature <u>SYAM PRIYA RAM SAGAR GUPTA</u> |



Form IT-8879 State Form 53399 (R19 / 9-23)

Indiana Individual Income Tax DECLARATION OF ELECTRONIC FILING

Income Tax

ICTRONIC FILING

This Form

To DOR

Income Tax for the Tax Year January 1 - December 31, 2023

| | Submission ID | | | | | |
|--------------------------------------|--------------------------|-----------------------|------------------|-------------|-------------------|---------------------|
| | עו ווטופפוווועטט | | | | | |
| First Name and Middle Initial | Last Name | | | | Your Social Secur | ity Number |
| NITHUN | RAMJID. | | | | | 295 |
| Spouse's First Name and Middle Initi | al Spouse's L | ast Name | | | Spouse's Social S | Security Number |
| Street Address | City | | State | ZIP Code | Daytime Te | elephone Number |
| 5102 TRUEMPERWAY | FORT WAYNE | | IN | 46835 | 260 47 | 9 8919 |
| Pa | art I. Tax Return Inforn | nation (See in | structions or | n next pag | je) | |
| Federal Adjusted Gross Incor | ne | | 1 | - | | 18. |
| 2. Indiana Adjusted Gross Incon | ne | | 2 | | | -982. |
| 3. Total Indiana Tax | | | 3 | | | 0. |
| 4. Total State Tax Withheld | | | 4 | | | 1. |
| 5. Total County Tax Withheld | | | 5 | | | 0. |
| 6. Total Indiana Tax Credits | | | 6 | | | 1. |
| 7. Refund | | | 7 | | | 1. |
| 8. Amount You Owe | | | 8 | | | |
| | Part II. | Estimated Pay | ments | | | |
| 9. Estimated Payments: | Payment 1: | Amount | | Date | e of Withdrawal | |
| | Payment 2: | Amount | | Date | e of Withdrawal | |
| | Payment 3: | Amount | | Date | e of Withdrawal | |
| | Payment 4: | Amount | | Date | e of Withdrawal | |
| | Part III. | Electronic Set | tlement | | | |
| 10. Type of settlement: Dire | ct Deposit of Refund | | | | F | |
| ☐ Dire | ct Debit of Amount Owed | Amount | | Date | e of Withdrawal | |
| 11. Routing number: | | Note: The firs | st two digits of | the routing | number must be | 01 - 12 or 21 - 32. |
| 12. Account number: | | | | | | Do Not Mail |
| 13. Type of account: | ng 🗌 Savings 🔲 Hoosi | er Works MC | | | | This Form |

My request for direct deposit of my refund, direct debit of the amount I owe, or direct debit for estimated payments of the amount I owe, includes my authorization for 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 or payment is properly processed.

14. Place an "X" in the box if refund will go to an account outside the United States. \Box

Part IV. Declaration

Under penalties of perjury, I declare that the information I have given my ERO and the amounts in Part I above agree with the amounts on the corresponding lines of the electronic portion of my income tax return. To the best of my knowledge and belief, my 2023 return is true, correct and complete. I consent to my ERO sending my return, this declaration, and accompanying schedules and statements to the DOR. In addition, by using a computer system and software to prepare and transmit my return electronically, I consent to the disclosure to the DOR of all information pertaining to my use of the system and software and to the transmission of my return electronically. I also consent to the DOR sending my ERO and/or transmitter an acknowledgement of receipt of transmission and an indication of whether or not my return is accepted, and, if rejected, the reason(s) for the rejection. If the processing of my return or refund is delayed, I authorize the DOR to disclose to my ERO and/or transmitter the reason(s) for the delay of when the refund was sent. Your PIN: Check one box only ☑ I authorize GLOBAL TAXES LLC to enter my PIN as my signature on my tax year 2023 electronically 9 filed income tax return. ☐ I will enter my PIN as my signature on my tax year 2023 electronically filed income tax return. Check this box **only** if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete part IV below. Your signature ▶ Date Spouse's PIN: Check one box only ☐ I authorize to enter my PIN as my signature on my tax year 2023 electronically filed income tax return. ☐ I will enter my PIN as my signature on my tax year 2023 electronically filed income tax return. Check this box **only** if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete part IV below. Part V. Practitioner Certification and Authentication - Practitioner PIN Method ONLY ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self selected PIN. Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature for the tax year 2023 electronically filed income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method.

Date

1030 REV 03/05/24 PRO

ERO's signature ▶