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Name(s) shown on Form IT-40PNR

Your Social Security Number

XX E 999 99 9999 A  
**Section 1: Residency Information** List all state(s) and dates of your (and your spouse's, if filing jointly) residency during 2016. 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 2016	06 01 2016	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	IN	06 02 2016	12 31 2016	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	XX	99 99 2016	99 99 2016	Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>
1B	XX	99 99 2016	99 99 2016	Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>
1C	XX	99 99 2016	99 99 2016	Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>
1D	XX	99 99 2016	99 99 2016	Yes <input checked="" type="checkbox"/> No <input checked="" 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	XX	99 99 2016	99 99 2016	Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>
2B	XX	99 99 2016	99 99 2016	Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>
2C	XX	99 99 2016	99 99 2016	Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>
2D	XX	99 99 2016	99 99 2016	Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>

Turn over to complete Section 2



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Section 2: Additional Information

1. Federal filing information

Are you filing a federal income tax return for 2016? Place "X" in appropriate box. Yes X No X

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. X
b. Place "X" in box if you have filed an Indiana extension of time to file, Form IT-9, or online via ePay. X

3. Farm / Fishing income

Place "X" in box if at least two-thirds of your gross income was made from farming or fishing. X
Important: If you placed an "X" in the box, you MUST attach Schedule IT-2210.

4. Date of death

If any individual listed at the top of the IT-40PNR died during 2016, enter date of death (MM/DD).

Taxpayer's date of death 99 99 2016 Spouse's date of death 99 99 2016

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.

5. Your daytime

telephone number 9999999999999999

Your email

address XXXXXXXXXXXXXXXXXXXXXXXXXXXX

AG I authorize the Department to discuss my return with my personal representative. Yes X No X If yes, complete the information below.
Personal Representative's Name (please print) XXXXXXXXXXXXXXXXXXXXXXXXXXXX
Telephone number 9999999999 AI AR
Address XXXXXXXXXXXXXXXXXXXXXXXXXXXX AS
City XXXXXXXXXXXXXXXXXXXXXXXX AT
State XX Zip Code 99999999 AU
Preparer's signature

