Schedule 7
Form IT-40, State Form 54000
(R7 / 9-16)

Schedule 7: Additional Required Information

2016

Enclosure
Sequence No. **06**

Name(s) shown on Form IT-40 | Your Social Security Number

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX E 999 99 9999 A

1. Federal filing information

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

2. Out-of-state income Complete if you and/or your spouse (if filing a joint return) received any salary, wage, tip and/or commission income from Illinois, Kentucky, Michigan, Ohio, Pennsylvania or Wisconsin. Enter two-digit code number from the back of Schedule CT-40 for state where you and/or your spouse worked.

State where you worked	Your income	State where spouse worked	Spouse's income
XX	$ 999999999.00	XX	$ 999999999.00

3. 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

4. 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.

5. Date of death

If any individual listed at the top of the IT-40 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-40 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 999999999999999 **Your email address** XXXXXXXXXXXXXXXXXXXXX

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)

AH
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

Telephone number AI 9999999999

AJ
Address XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

AK
City XXXXXXXXXXXXXXXXXXXXXX

AL State XX AM Zip Code 999999999

Paid Preparer: Firm's Name (or yours if self-employed)

AN
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

AO
X IN-OPT on file with paid preparer if not filing electronically

AQ
PTIN 999999999

AR
Address XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

AS
City XXXXXXXXXXXXXXXXXXXXXX

AT State XX AU Zip Code 999999999

Preparer's signature _____

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