

**Schedule IN-DEP Schedule IN-DEP: Dependent Information and Additional  
Form IT-40/IT-40PNR  
State Form 54815  
(R12 / 9-23)**

Enclosure  
Sequence No. 03A/04A

**2023**

Name(s) shown on Form IT-40/IT-40PNR

Your Social Security Number

  

1A.  Dependent's First Name  
1B.  Dependent's Last Name  
1C.    Dependent's Social Security Number  
1D.    Dependent's Date of Birth (mm dd yyyy)  
1E. Place "X" in box 1E if claiming dependent as an additional dependent child exemption \_\_\_\_\_ 1E   
1F. Place "X" in box 1F if dependent child claimed for the first time (see instructions) \_\_\_\_\_ 1F

2A.  Dependent's First Name  
2B.  Dependent's Last Name  
2C.    Dependent's Social Security Number  
2D.    Dependent's Date of Birth (mm dd yyyy)  
2E. Place "X" in box 2E if claiming dependent as an additional dependent child exemption \_\_\_\_\_ 2E   
2F. Place "X" in box 2F if dependent child claimed for the first time (see instructions) \_\_\_\_\_ 2F

3A.  Dependent's First Name  
3B.  Dependent's Last Name  
3C.    Dependent's Social Security Number  
3D.    Dependent's Date of Birth (mm dd yyyy)  
3E. Place "X" in box 3E if claiming dependent as an additional dependent child exemption \_\_\_\_\_ 3E   
3F. Place "X" in box 3F if dependent child claimed for the first time (see instructions) \_\_\_\_\_ 3F

4A.  Dependent's First Name  
4B.  Dependent's Last Name  
4C.    Dependent's Social Security Number  
4D.    Dependent's Date of Birth (mm dd yyyy)  
4E. Place "X" in box 4E if claiming dependent as an additional dependent child exemption \_\_\_\_\_ 4E   
4F. Place "X" in box 4F if dependent child claimed for the first time (see instructions) \_\_\_\_\_ 4F

5. **Dependent Exemptions.** Add the number of dependents listed above (see instructions). Enter the total here and in the box on line 2 of Schedule 3 (if filing Form IT-40) or Schedule D (if filing Form IT-40PNR) \_\_\_\_\_ **Box 5**

6. **Additional Dependent Exemptions.** Add the total number of boxes with Xs from lines 1E, 1F, 2E, 2F, 3E, 3F, 4E and 4F if applicable. Enter the total here and in the box on line 3 of Schedule 3 (if filing Form IT-40) or Schedule D (if filing Form IT-40PNR) \_\_\_\_\_ **Box 6**