

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

Your Social Security Number

  

**Section A: Figure Your Indiana Earned Income Credit**

<b>A-1</b> Enter the earned income credit from your federal income tax return _____	<b>A-1</b>	<input type="text"/>	<input type="text"/>	.00
<b>A-2</b> Enter your earned income. (see instructions) _____	<b>A-2</b>	<input type="text"/>	<input type="text"/>	.00
<b>A-3</b> Enter your Indiana earned income credit (Multiply Line A-1 by 10%). Carry this total to Form IT-40, Schedule 5, line 6, or Form IT-40PNR, Schedule F, line 6, Box A _____ <b>Indiana Earned Income Credit</b>	<b>A-3</b>	<input type="text"/>	<input type="text"/>	.00

**Section B: Complete if you claimed one or more children on your federal Schedule EIC. See instructions.**

**Enter each child's information**

	Child 1	Child 2	Child 3
First name	<input type="text"/>	<input type="text"/>	<input type="text"/>
Last name	<input type="text"/>	<input type="text"/>	<input type="text"/>
Child's Social Security Number(s)	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>

Enter letter (e.g., **A, B, C**, etc.) in boxes below that describes each child's relationship, age and location to you.

	Child 1	Child 2	Child 3
<b>B-1 Relationship:</b>			
<b>A</b> Your Child			
<b>B</b> Grandchild			
<b>C</b> Stepchild	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>D</b> Foster Child (not related)			
<b>E</b> Other (related foster child, or other related child - see instructions)			
<b>B-2 Age:</b>			
<b>A</b> Under age 18			
<b>B</b> Age 18			
<b>C</b> Age 19 - 24 and full-time student	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>D</b> Age 19 or older and totally disabled			
<b>B-3 Location:</b>			
<b>A</b> Child lived with you at least 1/2 of the year			
<b>B</b> Child was born or died in 2023, and lived with you while alive in 2023.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Important:** You must complete and attach this schedule to your Form IT-40 or IT-40PNR when claiming the earned income credit.