

For the year Jan. 1–Dec. 31, 2023, or other tax year beginning , 2023, ending , 20 See separate instructions.

Your first name and middle initial Last name Your social security number

If joint return, spouse's first name and middle initial Last name Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions. Apt. no. Presidential Election Campaign

City, town, or post office. If you have a foreign address, also complete spaces below. State ZIP code Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.

Foreign country name Foreign province/state/county Foreign postal code You Spouse

Filing Status Single Married filing jointly (even if only one had income) Married filing separately (MFS) Head of household (HOH) Qualifying surviving spouse (QSS)
Check only one box.
If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent:

Digital Assets At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) Yes No

Standard Deduction Someone can claim: You as a dependent Your spouse as a dependent Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness You: Were born before January 2, 1959 Are blind Spouse: Was born before January 2, 1959 Is blind

Table with 5 columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) Check the box if qualifies for (see instructions): Child tax credit, Credit for other dependents. Includes instructions for dependents.

Income section table with rows 1a through 1z. Includes instructions: Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

Table with rows 2a through 6a. Includes instructions: Attach Sch. B if required.

Table with rows 7 through 15. Includes instructions: Standard Deduction for: Single or Married filing separately, \$13,850; Married filing jointly or Qualifying surviving spouse, \$27,700; Head of household, \$20,800.

Tax and Credits	16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	16	
	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	
	19	Child tax credit or credit for other dependents from Schedule 8812	19	
	20	Amount from Schedule 3, line 8	20	
	21	Add lines 19 and 20	21	
	22	Subtract line 21 from line 18. If zero or less, enter -0-	22	
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	
24	Add lines 22 and 23. This is your total tax	24		

Payments	25	Federal income tax withheld from:		
	a	Form(s) W-2	25a	
	b	Form(s) 1099	25b	
	c	Other forms (see instructions)	25c	
	d	Add lines 25a through 25c	25d	
	26	2023 estimated tax payments and amount applied from 2022 return	26	
	27	Earned income credit (EIC)	27	
	28	Additional child tax credit from Schedule 8812	28	
	29	American opportunity credit from Form 8863, line 8	29	
	30	Reserved for future use	30	
31	Amount from Schedule 3, line 15	31		
32	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits	32		
33	Add lines 25d, 26, and 32. These are your total payments	33		

Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	
	b	Routing number: _____ c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d	Account number: _____		
36	Amount of line 34 you want applied to your 2024 estimated tax	36		

Amount You Owe	37	Subtract line 33 from line 24. This is the amount you owe . For details on how to pay, go to www.irs.gov/Payments or see instructions	37	
	38	Estimated tax penalty (see instructions)	38	

Third Party Designee Do you want to allow another person to discuss this return with the IRS? See instructions **Yes**. Complete below. **No**

Designee's name	Phone no.	Personal identification number (PIN)

Sign Here Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
_____	_____	_____	_____
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
_____	_____	_____	_____
Phone no.	Email address		
_____	_____		

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	PTIN	Check if: <input type="checkbox"/> Self-employed
_____	_____	_____	_____	
Firm's name	Firm's address		Phone no.	Firm's EIN
_____	_____		_____	_____



If filing for a fiscal year, enter the dates (see instructions) (MM/DD/YYYY):

from to:

Place "X" in box
if amending

Your Social Security Number

Spouse's Social Security Number

Place "X" in box if applying for ITIN

Place "X" in box if applying for ITIN

Your first name Initial Last name Suffix

If filing a joint return, spouse's first name Initial Last name Suffix

Present address (number and street or rural route)

Place "X" in box if you are married filing separately.

City State ZIP/Postal code

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 county where you lived and worked on Jan. 1, 2023.

County where you lived County where you worked

County where spouse lived County where spouse worked

Round all entries

1. Enter your federal adjusted gross income from your federal income tax return, Form 1040 or Form 1040-SR, line 11 _____ **Federal AGI** 1 .00
2. Enter amount from Schedule 1, line 7, and enclose Schedule 1 _____ **Indiana Add-Backs** 2 .00
3. Add line 1 and line 2 _____ 3 .00
4. Enter amount from Schedule 2, line 12, and enclose Schedule 2 _____ **Indiana Deductions** 4 .00
5. Subtract line 4 from line 3 _____ 5 .00
6. Complete Schedule 3. Enter amount from Schedule 3, line 7, and enclose Schedule 3 _____ **Indiana Exemptions** 6 .00
7. Subtract line 6 from line 5 _____ **Indiana Adjusted Gross Income** 7 .00
8. State adjusted gross income tax: multiply line 7 by 3.15% (.0315) (if answer is less than zero, leave blank) _____ 8 .00
9. County tax. Enter county tax due from Schedule CT-40 (if answer is less than zero, leave blank) _____ 9 .00
10. Other taxes. Enter amount from Schedule 4, line 4 (enclose schedule) _____ 10 .00
11. Add lines 8, 9 and 10. Enter total here and on line 15 on the back _____ **Indiana Taxes** 11 .00



12. Enter credits from Schedule 5, line 13 (enclose schedule) .00

13. Enter offset credits from Schedule 6, line 8 (enclose schedule) .00

14. Add lines 12 and 13 _____ **Indiana Credits** .00

15. Enter amount from line 11 _____ **Indiana Taxes** .00

16. If line 14 is equal to or more than line 15, subtract line 15 from line 14 (if smaller, skip to line 23) .00

17. Enter donations from Schedule IN-DONATE (enclose schedule); cannot be greater than line 16 .00

18. Subtract line 17 from line 16 _____ **Overpayment** .00

19. Amount from line 18 to be applied to your 2024 estimated tax account (see instructions).

Enter your county code county tax to be applied _ \$.00

Spouse's county code county tax to be applied _ \$.00

Indiana adjusted gross income tax to be applied _____ \$.00

Total to be applied to your estimated tax account (a + b + c; cannot be more than line 18) _____ .00

20. Penalty for underpayment of estimated tax from Schedule IT-2210 and IT-2210A _____ .00

a. Enter Code A if annualizing. Enter Code F if Farmer or Fisherman

21. **Refund:** Line 18 minus lines 19d and 20. Note: If less than zero, see line 23 instructions ___ **Your Refund** .00

22. **Direct Deposit** (see instructions)

a. Routing Number

b. Account Number

c. Type: Checking Savings Hoosier Works MC

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

23. If line 15 is more than line 14, subtract line 14 from line 15. Add to this any amount on line 20 (see instructions) _____ .00

24. Penalty if filed after due date (see instructions) _____ .00

25. Interest if filed after due date (see instructions) _____ .00

26. **Amount Due:** Add lines 23, 24 and 25 _____ **Amount You Owe** .00

Do not send cash. Make your check or money order payable to:
Indiana Department of Revenue. See instructions if paying with a credit card.

Sign and date this return after reading the Authorization statement on Schedule 7. Remember to enclose Schedule 7.

Signature _____ Date _____ Spouse's Signature _____ Date _____

- Mail payments to: Indiana Department of Revenue, P.O. Box 7224, Indianapolis, IN 46207-7224.
- Mail all other returns to: Indiana Department of Revenue, P.O. Box 40, Indianapolis, IN 46206-0040.



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Name(s) shown on Form IT-40

Your Social Security Number

Round all entries

1. Tax add-back: certain taxes deducted from federal Schedules C, C-EZ, E and/or F _____		1	<input type="text"/>	.00
2. Net operating loss carryforward from federal Form 1040, "Other income" line _____		2	<input type="text"/>	.00
3. OOS municipal obligation interest add-back _____		3	<input type="text"/>	.00
4. Bonus depreciation add-back _____		4	<input type="text"/>	.00
5. Section 179 expense excess add-back _____		5	<input type="text"/>	.00
6. Other Add-Backs: See instructions.				
a. Enter add-back name	<input type="text"/>	code no.	<input type="text"/>	6a <input type="text"/> .00
b. Enter add-back name	<input type="text"/>	code no.	<input type="text"/>	6b <input type="text"/> .00
c. Enter add-back name	<input type="text"/>	code no.	<input type="text"/>	6c <input type="text"/> .00
d. Enter add-back name	<input type="text"/>	code no.	<input type="text"/>	6d <input type="text"/> .00
e. Enter add-back name	<input type="text"/>	code no.	<input type="text"/>	6e <input type="text"/> .00
f. Enter add-back name	<input type="text"/>	code no.	<input type="text"/>	6f <input type="text"/> .00
g. Enter add-back name	<input type="text"/>	code no.	<input type="text"/>	6g <input type="text"/> .00
h. Enter add-back name	<input type="text"/>	code no.	<input type="text"/>	6h <input type="text"/> .00
i. Enter add-back name	<input type="text"/>	code no.	<input type="text"/>	6i <input type="text"/> .00
j. Enter add-back name	<input type="text"/>	code no.	<input type="text"/>	6j <input type="text"/> .00
k. Enter add-back name	<input type="text"/>	code no.	<input type="text"/>	6k <input type="text"/> .00
l. Enter add-back name	<input type="text"/>	code no.	<input type="text"/>	6l <input type="text"/> .00
m. Enter add-back name	<input type="text"/>	code no.	<input type="text"/>	6m <input type="text"/> .00
n. Enter add-back name	<input type="text"/>	code no.	<input type="text"/>	6n <input type="text"/> .00
o. Enter add-back name	<input type="text"/>	code no.	<input type="text"/>	6o <input type="text"/> .00
7. Add lines 1 through 6. Enter total here and on Form IT-40, line 2	Total Indiana Add-Backs	7	<input type="text"/>	.00



Name(s) shown on Form IT-40

Your Social Security Number

1. Renter's deduction

Address where rented if different from the one on the front page (enter below)

Amount of rent paid

Landlord's name and address (enter below)

\$.

Round all entries

Number of months rented

Enter the lesser of \$3,000 (\$1,500 if married filing separately) or amount of rent paid _____

1 .

2. Homeowner's residential property tax deduction

Address where property tax was paid if different from front page (enter below)

Number of months lived there

Amount of property tax paid \$.

Enter the lesser of \$2,500 (\$1,250 if married filing separately) or amount of property tax paid _____

2 .

3. State tax refund reported on federal return _____

3 .

4. Interest on U.S. government obligations _____

4 .

5. Taxable Social Security benefits _____

5 .

6. Taxable railroad retirement benefits _____

6 .

7. Active military service deduction: \$5,000 maximum for qualifying person _____

7 .

8. Private school/homeschool deduction: \$1,000 per qualifying child (see instructions) _____

8 .

9. Indiana net operating loss deduction _____

9 .

10. Nontaxable portion of unemployment compensation (from line 7 of Unemployment Comp. Worksheet)

10 .

11. Other Deductions: See instructions (attach additional sheets if necessary)

a. Enter deduction name

code no.

11a .

b. Enter deduction name

code no.

11b .

c. Enter deduction name

code no.

11c .

12. Add lines 1 through 11. Enter total here and on line 4 of Form IT-40.

Total Deductions

12 .



Name(s) shown on Form IT-40

Your Social Security Number

Complete and enclose Schedule IN-DEP: Dependent Information and Additional Dependent Child Information if you are claiming dependents on lines 2 and/or 3 below. Complete and enclose Schedule IN-DEP-A: Adopted Dependent Information if you are claiming dependents on line 6 below.

Round all entries

1. Enter \$2000 if you are married filing jointly; otherwise, enter \$1000 1 .00

2. Enter the number of dependents listed on Schedule IN-DEP, Box 5 x \$1000 2 .00
You **MUST** enclose Schedule IN-DEP.

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 whom you are a 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; and
 - 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, place "X" in the "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 "X" in appropriate box(es) below.

You were age 65 or older

Spouse was 65 or older

Total number of boxes with Xs x \$500 5 .00

6. Enter the number of additional adopted child exemptions listed on Schedule IN-DEP-A, Box 6 x \$3000 6 .00
You **MUST** enclose Schedule IN-DEP-A.

7. Add lines 1, 2, 3, 4, 5 and 6. Enter here and on Form IT-40, line 6 **Total Exemptions** 7 .00



Name(s) shown on Form IT-40

Your Social Security Number

- | | | | |
|--|----------------------|----------------------|-----|
| 1. Use tax on out-of-state purchases from line 4 of Sales/Use Tax Worksheet _____ | <input type="text"/> | <input type="text"/> | .00 |
| 2. Household employment taxes. Enclose Schedule IN-H _____ | <input type="text"/> | <input type="text"/> | .00 |
| 3. Recapture of certain Indiana offset credits. Enclose Schedule IN-CR _____ | <input type="text"/> | <input type="text"/> | .00 |
| 4. Add lines 1 through 3. Enter here and on Form IT-40, line 10 _____ Total Other Taxes | <input type="text"/> | <input type="text"/> | .00 |



Name(s) shown on Form IT-40

Your Social Security Number

Round all entries

1. Indiana state tax withheld: See instructions _____	1	<input type="text"/>	.00
2. Indiana county tax withheld: See instructions _____	2	<input type="text"/>	.00
3. Pass Through Entity Tax Credit _____	3	<input type="text"/>	.00
4. Estimated tax paid for 2023: include any extension payment made with Form IT-9 _____	4	<input type="text"/>	.00
5. Unified tax credit for the elderly _____	5	<input type="text"/>	.00
6. Earned income credit: enclose Schedule IN-EIC and enter amount from line A-3 _____	6	<input type="text"/>	.00
7. Lake County residential income tax credit _____	7	<input type="text"/>	.00
8. Economic development for a growing economy credit. Enter amount from Schedule IN-EDGE, line 19 (enclose schedule) _____	8	<input type="text"/>	.00
9. Economic development for a growing economy retention credit. Enter amount from Schedule IN-EDGE-R, line 19 (enclose schedule) _____	9	<input type="text"/>	.00
10. Headquarters relocation credit (refundable portion - see instructions) _____	10	<input type="text"/>	.00
11. Adoption Credit _____	11	<input type="text"/>	.00
12. Reserved for future use _____	12	<input type="text"/>	.00
13. Add lines 1 through 12. Enter total here and on Form IT-40, line 12 _____ Total Credits	13	<input type="text"/>	.00

Schedule IN-DONATE

Important: The amount on line 2 cannot exceed the amount on Form IT-40, line 16.

1. Donations: List fund name, 3-digit code and amount to be donated (see instructions)

a. Enter fund name	<input type="text"/>	code no.	<input type="text"/>	1a	<input type="text"/>	.00
b. Enter fund name	<input type="text"/>	code no.	<input type="text"/>	1b	<input type="text"/>	.00
c. Enter fund name	<input type="text"/>	code no.	<input type="text"/>	1c	<input type="text"/>	.00
2. Add lines 1a through 1c. Enter total here and on Form IT-40, line 17	Total Donations			2	<input type="text"/>	.00



Name(s) shown on Form IT-40

Your Social Security Number

Round all entries

1. Credit for local taxes paid outside Indiana _____ 1 .00

2. Community revitalization enhancement district credit _____ 2 .00

3. Other Local Credits: See instructions (enclose additional sheets if necessary)

a. Enter credit name code no. 3a .00

b. Enter credit name code no. 3b .00

Important: Lines 1 through 3 cannot be greater than the county tax due on Form IT-40, line 9 (see *Combined Limitation* instructions)

4. College credit: attach Schedule CC-40 _____ 4 .00

5. Credit for taxes paid to other states: enclose other state's return _____ 5 .00

6. Other Credits: See instructions (enclose additional sheets if necessary)

a. Enter credit name code no. 6a .00

b. Enter credit name code no. 6b .00

c. Enter credit name code no. 6c .00

d. Enter credit name code no. 6d .00

7. Enter the total credits from Schedule IN-OCC, line 16, and enclose that schedule _____ 7 .00

Important: Lines 4 through 7 added together cannot be greater than the state adjusted gross income tax due on Form IT-40, line 8 (see *Combined Limitation* instructions)

8. Add lines 1 through 7. Enter total here and on line 13 of Form IT-40 _____ **Total Offset Credits** 8 .00



Name(s) shown on Form IT-40

Your Social Security Number

1. Federal filing information

Are you filing a federal income tax return for 2023? Place "X" in appropriate box. Yes No

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

\$.

\$.

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.

b. Place "X" in box if you have filed an Indiana extension of time to file, Form 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 farming or fishing.

Important: If you placed an "X" in the box, you MUST attach Schedule IT-2210.

5. Schedule IN-40PA filers. If you are eligible to file federal Form 8857, Request for Innocent Spouse Relief, and are completing Indiana Schedule IN-40PA, enclose Schedule IN-40PA and check the box.

6. Date of death

If any individual listed at the top of the IT-40 died during 2023, enter date of death (MM/DD).

Taxpayer's date of death 2023 Spouse's date 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 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 (DOR) 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 grant permission to DOR to contact the Social Security Administration to confirm that the Social Security number(s) used on this return is correct.

7. Your daytime

telephone number

Your

email address

I authorize the Department to discuss my return with my personal representative.

Yes No If yes, complete the information below.

Personal Representative's Name (please print)

Telephone number

Address

City

State

ZIP Code

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

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

PTIN

Address

City

State

ZIP Code

Preparer's signature _____



**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. 1B.
 1C. 1D.
 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. 2B.
 2C. 2D.
 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. 3B.
 3C. 3D.
 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. 4B.
 4C. 4D.
 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**



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County Tax Schedule for
Full-Year Indiana Residents

2023

Name(s) shown on Form IT-40

Your Social Security Number

1. Enter the amount from IT-40, line 7. **Note:** If both you and your spouse lived in the same county on January 1, enter the entire amount from Form IT-40, line 7 on line 1A (do not complete Column B). See instructions _____

Column A - Yourself		Column B - Spouse's	
1A	<input type="text"/>	1B	<input type="text"/>

2. Enter the county tax rate from the chart on the back of this schedule for the county where you lived on Jan. 1, 2023 ____

2A	<input type="text"/>	2B	<input type="text"/>
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3. Multiply line 1 by the rate on line 2 (leave blank if less than zero)

3A	<input type="text"/>	3B	<input type="text"/>
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4. Add lines 3A and 3B. Enter the total here. **Perry County residents: If you live in Perry County and worked in the Kentucky counties of Breckinridge, Hancock or Meade, you must complete lines 5 and 6.** Otherwise, enter the total here and on line 7 below (see instructions) _____

4	<input type="text"/>
---	----------------------

5. Enter the amount of income that was taxed by certain Kentucky localities (see instructions) _____

5	<input type="text"/>
---	----------------------

6. Multiply line 5 by the rate for Perry County. See County Rate Chart and enter total here _____

6	<input type="text"/>
---	----------------------

7. Enter total of line 4 minus line 6. Enter this amount on line 9 of Form IT-40 _____

7	<input type="text"/>
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2023 Indiana County Income Tax Rates and County Codes

*These rates have changed from last year's chart.

County Code #	County Name	County Tax Rate
01	Adams	.01618*
02	Allen	.0148
03	Bartholomew	.0175
04	Benton	.0179
05	Blackford	.015
06	Boone	.017*
07	Brown	.025234
08	Carroll	.022733
09	Cass	.0295
10	Clark	.02
11	Clay	.0235
12	Clinton	.025*
13	Crawford	.01
14	Daviess	.015
15	Dearborn	.0125*
16	Decatur	.025
17	DeKalb	.0213
18	Delaware	.015
19	Dubois	.012
20	Elkhart	.02
21	Fayette	.0257
22	Floyd	.0135
23	Fountain	.021
24	Franklin	.015
25	Fulton	.0268
26	Gibson	.009
27	Grant	.0255
28	Greene	.0215*
29	Hamilton	.011
30	Hancock	.0194
31	Harrison	.01
32	Hendricks	.017
33	Henry	.01725*
34	Howard	.0175
35	Huntington	.0195
36	Jackson	.021
37	Jasper	.02864
38	Jay	.0245
39	Jefferson	.009
40	Jennings	.025
41	Johnson	.014*
42	Knox	.017*
43	Kosciusko	.01
44	LaGrange	.0165
45	Lake	.015
46	LaPorte	.0145*
47	Lawrence	.0175
48	Madison	.0225
49	Marion	.0202
50	Marshall	.0125

County Code #	County Name	County Tax Rate
51	Martin	.025
52	Miami	.0254
53	Monroe	.02035*
54	Montgomery	.0265*
55	Morgan	.0272
56	Newton	.01
57	Noble	.0175
58	Ohio	.015
59	Orange	.0175
60	Owen	.025
61	Parke	.0265
62	Perry	.0140*
63	Pike	.0075
64	Porter	.005
65	Posey	.0125
66	Pulaski	.0285
67	Putnam	.021
68	Randolph	.03
69	Ripley	.0138
70	Rush	.021
71	St. Joseph	.0175
72	Scott	.0216
73	Shelby	.016
74	Spencer	.008
75	Starke	.0171
76	Steuben	.0179
77	Sullivan	.017
78	Switzerland	.0125
79	Tiptecanoe	.0128
80	Tipton	.026
81	Union	.02
82	Vanderburgh	.012125*
83	Vermillion	.015
84	Vigo	.02
85	Wabash	.029
86	Warren	.0212
87	Warrick	.01
88	Washington	.02
89	Wayne	.0125
90	Wells	.021
91	White	.0232
92	Whitley	.016829

State Code	Certain States	State Code	Certain States
94	Illinois	98	Pennsylvania
95	Kentucky	99	Wisconsin
96	Michigan	00	All Other States
97	Ohio		

