

**INDIANA 2012 Barcode
TEST #7
2012 IT-40**

Test Scenario 7 – TEST N BLOWNAPART, II

**Test Scenario 7
Taxpayer: TEST N BLOWNAPART II
SSN: 400-00-4037**

Test Scenario 7 includes the following forms:

- Form IT-40
- Schedule 1
- Schedule 2
- Schedule 3
- Schedule 5
- Schedule 6
- Schedule 7
- Schedule IN-DEP
- Schedule IN-529
- Schedule IN-EIC
- Schedule IN-BAR
- 2 Form W-2
- Form 1099-MISC



2012 **Indiana Full-Year Resident Individual Income Tax Return**

Due April 15, 2013

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

from _____ to: _____

Your Social Security Number **400 00 4037**

Spouse's Social Security Number

Place "X" in box if applying for ITIN

Place "X" in box if applying for ITIN

Your first name **TEST** Initial **N** Last name **BLOWNAPART** Suffix **II**

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

Present address (number and street or rural route)

1021 INDIANA AVE

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

City **LAPORTE** State **IN** Zip/Postal code **46350**

Foreign country 2-character code (see pg. 6) _____ School corporation number (see pages 55 and 56) **4945**

DRAFT 9/5/12

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 January 1, 2012.

County where **you** lived **46** County where **you** worked **46** County where **spouse** lived _____ County where **spouse** worked _____

Round all entries

1.	Enter your federal adjusted gross income (AGI) from your federal tax return (from Form 1040, line 37; Form 1040A, line 21; or from Form 1040EZ, line 4) _____	Federal AGI	1	27004 .00
2.	Enter amount from Schedule 1, line 8, and enclose Schedule 1 _____	Indiana Add-Backs	2	800 .00
3.	Add line 1 and line 2 _____		3	27804 .00
4.	Enter amount from Schedule 2, line 12, and enclose Schedule 2 _____	Indiana Deductions	4	12000 .00
5.	Subtract line 4 from line 3 _____	Indiana Adjusted Income	5	15804 .00
6.	You must complete Schedule 3. Enter amount from Schedule 3, line 5, and enclose Schedule 3 _____	Indiana Exemptions	6	5500 .00
7.	Subtract line 6 from line 5 _____	State Taxable Income	7	10304 .00
8.	State adjusted gross income tax: multiply line 7 by 3.4% (.034) (if answer is less than zero, leave blank) _____		8	350 .00
9.	County tax. Enter county tax due from Schedule CT-40 (if answer is less than zero, leave blank) _____		9	98 .00
10.	Other taxes. Enter amount from Schedule 4, line 4 (enclose sch.) _____		10	.00
11.	Add lines 8, 9 and 10. Enter total here and on line 16 on the back _____	Indiana Taxes	11	448 .00



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- | | | | |
|------------|--|-----|----------|
| 12. | Enter credits from Schedule 5, line 8 (enclose schedule) _____ | 12 | 1997 .00 |
| 13. | Enter offset credits from Schedule 6, line 7 (enclose schedule) _____ | 13 | 280 .00 |
| 14. | Automatic Taxpayer Refund credit. Leave blank if not eligible. See instructions on page XX | | |
| | Enter \$ XXX if you are eligible | | |
| | Enter \$ XXX if joint filing and both are eligible | | |
| | Enter \$ XXX if joint filing but only one is eligible _____ | 14 | 100 .00 |
| 15. | Add lines 12, 13 and 14 _____ Indiana Credits | 15 | 2377 .00 |
| 16. | Enter amount from line 11 _____ Indiana Taxes | 16 | 448 .00 |
| 17. | If line 15 is equal to or more than line 16, subtract line 16 from line 15 (if smaller, skip to line 24) | 17 | 1929 .00 |
| 18. | Amount from line 17 to be donated to the Indiana Nongame Wildlife Fund _____ | 18 | .00 |
| 19. | Subtract line 18 from line 17 _____ Overpayment | 19 | 1929 .00 |
| 20. | Amount from line 19 to be applied to your 2013 estimated tax account (see instructions on page 10). | | |
| | Enter your county code _____ county tax to be applied _ \$ a | .00 | |
| | Spouse's county code _____ county tax to be applied _ \$ b | .00 | |
| | Indiana adjusted gross income tax to be applied _____ \$ c | .00 | |
| | Total to be applied to your estimated tax account (a + b + c; cannot be more than line 19) _____ | 20d | .00 |
| 21. | Penalty for underpayment of estimated tax from Schedule IT-2210 or IT-2210A (enclose sch.) _ | 21 | .00 |
| 22. | Refund: Line 19 minus lines 20d and 21. Note: If less than zero, see line 24 ____ Your Refund | 22 | 1929 .00 |
| 23. | Direct Deposit (see page 11) c. Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input checked="" type="checkbox"/> Hoosier Works MC | | |
| | a. Routing Number _____ | | |
| | b. Account Number 507704001345 | | |
| | d. Place an "X" in the box if refund will go to an account outside the United States <input type="checkbox"/> | | |
| 24. | If line 16 is more than line 15, subtract line 15 from line 16. Add to this any amount on line 21 (see instructions on page 11) _____ | 24 | .00 |
| 25. | Penalty if filed after due date (see instructions) _____ | 25 | .00 |
| 26. | Interest if filed after due date (see instructions) _____ | 26 | .00 |
| 27. | Amount Due: Add lines 24, 25 and 26 _____ Amount You Owe | 27 | .00 |
- Do not send cash. Please make your check or money order payable to: Indiana Department of Revenue.

DRAFT 9/5/12

Sign and date this return after reading the Authorization statement on Schedule 7. You must enclose Schedule 7.

Your Signature	Date	Spouse's Signature	Date
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- If enclosing payment mail 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.



Name(s) shown on Form IT-40

TEST N BLOWNAPART II

Your Social Security Number

400 00 4037

Round all entries

1. Tax add back: certain taxes deducted from federal Schedules C, C-EZ, E and/or F _____	1	.00
2. Net operating loss carryforward from federal Form 1040, "Other income" line _____	2	.00
3. Income taxed on federal Form 4972 (lump sum distribution) _____	3	.00
4. Domestic production activities add-back _____	4	800 .00
5. Bonus depreciation add-back _____	5	.00
6. Section 179 expense excess add-back _____	6	.00
7. Other Add-Backs: See instructions beginning on page 14.		
a. Enter add-back name _____ code no. _____	7a	.00
b. Enter add-back name _____ code no. _____	7b	.00
c. Enter add-back name _____ code no. _____	7c	.00
d. Enter add-back name _____ code no. _____	7d	.00
e. Enter add-back name _____ code no. _____	7e	.00
f. Enter add-back name _____ code no. _____	7f	.00
g. Enter add-back name _____ code no. _____	7g	.00
h. Enter add-back name _____ code no. _____	7h	.00
i. Enter add-back name _____ code no. _____	7i	.00
j. Enter add-back name _____ code no. _____	7j	.00
k. Enter add-back name _____ code no. _____	7k	.00
l. Enter add-back name _____ code no. _____	7l	.00
m. Enter add-back name _____ code no. _____	7m	.00
n. Enter add-back name _____ code no. _____	7n	.00
o. Enter add-back name _____ code no. _____	7o	.00
8. Add lines 1 through 7. Enter total here and on Form IT-40, line 2	Total Indiana Add-Backs 8	800 .00

DRAFT 5/21/12



Name(s) shown on Form IT-40
TEST N BLOWNAPART II

Your Social Security Number
400 00 4037

1. Renter's deduction

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

Landlord's name and address (enter below) Amount of rent paid
 \$.00

Round all entries

Number of months rented Enter the lesser of \$3,000 or amount of rent paid 1 .00

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 \$.00

Enter the lesser of \$2,500 or the amount of property tax paid _____ 2 .00

3. State tax refund reported on federal return _____ 3 .00

4. Interest on U.S. government obligations _____ 4 .00

5. Taxable Social Security benefits _____ 5 .00

6. Taxable railroad retirement benefits _____ 6 .00

7. Military service deduction: \$5,000 maximum for qualifying person _____ 7 5000 .00

8. Non-Indiana locality earnings deduction: \$2,000 maximum per qualifying person _____ 8 .00

9. Insulation deduction: \$1,000 maximum _____ 9 .00

10. Nontaxable portion of unemployment compensation (from line 7 of Unemployment Comp. Worksheet) 10 .00

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

a. Enter deduction name **NATIONAL GUARD** code no. **621** 11a 7000 .00

b. Enter deduction name code no. 11b .00

c. Enter deduction name code no. 11c .00

12. Add lines 1 through 11. Enter total here and on line 4 of Form IT-40. **Total Deductions** 12 12000 .00

DRAFT 5/21/12



Name(s) shown on Form IT-40
TEST N BLOWNAPART II

Your Social Security Number
400 00 4037

Round all entries

1. Number of exemptions claimed on your federal return 4 x \$1,000 _____ 1 **4000 .00**
 • If you did not claim an exemption on your federal return, enter "1" in the box above.
 • See instructions on page 24 if you did not file a federal return.

2. Claim an additional exemption for each dependent child
 • who is a son, stepson, daughter, stepdaughter and/or foster child,
 • who was under the age of 19 by Dec. 31, 2012, or a full-time student
 • who was under the age of 24 by Dec. 31, 2012, and
 • who you are eligible to claim as a dependent on your federal tax return.

Enter number you are eligible to claim 1 x \$1500: you **MUST** enclose Schedule IN-DEP__ 2 **1500 .00**

3. Place "X" in box(es) below if, by December 31, 2012

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 _____ 3 **.00**

4. If age 65 or older, enter amount from Form IT-40, line 1 \$
 If this amount is less than \$40,000, place "X" in box(es) below if:

You were age 65 or older

Spouse was 65 or older

Total number of boxes with Xs x \$500 _____ 4 **.00**

5. Add lines 1, 2, 3 and 4. Enter here and on Form IT-40, line 6. **Total Exemptions** 5 **5500 .00**

Schedule 4: Other Taxes
 Instructions begin on page 25

1. Use tax on out-of-state purchases from line 4 of Sales/Use Tax Worksheet _____ 1 **.00**

2. Household employment taxes. Enclose Schedule IN-H _____ 2 **.00**

3. Recapture of Indiana's CollegeChoice 529 credit. Enclose Schedule IN-529R _____ 3 **.00**

4. Add lines 1 through 3. Enter here and on Form IT-40, line 10. **Total Other Taxes** 4 **.00**



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Name(s) shown on Form IT-40

Your Social Security Number

TEST N BLOWNAPART II

400 00 4037

Round all entries

1. Indiana state tax withheld: enclose W-2s, 1099s showing state tax withholding amounts _____	1	764 .00
2. Indiana county tax withheld: enclose W-2s, 1099s showing county tax withholding amounts _____	2	130 .00
3. Estimated tax paid for 2012: include any extension payment made with Form IT-9 _____	3	400 .00
4. Unified tax credit for the elderly _____	4	.00
5. Earned income credit: enclose Schedule IN-EIC and enter amount from line A-3 _____	5	473 .00
6. Lake County residential income tax credit _____	6	.00
7. Economic development for a growing economy credit _____	7	230 .00
8. Add lines 1 through 7. Enter total here and on Form IT-40, line 12 _____ Total Credits	8	1997 .00

DRAFT 8/2/12



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Name(s) shown on Form IT-40
TEST N BLOWNAPART II

Your Social Security Number
400 00 4037

Round all entries

1. Credit for local taxes paid outside Indiana _____	1	.00
2. County credit for the elderly: attach federal Schedule R _____	2	15.00
3. Other Local Credits: See instructions (enclose additional sheets if necessary)		
a. Enter credit name COMM REVITAL DIST CREDIT code no. 808	3a	20.00
b. Enter credit name VOLUN REMED CREDIT code no. 836	3b	25.00
Important: Lines 1 through 3 cannot be greater than the county tax due on Form IT-40, line 9 (see <i>Combined Limitation</i> instructions)		
4. College credit: attach Schedule CC-40 _____	4	50.00
5. Credit for taxes paid to other states: enclose other state's return _____	5	40.00
6. Other Credits: See instructions (enclose additional sheets if necessary)		
a. Enter credit name 529 COLLEGE CHOICE CREDIT code no. 837	6a	100.00
b. Enter credit name ETHANOL PROD CREDIT code no. 815	6b	10.00
c. Enter credit name HOOSIER BUS INVEST CREDIT code no. 820	6c	10.00
d. Enter credit name RESEARCH EXPENSE CREDIT code no. 822	6d	10.00
Important: Lines 4 through 6 added together cannot be greater than the state adjusted gross income tax due on Form IT-40, line 8 (see <i>Combined Limitation</i> instructions)		
7. Add lines 1 through 6. Enter total here and on line 13 of Form IT-40	Total Offset Credits	280.00

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Name(s) shown on Form IT-40

Your Social Security Number

TEST N BLOWNAPART II

400 00 4037

1. Federal filing information

Are you filing a federal income tax return for 2012? 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
	\$.00		\$.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.
- b. Place "X" in box if you have filed an Indiana extension of time to file, Form IT-9, or online via ePay.

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. Date of death

If any individual listed at the top of the IT-40 died during 2012, enter date of death (MM/DD) (see instructions on page 50).

Taxpayer's date of death	2012	Spouse's date of death	2012
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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

Your e-mail address

<p>I authorize the Department to discuss my return with my personal representative (see page 50).</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, complete the information below.</p> <p>Personal Representative's Name (please print)</p> <p>Telephone number</p> <p>Address</p> <p>City</p> <p>State Zip Code</p>	<p>Paid Preparer: Firm's Name (or yours if self-employed)</p> <p><input type="checkbox"/> IN-OPT on file with paid preparer if not filing electronically</p> <p><input type="checkbox"/> PTIN</p> <p>Address</p> <p>City</p> <p>State Zip Code</p>
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DRAFT 8/29/12

Schedule IN-DEP: Additional Dependent Child Information

(Instructions begin on page 24)

2012

Name(s) shown on Form IT-40/IT-40PNR
TEST N BLOWNAPART II

Your Social Security Number
400 00 4037

Report on this schedule the first and last name and Social Security number for each dependent child claimed as an additional exemption on line 2 of Schedule 3 (from Form IT-40) or Schedule D (from Form IT-40PNR).

	Child's First Name	Child's Last Name	Child's Social Security Number
1.	CHILD	ONE	400 00 4044
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			
20.			

DRAFT 6/26/12



Name(s) shown on Form IT-40/IT-40PNR
TEST N BLOWNAPART II

Your Social Security Number
400 00 4037

Enter information about contributions made by you and/or your spouse to Indiana's CollegeChoice 529 Education Savings Plan(s) during 2012.

Round all entries

Column A	Column B	Column C	Column D	
Check box if you or your spouse <u>do not</u> own the account.	Enter Account #	Enter smaller of total annual contribution(s) from you and/or spouse per account during 2012 or \$5,000.	Lines 1 - 8: Multiply Column C by .20	
<input checked="" type="checkbox"/>	621005005-01	125 .00	1	25 .00
<input checked="" type="checkbox"/>	321005005-02	125 .00	2	25 .00
<input checked="" type="checkbox"/>	2001234561	125 .00	3	25 .00
<input checked="" type="checkbox"/>	2080192834	125 .00	4	25 .00
<input type="checkbox"/>		.00	5	.00
<input type="checkbox"/>		.00	6	.00
<input type="checkbox"/>		.00	7	.00
<input type="checkbox"/>		.00	8	.00
Add total from lines 1 through 8 (attach additional sheets if necessary) _____			9	100 .00
			10	1000 .00
			11	100 .00
			12	350 .00
			13	100 .00

LIMITATION

Enter the smaller amount from Column D line 9 or line 10 _____

Enter the amount from IT-40 or IT-40PNR, line 8 _____

Allowable credit: Enter the smaller amount from Column D line 11 or line 12. Also enter under line 6 of Schedule 6 or, if filing IT-40PNR, under line 6 of Schedule G _____



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2012

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

Your Social Security Number

TEST N BLOWNAPART II

400 00 4037

Section A: Figure Your Indiana Earned Income Credit

A-1 Enter the earned income credit from your federal income tax return Form 1040 line 64a, Form 1040A line 38a, or Form 1040EZ line 8a _____	A-1	5112 .00
A-2 Enter your earned income (see instructions) _____	A-2	14850 .00
A-3 Enter your Indiana earned income credit (see instructions). Carry this total to Form IT-40, Schedule 5, line 5, or Form IT-40PNR, Schedule F, line 5, Box A _____ Indiana Earned Income Credit	A-3	473 .00

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

	Child 1	Child 2
Enter each child's information		
First name	CHILD	CHILD
Last name	ONE	TWO
Child's Social Security Number(s)	400 00 4044	400 00 4045

DRAFT 6/14/12

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
B-1 Relationship:		
A Your Child	A	A
B Grandchild		
C Stepchild		
D Foster Child (not related)		
E Other (related foster child, or other related child - see instructions)		
B-2 Age:		
A Under age 18	A	B
B Age 18		
C Age 19 - 24 and full-time student		
D Age 19 or older and totally disabled		
B-3 Location:		
A Child lived with you at least 1/2 of the year	A	B
B Child was born or died in 2012, and lived with you while alive in 2012.		

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



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Name(s) shown on Form IT-40, IT-40EZ, IT-40PNR or IT-40RNR
TEST N BLOWNAPART II

Your Social Security Number
400 00 4037

Designate the form with which Schedule IN-BAR is being filed:

- 1. IT-40
- 2. IT-40EZ
- 3. IT-40PNR
- 4. IT-40RNR

B1
Space Required for Barcode:
3.45" X 1.76"

**2012 INDIANA
Barcode Datasheet**

Enclose Schedule IN-BAR as the last schedule.

Example. If filing an IT-40, Schedule 2, Schedule 3 and Schedule 7, place Schedule IN-BAR behind Schedule 7.

Do **NOT** file this page alone.

B2
Space Required for Barcode:
3.45" X 1.76"

B3
Space Required for Barcode:
3.45" X 1.76"



24312111694

22222		a Employee's social security number 400-00-4037		OMB No. 1545-0008				
b Employer identification number (EIN) 35-1425364			1 Wages, tips, other compensation 1850		2 Federal income tax withheld 1080			
c Employer's name, address, and ZIP code BONDO MAGIC COMPANY ONE PLUS ONE DRIVE MERRILLVILLE IN 46410			3 Social security wages 1850		4 Social security tax withheld 670			
			5 Medicare wages and tips 1850		6 Medicare tax withheld 157			
			7 Social security tips		8 Allocated tips			
d Control number			9		10 Dependent care benefits			
e Employee's first name and initial		Last name		Suff.		11 Nonqualified plans		12a C o o l l e c t e d
TEST N BLOWNAPART II 1021 INDIANA AVE LAPORTE IN 46350						13 Statutory employee Retirement plan Third-party sick pay		12b C o o l l e c t e d
						<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		12c C o o l l e c t e d
						14 Other		12d C o o l l e c t e d
f Employee's address and ZIP code								
15 State	Employer's state ID number		16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name	
IN	000351425364		1850	370				

Form **W-2** Wage and Tax Statement
Copy 1—For State, City, or Local Tax Department

2012

Department of the Treasury—Internal Revenue Service

22222		a Employee's social security number 400-00-4037		OMB No. 1545-0008				
b Employer identification number (EIN) 22-2222222			1 Wages, tips, other compensation 13000		2 Federal income tax withheld 1000			
c Employer's name, address, and ZIP code DEPARTMENT OF DEFENSE 20 PENTAGON WASHINGTON DC 01139			3 Social security wages 10000		4 Social security tax withheld 500			
			5 Medicare wages and tips 13000		6 Medicare tax withheld 250			
			7 Social security tips		8 Allocated tips			
d Control number			9		10 Dependent care benefits			
e Employee's first name and initial		Last name		Suff.		11 Nonqualified plans		12a C o o l l e c t e d
TEST N BLOWNAPART II 1021 INDIANA AVE LAPORTE IN 46350						13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		12b C o o l l e c t e d
						14 Other		12c C o o l l e c t e d
								12d C o o l l e c t e d
f Employee's address and ZIP code								
15 State	Employer's state ID number		16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name	
IN	0006999990001		13000	380	13000	130	49	

Form **W-2** Wage and Tax Statement
Copy 1—For State, City, or Local Tax Department

2012

Department of the Treasury—Internal Revenue Service

VOID CORRECTED

PAYER'S name, street address, city, state, ZIP code, and telephone no. BONDO MAGIC COMPANY ONE PLUS ONE DRIVE MERRILLVILLE IN 46410		1 Rents \$	OMB No. 1545-0115 2012 Form 1099-MISC		Miscellaneous Income
		2 Royalties \$			
		3 Other income \$ 150			
PAYER'S federal identification number 35-1425364	RECIPIENT'S identification number 400-00-4037	5 Fishing boat proceeds \$	6 Medical and health care payments \$	Copy 1 For State Tax Department	
RECIPIENT'S name TEST N BLOWNAPART II Street address (including apt. no.) 1021 INDIANA AVE City, state, and ZIP code LAPORTE IN 46350		7 Nonemployee compensation \$	8 Substitute payments in lieu of dividends or interest \$		
		9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/>	10 Crop insurance proceeds \$		
		11	12		
Account number (see instructions)		13 Excess golden parachute payments \$	14 Gross proceeds paid to an attorney \$		
15a Section 409A deferrals \$	15b Section 409A income \$	16 State tax withheld \$ 14	17 State/Payer's state no. IN/000351425364	18 State income \$ 150	

Form **1099-MISC**

Department of the Treasury - Internal Revenue Service