

## CLAIMING YOUR INDIANA TAX CREDITS

When filing your Indiana tax return, Indiana residents will report the amount of their tax credit (50% of the amount of the contribution) on **Schedule 6, line 6**. The credit name is *School Scholarship Credit* and the code number is 849.

### SAMPLE FORM

Schedule 6 Form IT-40, State Form 53999 (R4 / 9-14)	Schedule 6: Offset Credits	2014	Enclosure Sequence No. 05
Name(s) shown on Form IT-40 <input style="width: 90%;" type="text" value="Your name"/>		Your Social Security Number <input style="width: 20%;" type="text" value="123"/> <input style="width: 20%;" type="text" value="45"/> <input style="width: 20%;" type="text" value="6789"/>	
<b>Round all entries</b>			
1. Credit for local taxes paid outside Indiana _____		1	<input style="width: 40%;" type="text"/> .00
2. County credit for the elderly: attach federal Schedule R _____		2	<input style="width: 40%;" type="text"/> .00
<b>3. Other Local Credits:</b> See instructions (enclose additional sheets if necessary)			
a. Enter credit name <input style="width: 200px;" type="text"/>	code no. <input style="width: 40px;" type="text"/>	3a	<input style="width: 40%;" type="text"/> .00
b. Enter credit name <input style="width: 200px;" type="text"/>	code no. <input style="width: 40px;" type="text"/>	3b	<input style="width: 40%;" type="text"/> .00
<b>Important:</b> 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	<input style="width: 40%;" type="text"/> .00
5. Credit for taxes paid to other states: enclose other state's return _____		5	<input style="width: 40%;" type="text"/> .00
<b>6. Other Credits:</b> See instructions (enclose additional sheets if necessary)			
a. Enter credit name <input style="width: 200px;" type="text" value="School Scholarship Credit"/>	code no. <input style="width: 40px;" type="text" value="849"/>	6a	<input style="width: 40%;" type="text" value="500"/> .00
b. Enter credit name <input style="width: 200px;" type="text"/>	code no. <input style="width: 40px;" type="text"/>	6b	<input style="width: 40%;" type="text"/> .00
c. Enter credit name <input style="width: 200px;" type="text"/>	code no. <input style="width: 40px;" type="text"/>	6c	<input style="width: 40%;" type="text"/> .00
d. Enter credit name <input style="width: 200px;" type="text"/>	code no. <input style="width: 40px;" type="text"/>	6d	<input style="width: 40%;" type="text"/> .00
7. Enter the total credits from Schedule IN-OCC, line 17, and enclose that schedule _____		7	<input style="width: 40%;" type="text"/> .00
<b>Important:</b> Lines 4 through 7 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)			
8. Add lines 1 through 7. Enter total here and on line 13 of Form IT-40 _____ <b>Total Offset Credits</b>		8	<input style="width: 40%;" type="text" value="500"/> .00

**You must also complete and attach Schedule IN-OCC.** Enter the *year* of your donation in column B, the *certification number* from your receipt letter in column C, 849 as the code in column D and the *amount of your credit* in column E.

Schedule IN-OCC State Form 55629 (9-14)	Other Certified Credits				2014	Enclosure Sequence No. 25
Name shown on Form IT-40/IT-40PNR <input style="width: 90%;" type="text" value="Your Name"/>		Your Social Security Number <input style="width: 20%;" type="text" value="123"/> <input style="width: 20%;" type="text" value="45"/> <input style="width: 20%;" type="text" value="6789"/>				
Name shown on IT-20/IT-20NP/IT-65/IT-20S/FIT-20 <input style="width: 90%;" type="text"/>		Federal ID Number <input style="width: 90%;" type="text"/>				
<small>Complete this schedule if you are reporting any of the following credits: Hoosier Business Investment Credit; Hoosier Business Investment - Logistics Credit; Natural Gas Commercial Vehicle Credit; School Scholarship Credit.</small>						
Column A IT-20S/IT65 Federal ID# if Credit is from IN K-1	Column B Certification Year	Column C Certification/ Project Number	Column D 3-Digit Code	Column E Amount Claimed		
1. <input style="width: 80%;" type="text"/>	2014	15-005-0001	849	<input style="width: 40%;" type="text" value="500"/> .00	1	
2. <input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>	<input style="width: 40%;" type="text"/> .00	2	
3. <input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>	<input style="width: 40%;" type="text"/> .00	3	