



State of Indiana

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7KLV IRUP LV IRU WKH HPSOR\HU\TV UHFRUGV 'R QRW VHQG WKLV IRUP WR WKH 'HSDUWPHQW  
7KH FRPSOHWHG IRUP VKRXOG EH UHWXUQHG WR \RXU HPSOR\HU

Full Name \_\_\_\_\_ Social Security Number or ITIN \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Indiana County of Residence as of January 1: \_\_\_\_\_ (See instructions)

Indiana County of A4mnce

Two empty rectangular boxes stacked vertically.

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This form should be completed by all resident and nonresident employees having income subject to Indiana state and/or county income tax.