**Schedule 3**
Form IT-40, State Form 53997
(R11 / 9-20)

# Schedule 3: Exemptions

**2020**

Enclosure
Sequence No. 03

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.**

**Round all entries**

1. Enter $2000 if you are married filing jointly; otherwise, enter $1000 _____  1 _____ . 0 0

2. Enter the number of dependents listed on Schedule IN-DEP, Box 6 [    ] x $1000 _____  2 _____ . 0 0
   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, 2020,
   - or a full-time student who was under the age of 24 by Dec. 31, 2020, 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 7.   [    ] x $1500 _____  3 _____ . 0 0

4. Place "X" in box(es) below if, by December 31, 2020

   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 _____ . 0 0

5. 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 _____  5 _____ . 0 0

6. Add lines 1, 2, 3, 4 and 5. Enter here and on Form IT-40, line 6 _____ **Total Exemptions**  6 _____ . 0 0