

04

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

06

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

08

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

10

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

12

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

14

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

16

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

18

19 19. Amount from line 18 to be applied to your 2023 estimated tax account (see instructions).

20

21 Enter your county code county tax to be applied \$

22

23 Spouse's county code county tax to be applied \$

24

25 Indiana adjusted gross income tax to be applied _____ \$

26

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

28

29 20. Penalty for underpayment of estimated tax from Schedule IT-2210 or IT-2210A _____

30

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

32

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

34

35 a. Routing Number

36

37 b. Account Number

38

39 c. Type: Checking Savings Hoosier Works MC

40

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

42

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

44

45

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

47

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

49

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

51 Do not send cash. Make your check or money order payable to:

52 Indiana Department of Revenue. See instructions if paying with a credit card.

53

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

57 _____ Signature _____ Date _____ Spouse's Signature _____ Date _____

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

