## R-8453 (1/22) LA 8453

## Louisiana 2021 Individual Income Tax Declaration for Electronic Filing

## **LOUISIANA** DEPARTMENT of REVENUE

Your first name and initia	al	Last name	Your Social Security Number			
Spouse's first name and	l initial	Last name	Spouse's Social Security 2		++++	
			Number			_ <u>_</u>
Present home address (	number and street including apartment number	or rural route)	Daytime Telephone Number			-2021
City, town, or post office	•		State	ZIP		-
Part A		Tax Return I	nformation			
Balance Due	тт. гтт. п	00	Refund Due		П.Г	00
Part B	Direct Deposit o	of Refund (Optiona	al) 🗌 or Direct Debi	t (Optional)		
•	The first 2 digits of the routing					
number must be 01	I through 12 or 21 through 32.		с Г	Direct Debit Paym	ent	
			l			. 00
Account Number			V	Vithdrawal Date		
			[		YYYY	
Type of Account:	Checking Savings		F	Full Payment	Partial Payn	nent 🗌
(Check one.)				Payment made	/will be made	e by credit card.
PART C		Declaration o	f Taxpayer			
	at my refund be directly deposite a joint return, this is an irrevocable	-				art B is correct. If
	it direct deposit of my refund, an efund direct deposited I will recei			not receiving a re	efund. I under	stand that by not
(direct debit) authorize the	ne Louisiana Department of Rev ) entry to the financial institution e financial institutions involved ir ver inquiries and resolve issues	account indicated processing the ele	in Part B for paymer ectronic payment of t	nt of my state tax	xes owed on	this return. I also
	l that if I have filed a balance du my tax liability, I will remain liabl					e full and timely
	t I have examined my state incom ny knowledge and belief, it is true		red for electronic trar	nsmission to the	State of Louis	siana and, to
Please sign	here					
Devit D	Your signature	Date	•	signature (if joint re	,	Date
the best of my kn	Declaration and Signatur ave reviewed the above taxpaye iowledge based on the information he Louisiana Department of Rev	er's return and that on submitted/furnish	the entries on the re ed by the taxpayer. I	turn are complet also declare that	e and correct t I have comp	
Please sign here.					( )	
-	Preparer's signature	Social Security Nur	nber or ID Number	Date	Т	elephone
Mark box if also ERO					( )	
Elec	ctronic Return Originator's signature	Social Security Nur	nber or ID Number	Date	Т	elephone

This form is to be maintained by ERO.