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

## Louisiana 2021 Individual Income Tax Declaration for Electronic Filing



Your first name and initial	Last name	Your Social	_									-	
Tour instrume and initial	Last Hame	Security Number	1		Ш			- 1	1	- 1	-	1	
Spouse's first name and initial	Last name	Spouse's			Н	$\dashv$	-	-		-	-	-	
		Social Security Number	2		П			-	1	- 1	-		2024
Present home address (number and street including apartment	number or rural route)	Daytime Telephone Number										7	2021
City, town, or post office		Sta	te			Ž	ZIP	-			_	┪	
Part A	Tax Return I	nformation											
Balance Due,,	. 00	Refund D	ue				, [				<u>, [</u>		_ 00
Part B Direct Deposit of Refund (Optional)   or Direct Debit (Optional)													
Routing Number The first 2 digits of the routing number must be 01 through 12 or 21 through 32.  Direct Debit Payment													
number must be of through 12 of 21 through 32.			ì	Jired	CT DE	PDIT F	ayı	nen	Ī		г		
				- I			, L		_		, L		. 00
Account Number Withdrawal Date													
_				MN		D				YYY			_
Type of Account: Checking Savings Full Payment Partial Payment Payment Payment Payment Payment Payment Payment Payment Card.													
PART C	Declaration of	Taxpayer											
☐ I consent that my refund be directly deposited as designated in Part B, and declare that the information shown in Part B is correct. If													
I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund.													
I do not want direct deposit of my refund, am a first-time filer with Louisiana, or am not receiving a refund. I understand that by not having my refund direct deposited I will receive my refund by paper check.													
I authorize the Louisiana Department of (direct debit) entry to the financial institutions involved sary to answer inquiries and resolve is:	tution account indicated i ved in processing the ele	n Part B for pay ctronic payment	/mei	nt of	f my	stat	te ta	axes	S OV	wed	on t	his	return. I also
I understand that if I have filed a balan payment of my tax liability, I will remain										t rec	eive	full	and timely
I declare that I have examined my state inco the best of my knowledge and belief, it is tru		or electronic trar	nsmi	ssio	n to	the	Sta	te o	of Lo	ouisi	ana	and	l, to
Please sign here										_	_		
Your signature	Date	Spou	se's	sign	ature	e (if jo	oint	retui	rn)				Date

Do Not Mail

You must retain this form along with the state copy of your supporting W2s and 1099s for a minimum of 3 years. DO NOT MAIL.