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1234567890123456789012345678901234567890123456789012345678901234567890123456789012345

04  
05 12. Enter credits from Schedule F, line 9 (enclose schedule) \_\_\_\_\_ 12 9999999999.00  
06  
07 13. Enter offset credits from Schedule G, line 8 (enclose schedule) 13 9999999999.00  
08  
09 14. Add lines 12 and 13 \_\_\_\_\_ **Indiana Credits** 14 9999999999.00  
10  
11 15. Enter amount from line 11 \_\_\_\_\_ **Indiana Taxes** 15 9999999999.00  
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) 16 9999999999.00  
14  
15 17. Enter donations from Schedule IN-DONATE (enclose schedule); cannot be greater than line 16 17 9999999999.00  
16  
17 18. Subtract line 17 from line 16 \_\_\_\_\_ **Overpayment** 18 9999999999.00  
18  
19 19. Amount from line 18 to be applied to your 2017 estimated tax account (see instructions).  
20  
21 Enter your county code 99 county tax to be applied \_\_ \$ a 9999999999.00  
22  
23 Spouse's county code 99 county tax to be applied \_\_ \$ b 9999999999.00  
24  
25 Indiana adjusted gross income tax to be applied \_\_\_\_\_ \$ c 9999999999.00  
26  
27 Total to be applied to your estimated tax account (a + b + c; cannot be more than line 18) \_\_\_\_\_ 19d 9999999999.00  
28  
29 20. Penalty for underpayment of estimated tax from Schedule IT-2210 or IT-2210A (enclose sch.) \_\_ 20 9999999999.00  
30  
31 **21. Refund:** Line 18 minus lines 19d and 20. Note: If less than zero, see line 23 instructions **Your Refund** 21 9999999999.00  
32  
33 **22. Direct Deposit** (see instructions)  
34  
35 a. Routing Number 9 9 9 9 9 9 9 9  
36  
37 b. Account Number 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9  
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 to this any amount on line 20  
44 (see instructions) \_\_\_\_\_ 23 9999999999.00  
45  
46 24. Penalty if filed after due date (see instructions) \_\_\_\_\_ 24 9999999999.00  
47  
48 25. Interest if filed after due date (see instructions) \_\_\_\_\_ 25 9999999999.00  
49  
50 **26. Amount Due:** Add lines 23, 24 and 25 \_\_\_\_\_ **Amount You Owe** 26 9999999999.00  
51 Do not send cash. Please make your check or money order payable to:  
52 Indiana Department of Revenue. Credit card payers must see instructions.  
53

54 **Sign and date this return after reading the Authorization statement on Schedule H. You must enclose Schedule H (both pages).**

55  
56  
57 Your Signature \_\_\_\_\_ Date \_\_\_\_\_ Spouse's Signature \_\_\_\_\_ Date \_\_\_\_\_  
58

- 59 • If enclosing payment mail 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.  
61

