

12. Enter credits from Schedule F, line 10 (enclose schedule) _____	12		.00	
13. Enter offset credits from Schedule G, line 8 (enclose schedule) _____	13		.00	
14. Add lines 12 and 13 _____ <b>Indiana Credits</b>	14		.00	
15. Enter amount from line 11 _____ <b>Indiana Taxes</b>	15		.00	
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		.00	
17. Enter donations from Schedule IN-DONATE (enclose schedule); cannot be greater than line 16	17		.00	
18. Subtract line 17 from line 16 _____ <b>Overpayment</b>	18		.00	
19. Amount from line 18 to be applied to your 2022 estimated tax account (see instructions).				
Enter your county code <span style="border: 1px solid black; padding: 0 5px;">  </span> county tax to be applied __ \$	a		.00	
Spouse's county code <span style="border: 1px solid black; padding: 0 5px;">  </span> county tax to be applied __ \$	b		.00	
Indiana adjusted gross income tax to be applied _____ \$	c		.00	
Total to be applied to your estimated tax account (a + b + c; cannot be more than line 18) _____	19d		.00	
20. Penalty for underpayment of estimated tax from Schedule IT-2210 or IT-2210A _____	20		.00	
<b>21. Refund:</b> Line 18 minus lines 19d and 20. Note: If less than zero, see line 23 instructions <b>Your Refund</b>	21		.00	
<b>22. Direct Deposit</b> (see instructions)				
a. Routing Number <span style="border: 1px solid black; padding: 0 5px;">  </span>				
b. Account Number <span style="border: 1px solid black; padding: 0 5px;">  </span>				
c. Type: <span style="border: 1px solid black; padding: 0 5px;">  </span> Checking <span style="border: 1px solid black; padding: 0 5px;">  </span> Savings <span style="border: 1px solid black; padding: 0 5px;">  </span> Hoosier Works MC				
d. Place an "X" in the box if refund will go to an account outside the United States <span style="border: 1px solid black; padding: 0 5px;">  </span>				
23. If line 15 is more than line 14, subtract line 14 from line 15. Add to this any amount on line 20 (see instructions) _____	23		.00	
24. Penalty if filed after due date (see instructions) _____	24		.00	
25. Interest if filed after due date (see instructions) _____	25		.00	
<b>26. Amount Due:</b> Add lines 23, 24 and 25 _____ <b>Amount You Owe</b>	26		.00	

Do not send cash. Please make your check or money order payable to:  
Indiana Department of Revenue. Credit card payers must see instructions.

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

Your Signature _____	Date _____	Spouse's Signature _____	Date _____
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- If enclosing payment mail to: Indiana Department of Revenue, P.O. Box 7224, Indianapolis, IN 46207-7224.
- Mail all other returns to: Indiana Department of Revenue, P.O. Box 40, Indianapolis, IN 46206-0040.

