

12. Enter credits from Schedule F, line 13 (enclose schedule)	12	.00	
13. Enter offset credits from Schedule G, line 8 (enclose schedule)	13	.00	
14. Add lines 12 and 13	Indiana Credits	14	.00
15. Enter amount from line 11	Indiana Taxes	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	Overpayment	18	.00
19. Amount from line 18 to be applied to your 2026 estimated tax account (see instructions).			
a. Enter your county code	19a	.00	
b. Spouse's county code	19b	.00	
c. Indiana adjusted gross income tax to be applied	19c	.00	
d. 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 and IT-2210A	20	.00	
a. Enter code A if annualizing. Enter Code F if farmer or fisherman	20a	.00	
21. <b>Refund:</b> Line 18 minus lines 19d and 20. Note: If less than zero, see line 23 instructions	Your Refund	21	.00
22. <b>Direct Deposit</b> (see instructions)			
a. Routing Number			
b. Account Number			
c. Type:	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	<input type="checkbox"/> Hoosier Works MC
d. Place an "X" in the box if refund will go to an account outside the United States.	<input type="checkbox"/>		
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	
26. Amount Due: Add lines 23, 24 and 25	Amount You Owe	26	.00

Do not send cash. Please make your check or money order payable to:  
Indiana Department of Revenue. See instructions if paying by credit card.

**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 \_\_\_\_\_

- 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.

