

12. Enter credits from Schedule 5, line 8 (enclose schedule) 12 .00


13. Enter offset credits from Schedule 6, line 7 (enclose schedule) 13 .00

14. Automatic Taxpayer Refund credit. Leave blank if not eligible. See instructions on page 9.
 Enter \$ 111 if you are eligible
 Enter \$ 222 if joint filing and both are eligible
 Enter \$ 111 if joint filing but only one is eligible 14 .00

15. Add lines 12, 13 and 14 _____ **Indiana Credits** 15 .00

16. Enter amount from line 11 _____ **Indiana Taxes** 16 .00

17. If line 15 is equal to or more than line 16, subtract line 16 from line 15 (if smaller, skip to line 24) 17 .00

18. Amount from line 17 to be donated to the Indiana Nongame Wildlife Fund  18 .00

19. Subtract line 18 from line 17 _____ **Overpayment** 19 .00

20. Amount from line 19 to be applied to your 2013 estimated tax account (see instructions on page 11).
 Enter your county code county tax to be applied _ \$ a .00
 Spouse's county code 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 19) _____ 20d .00

21. Penalty for underpayment of estimated tax from Schedule IT-2210 or IT-2210A (enclose sch.) _ 21 .00

22. Refund: Line 19 minus lines 20d and 21. Note: If less than zero, see line 24 ____ **Your Refund** 22 .00

23. Direct Deposit (see page 12) c. Type: Checking Savings Hoosier Works MC
 a. Routing Number
 b. Account Number
 d. Place an "X" in the box if refund will go to an account outside the United States

24. If line 16 is more than line 15, subtract line 15 from line 16. Add to this any amount on line 21 (see instructions on page 13) _____ 24 .00

25. Penalty if filed after due date (see instructions) _____ 25 .00

26. Interest if filed after due date (see instructions) _____ 26 .00

27. Amount Due: Add lines 24, 25 and 26 _____ **Amount You Owe** 27 .00
 Do not send cash. Please make your check or money order payable to: Indiana Department of Revenue.

Sign and date this return after reading the Authorization statement on Schedule 7. You must enclose Schedule 7.

 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.

