



12. Enter credits from Schedule 5, line 10 (enclose schedule)  12  .00

13. Enter offset credits from Schedule 6, 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 2020 estimated tax account (see instructions).

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 18) \_\_\_\_\_  19d  .00

20. Penalty for underpayment of estimated tax from Schedule IT-2210 or IT-2210A (enclose sch.) \_  20  .00

21. **Refund:** Line 18 minus lines 19d and 20. Note: If less than zero, see line 23 \_\_\_ **Your Refund**  21  .00

22. **Direct Deposit** (see instructions)

a. Routing Number

b. Account Number

c. Type:  Checking  Savings  Hoosier Works MC

d. Place an "X" in the box if refund will go to an account outside the United States

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. Credit card payers must see instructions.

**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.

