

33. Balance of tax due (line 19 minus line 32) _____	33		00
34. Penalty for the underpayment of income tax. Attach Schedule IT-2220. <input type="checkbox"/> Check box if using annualization method _____	34		00
35. Interest: If payment is made after the original due date, compute interest _____	35		00
36. Penalty: If paid late, enter 10% of line 33; see instructions. If line 19 is zero, enter \$10 per day filed past due date _____	36		00
37. Total payment due (add lines 33-36). (Payment must be made in U.S. funds) PAY THIS AMOUNT _____	37		00
38. Total overpayment (line 32 minus lines 19 and 34-36) _____	38		00
39. Amount of line 38 to be refunded _____	39		00
40. Amount of line 38 to be applied to the following year's estimated tax account _____	40		00

Personal Representative's Name (Print or Type)

 Email Address

 Signature of Corporate Officer Date

 Print or Type Name of Corporate Officer Title

 Signature of Paid Preparer Date

 Print or Type Name of Paid Preparer

Paid Preparer: Firm's Name (or yours if self-employed)

PTIN

 Telephone Number

 Address

 City

 State ZIP Code + 4

Please mail your return to: Indiana Department of Revenue, PO Box 7228, Indianapolis, IN 46207-7228.

