



33. Enter the Total Tax from line 22 on the front of this form .....	▶ 33	
34. Enter the Total Credits from line 32 on the front of this form .....	▶ 34	
35. If line 34 is more than line 33, subtract line 33 from line 34 (if smaller, skip to line 42).....	▶ 35	
36. Amount of line 35 to be donated to the Indiana Nongame Wildlife Fund (see page 13) .....	▶ 36	
37. Subtract line 36 from line 35 .....	▶ 37	
<b>SUBTOTAL</b>		
38. Amount from line 37 to be applied to your 2009 estimated tax account (see instructions on page 13)		
a. Your county <input type="text"/> amount \$ _____		
b. Spouse's county <input type="text"/> amount \$ _____		
c. Indiana adjusted gross income tax amount \$ _____ Total to be applied (a+b+c) .....	▶ 38d	
39. Penalty for underpayment of estimated tax for 2008: attach Schedule IT-2210 or IT-2210A .....	▶ 39	
<b>40. Refund:</b> Line 37 minus lines 38d and 39 (if less than zero see line 42 instructions on page 15) <b>YOUR REFUND</b> .....	▶ 40	
41a. Routing Number <input type="text"/> c. Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Hoosier Works MC		Direct Deposit (see page 15)
b. Account Number <input type="text"/>		
42. If line 33 is more than line 34, subtract line 34 from line 33. Add to this any amount on line 39, and enter total here (see instructions on page 15).....	▶ 42	
<b>SUBTOTAL</b>		
43. Penalty if filed after due date (see instructions on page 15).....	▶ 43	
44. Interest if filed after due date (see instructions of page 15) .....	▶ 44	
<b>45. Amount Due:</b> Add lines 42, 43 and 44 .....	▶ 45	
▶ No payment is due if you owe less than \$1. <b>Do Not Send Cash.</b> Please make your check or money order payable to: <b>Indiana Department of Revenue.</b> Credit card payers must see page 15 for payment options.		

<b>Out-of-State Income Information</b>	Yourself \$ T	<input type="text"/>
Enter any salary, wage, tip &/or commission received from Illinois, Kentucky, Michigan, Ohio, Pennsylvania and/or Wisconsin:	Spouse \$ U	<input type="text"/>

<input type="checkbox"/> If two-thirds of your gross income was made from farming or fishing, please check here. <input type="checkbox"/> If any individual listed at the top of the IT-40 died during 2008, enter date of death below (MM/DD).
Important: If you checked the box, you <u>must</u> attach Schedule IT-2210 or IT-2210A.
<b>TT Are you filing a federal income tax return for 2008?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>
EE Taxpayer's date of death <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <b>2008</b>
FF Spouse's date of death <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <b>2008</b>

**Authorization**  
Under penalty of perjury, I have examined this return and all attachments and to the best of my knowledge and belief, it is true, complete and correct. I understand that if this is a joint return, any refund will be made payable to us jointly and each of us is liable for all taxes due under this return. Also, my request for direct deposit of my refund includes my authorization to the Indiana Department of Revenue to furnish my financial institution with my routing number, account number, account type and Social Security number to ensure my refund is properly deposited. I give permission to the Department to contact the Social Security Administration to confirm that the Social Security number(s) used on this return is correct.

Your Signature \_\_\_\_\_ Date \_\_\_\_\_ HH

Spouse's Signature \_\_\_\_\_ Date \_\_\_\_\_ JJ

Daytime telephone number

E-mail address where we can reach you

<b>GG I authorize the Department to discuss my return with my personal representative (see page 16).</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete the information below.	<b>Paid Preparer: Firm's Name</b> (or yours if self-employed)
<b>Personal Representative's Name</b> (please print)	MM _____
SS _____	MA <input type="checkbox"/> IN-OPT on file with paid preparer if not filing electronically
Telephone number WW <input type="text"/>	KK <input type="checkbox"/> Federal I.D. Number <input type="checkbox"/> PTIN <b>OR</b> <input type="checkbox"/> Social Security Number
XX Address _____	LL <input type="text"/>
ZZ City _____	Telephone number RR <input type="text"/>
AB State _____ AC Zip Code + 4 _____	NN Address _____
	OO City _____
	PP State _____ QQ Zip Code + 4 _____
	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.

Keep a copy for your records.



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