

Submission ID						—									—					
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First Name and Middle Initial		Last Name		Your Social Security Number	
Spouse's First Name and Middle Initial		Spouse's Last Name		Spouse's Social Security Number	
Street Address		City		State	ZIP Code
Daytime Telephone Number					

Part I. Tax Return Information (See instructions on next page)

1. Federal Adjusted Gross Income	1.	
2. Indiana Adjusted Gross Income	2.	
3. Total Indiana Tax	3.	
4. Total State Tax Withheld	4.	
5. Total County Tax Withheld	5.	
6. Total Indiana Tax Credits	6.	
7. Refund	7.	
8. Amount You Owe	8.	

Part II. Electronic Settlement

9. Type of settlement:

☐ Direct Deposit of Refund

☐ Direct Debit of Amount Owed Amount Date of Withdrawal

10. Routing number:

Note: The first two digits of the routing number must be 01 - 12 or 21 - 32.

11. Account number:

12. Type of account: ☐ Checking ☐ Savings ☐ Hoosier Works MC

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

**Do Not Mail
This Form
To DOR**

My request for direct deposit of my refund, or direct debit of the amount I owe, includes my authorization for 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 or payment is properly processed.

Part III. Declaration

If I have filed a balance due return, I understand that if the DOR does not receive full and timely payment of my tax liability, I will remain liable for the tax liability and all applicable interest and penalties.

Under penalties of perjury, I declare that the amounts in Part I above agree with the amounts on the corresponding lines of the electronic portion of my 2025 income tax return. To the best of my knowledge and belief, my return is true, correct and complete. I consent to allow my transmitter to send my return, this declaration, and accompanying schedules and statements to the DOR. I also consent to the DOR sending an acknowledgement of receipt of transmission and an indication of whether or not my return is accepted, and, if rejected, the reason(s) for the rejection.

In addition, by using a computer system and software to prepare and transmit my return electronically, I consent to the disclosure to the DOR of all information pertaining to my use of the system and software and to the transmission of my tax return electronically.

Your Signature

Date _____

Spouse's Signature

Date _____

INDIANA

IT-8453OL, Declaration of Electronic Filing

Purpose of This Form

This form is to be completed and signed by the taxpayer(s) before their return can be filed electronically through the Federal/State Online Filing Program.

The Online Software will:

1. Fill in the taxpayer's (and spouse's if filing a joint return) name, address, Social Security number, and daytime telephone number where indicated at the top of the form.
2. Complete Part I, using the amounts from the taxpayer's Indiana individual income tax return.
3. Complete Part II, if the taxpayer(s) elects to have their refund directly deposited into, or their payment directly debited from, their financial institution savings or checking account, or Hoosier Works MasterCard® account.

The taxpayer(s) will:

1. Complete Part III, with their signature and date.
2. Fill in the submission ID once that information is provided.
3. Mail nothing into the Indiana Department of Revenue, unless requested by the department.
4. Keep and maintain the IT-8453OL for three (3) years from December 31st of the year the return was signed.

IT-8453OL Instructions

Line 1: Federal Adjusted Gross Income from Forms IT-40 (Line 1), IT-40PNR Schedule A (Line 36A).
Leave blank if filing Form IT-40RNR.

Line 2: Indiana Adjusted Gross Income from Forms IT-40 (Line 7), IT-40PNR (Line 7) or IT-40RNR (Lines 3A + 3B).

Line 3: Total Indiana Tax from Forms IT-40 (Line 11), IT-40PNR (Line 11) or IT-40RNR (Line 6).

Line 4: Total State Tax Withheld from Forms IT-40 Schedule 5 (Line 1), IT-40PNR Schedule F (Line 1) or IT-40RNR (Line 7).

Line 5: Total County Tax Withheld from Forms IT-40 Schedule 5 (Line 2), IT-40PNR (Schedule F Line 2), or IT-40RNR (Line 8).

Line 6: Total Indiana Credits from Forms IT-40 (Line 14), IT-40PNR (Line 14) or IT-40RNR (Line 9).

Line 7: Refund from Forms IT-40 (Line 21), IT-40PNR (Line 21) or IT-40RNR (Line 10).

Line 8: Amount You Owe from Forms IT-40 (Line 26), IT-40PNR (Line 26) or IT-40RNR (Line 15).

Line 9: Type of Electronic Settlement; indicate Direct Deposit of Refund or Direct Debit of Amount Owed.

Lines 11, 12: Hoosier Works MasterCard® - To directly deposit a refund into, or directly debit a payment from, a Hoosier Works MasterCard® account, enter the 12-digit account number on line 11. You can find the 12-digit account number in the upper right-hand corner of the account monthly statement. DO NOT use the MasterCard® 16-digit number. Make sure to check the "Hoosier Works MC" box on line 12. **NOTE:** SNAP funds may not be used to satisfy tax debts