

Indiana Individual Income Tax
DECLARATION OF ELECTRONIC FILING
Income Tax for the Tax Year January 1 - December 31, 2025

**Do Not Mail
This Form
To DOR**

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. Estimated Payments

9. Estimated Payments:	Payment 1:	Amount	<input style="width: 100px;" type="text"/>	Date of Withdrawal	<input style="width: 100px;" type="text"/>
	Payment 2:	Amount	<input style="width: 100px;" type="text"/>	Date of Withdrawal	<input style="width: 100px;" type="text"/>
	Payment 3:	Amount	<input style="width: 100px;" type="text"/>	Date of Withdrawal	<input style="width: 100px;" type="text"/>
	Payment 4:	Amount	<input style="width: 100px;" type="text"/>	Date of Withdrawal	<input style="width: 100px;" type="text"/>

Part III. Electronic Settlement

10. Type of settlement: ☐ Direct Deposit of Refund
☐ Direct Debit of Amount Owed Amount Date of Withdrawal

11. Routing number:

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

12. Account number:

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

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

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My request for direct deposit of my refund, direct debit of the amount I owe, or direct debit for estimated payments 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 IV. Declaration

Under penalties of perjury, I declare that the information I have given my ERO and the amounts in Part I above agree with the amounts on the corresponding lines of the electronic portion of my income tax return. To the best of my knowledge and belief, my 2025 return is true, correct and complete. I consent to my ERO sending my return, this declaration, and accompanying schedules and statements to the DOR. 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 return electronically. I also consent to the DOR sending my ERO and/or transmitter 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. If the processing of my return or refund is delayed, I authorize the DOR to disclose to my ERO and/or transmitter the reason(s) for the delay of when the refund was sent.

Your PIN: Check one box only

☐ I authorize _____ to enter my PIN

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 as my signature on my tax year 2025 electronically filed income tax return.
Do not enter all zeros

☐ I will enter my PIN as my signature on my tax year 2025 electronically filed income tax return. Check this box **only** if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete part IV below.

Your signature ► _____ Date _____

Spouse's PIN: Check one box only

☐ I authorize _____ to enter my PIN

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 as my signature on my tax year 2025 electronically filed income tax return.
Do not enter all zeros

☐ I will enter my PIN as my signature on my tax year 2025 electronically filed income tax return. Check this box **only** if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete part IV below.

Your signature ► _____ Date _____

Part V. Practitioner Certification and Authentication - Practitioner PIN Method ONLY

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self selected PIN.

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Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the tax year 2025 electronically filed income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method.

ERO's signature ► _____ Date _____

IT-8879, Declaration of Electronic Filing

Purpose of This Form

Complete Form IT-8879 when the Practitioner PIN method is used or when the taxpayer(s) authorizes the Electronic Return Originator (ERO) to enter or generate the taxpayer's Personal Identification Number (PIN) on his or her electronically filed Indiana individual income tax return.

The ERO will:

1. Enter 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) elect 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.
4. Enter or generate, if authorized by the taxpayer(s), the taxpayer's PIN in the boxes provided in Part III. If the taxpayer(s) does not authorize the ERO to enter or generate the PIN, the taxpayer(s) must enter their own PIN in Part III.
5. Enter on the Authorization Line in Part III, the ERO firm name (not the name of the individual preparing the return) if the ERO is authorized to enter the PIN for the taxpayer(s).
6. The ERO will then enter their Practitioner PIN, sign and date on Part IV only if using the Practitioner PIN method.
7. Keep the submission ID on file. It is not necessary to fill in the submission ID unless the form is requested by the department. Before providing the form to the department, this field should be completed.

NOTE: The ERO must receive the completed and signed Form IT-8879 from the taxpayer(s) before the electronic return is transmitted.

Important Notes for the ERO

- Do not send Form IT-8879 to the Indiana Department of Revenue (DOR) unless requested to do so by a DOR representative.
- Keep the original IT-8879, signed by the taxpayer(s) along with any wage or tax statements, forms requiring signatures, or any other documentation that is used to verify Indiana deductions and credits in your files for three (3) years from December 31st of the year the return was signed.
- Provide the taxpayer(s) with a signed copy of the IT-8879.
- For direct deposit purposes, the ERO must verify the taxpayer's financial institution's Routing Transit Number, Account Number and Account Type.
- The ERO must use only use the Practitioner PIN Program for any "State Only" electronically filed return.
- If the taxpayer(s) enters his or her own PIN and the return is filed using the Self-Select PIN method, Form IT-8879 does not need to be completed.

IT-8879 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: Estimated Payments; indicate the Amount and Date of Withdrawal for each Estimated Payment.

Line 10: Type of Electronic Settlement; indicate Direct Deposit of Refund or Direct Debit of Amount Owed.

Lines 12, 13: 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 12. 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 13. **NOTE:** SNAP funds may not be used to satisfy tax debts.

ERO must retain this form. Do Not Submit this form to DOR unless requested to do so.