R-8453 (1/23) **LA 8453**

Louisiana
2022 Individual Income Tax Declaration for Electronic Filing



Your first name and initial	I	Last name	Your Social Security			ТΠ		
Spouse's first name and i	initial	Last name	Number Spouse's					
			Social Security Number			4	2022	
Present home address (n	number and street including apartment number	or rural route)	Daytime Telephone Number				2022	
City, town, or post office			State	ZIP				
Down A		Toy Datum	Information					
Part A		Tax Return	information					
Balance Due		. 00	Refund Due	$oxed{oxed}$, $oxed{oxed}$	\perp	$oxed{ig }, oxed{igsqc}$. 00	
Part B	Direct Deposit	of Refund (Option	al) □ or Direct Deb	it (Optional) 🗌				
	he first 2 digits of the routing through 12 or 21 through 32.			Discort Date is Date				
Talliber mast be of unough 12 of 21 unough 32.				Direct Debit Payment				
				, _			. 00	
Account Number	 			Withdrawal Date	1			
шш				MM DD] [YYY		
Type of Account:	☐ Checking ☐ Savings			Full Payment		l Payment		
(Check one.)				☐ Payment mad	de/will be	made by	credit card.	
PART C		Declaration						
	t my refund be directly deposite joint return, this is an irrevocab	_					3 is correct. If	
	direct deposit of my refund, and direct deposited I will rece			not receiving a	refund. I	understan	d that by not	
(direct debit) authorize the	e Louisiana Department of Reventry to the financial institution financial institutions involved it inquiries and resolve issues	n account indicated n processing the el	in Part B for payme ectronic payment of	ent of my state t	axes owe	ed on this	return. I also	
	that if I have filed a balance duny tax liability, I will remain liab					receive full	and timely	
	I have examined my state inco y knowledge and belief, it is tru		ared for electronic tra	ansmission to the	e State o	f Louisiana	a and, to	
Please sign h	nere Your signature							
Dowt D		Date	•	s signature (if joint			Date	
the best of my kno	Declaration and Signature reviewed the above taxpay owledge based on the information and Louisiana Department of Review 1.	er's return and that on submitted/furnish	the entries on the r	eturn are compl I also declare th	ete and o			
Please sign here	December 1	0			(<u> </u>		
☐ Mark box	Preparer's signature	Social Security Nu	mber or ID Number	Date	1	Teleph	one	
☐ if also ERO Elect	ronic Return Originator's signature	Social Security Nu	mber or ID Number	 Date	(one	