

Indiana Individual Income Tax
DECLARATION OF ELECTRONIC FILING
For the tax year January 1 - December 31, 2005

First Name(s) and Middle Initial(s)	Last Name	Your Social Security Number
Spouse's First Name(s) and Middle Initial(s)	Last Name	Spouse's Social Security Number
Street Address	Apartment Number	
City	State	Zip Code
		Daytime Telephone Number

Part I Tax Return Information (Whole Dollar Amounts Only)

- Federal Adjusted Gross Income (Form IT-40, Line 1 or IT-40EZ, Line 1)
- Indiana taxable income (Form IT-40, Line 14 or IT-40EZ, Line 5)
- Total Indiana tax (Form IT-40, Line 20 or IT-40EZ, Line 9)
- Total state tax withheld (Form IT-40, Line 21 or IT-40EZ, Box 10)
- Total county tax withheld (Form IT-40, Line 22 or IT-40EZ, Box 11)
- Total Indiana tax credits (Form IT-40, Line 28 or IT-40EZ, Line 13)
- Refund (Form IT-40, Line 36 or IT-40EZ, Line 16)
- Amount you owe (Form IT-40, Line 41 or IT-40EZ, Line 18)

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Part II Direct Deposit

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

10. Account number

11. Type of account: Checking Savings Hoosier Works MC

My request for direct deposit of my refund 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 insure my refund is properly deposited.

Do Not Mail 

Part III Declaration of Taxpayer

If I have filed a balance due return, I understand that if the IDOR 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 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 return is true correct and complete. I consent to my ERO sending my return, this declaration, and accompanying schedules and statements to the IDOR. I also consent to the IDOR 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 IDOR to disclose to my ERO and/or transmitter the reason(s) for the delay of when the refund was sent.

Please Sign Here

Taxpayer's Signature _____ Date _____ Spouse's Signature _____ Date _____

Part IV Declaration and Signature of Electronic Return Originator and Paid Preparer

I declare that I have reviewed the above taxpayer's return and that the entries on Form IT-8453 are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The taxpayer will have signed this form before I submit the return. I will give the taxpayer a copy of all forms and information to be filed with the IDOR, and have followed all other requirements in Publication IND 1345, Handbook for Electronic Filers of Individual Income Tax Returns, Tax Year 2003. If I also am the Paid Preparer, under penalties of perjury I declare that I have examined the above taxpayer's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This declaration is based on all information of which I have any knowledge.

ERO Use Only

Preparer's Signature	Date	Check if also Paid Preparer <input type="checkbox"/>	<input checked="" type="checkbox"/> Fed I.D. <input type="checkbox"/> PTIN
Firm's Name Express File, Inc.			<input type="checkbox"/> SSN Number
Address Express File, Inc. P.O. Box 131007, Ann Arbor, MI 48113	City	State	Zip Code
			Telephone Number 800-875-FILE

Under penalties of perjury, I declare that I have examined this return and its accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which preparer has any knowledge.

Paid Preparer Use Only

Preparer's Signature	Date	<input type="checkbox"/> Fed I.D. <input type="checkbox"/> PTIN
Firm's Name		<input type="checkbox"/> SSN Number
Address	City	State
		Zip Code
		Telephone Number

ERO or TAXPAYER: Keep original document and staple copies of W-2 forms with your records.

Attach W-2 Forms Here

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