

Your Social Security Number

Spouse's Social Security Number

Your first name Initial Last name

If filing a joint return, spouse's first name Initial Last name

Present address (number and street or rural route)

City State ZIP/Postal code

- Complete **Part 1** if you are making an extension payment.
- Complete **Part 2** if you are not making an extension payment.

Part 1: Payment Information

Complete the worksheet on the back of this form to figure the amount to pay.

1. State tax due from line J of worksheet _____	State Tax	1	<input type="text"/>	.00
2. From line K of worksheet:				
a. Enter your county code _____	<input type="text"/>			
b. Enter county tax _____	Your County Tax	2b	<input type="text"/>	.00
3. From line L of worksheet:				
a. Enter spouse's county code (if different from yours) _____	<input type="text"/>			
b. Enter spouse's county tax _____	Spouse's County Tax	3b	<input type="text"/>	.00
4. Add lines 1, 2b and 3b _____	Extension Payment	4	<input type="text"/>	.00

- Please make your check or money order payable to: Indiana Department of Revenue.
See instructions for other payment options.

Part 2: Nonpayment Information

1. Place an "X" in the box if you are not intending to make a payment with this form _____ **No Payment**

Do not attach Form IT-9 to your tax return when filing.

Mail entire form with any payment due by April 15, 2024, to:
Indiana Department of Revenue
P.O. Box 6117
Indianapolis, IN 46206-6117