R-8453 (1/07) LA 8453

Louisiana Individual Income Tax Declaration for Electronic Filing

	EDR Louisiana Department of Revenue	IRS DCN ▶	00 -		
You	ur first name and initial (If joint return, also give spouse's name and initial.)	Last name	Your Social Security Number	ПППП	
Spc	puse's first name and initial.	Last name	Spouse's Social Security Number		
Pre	esent home address (number and street including apartment number or rura	al route)	Daytime Telephone Number		
City	, town, or post office State	ZIP			
ar	rt A	Tax Return Info	ormation		
Ва	alance Due , , ,	. 00	Refund due	\Box , \Box	, . 00
Par	rt B Direct Deposit of Re	efund (Optional)	☐ or Direct Debi	t (Optional) 🛚	
	uting Number The first 2 digits of the routing other must be 01 through 12 or 21 through 32.			Divert Debit Devement	
lull	idel must be of through 12 of 21 through 32.		1	Direct Debit Payment	
				,	, 👊
lcc	count Number		\	Withdrawal Date	
		ш		MM DD	<u> </u>
ур.	e of Account:		1		Partial Payment 🖵
(C	check one.)		[☐ Payment made/w	rill be made by credit card.
ΡΑΙ	RT C	Declaration of T	axpayer		
1	I consent that my refund be directly deposited as designated in Part B, and declare that the information shown in Part B is correct. If				
	I have filed a joint return, this is an irrevocable ap	ppointment of the c	ther spouse as a	n agent to receive th	ne refund.
)	I do not want direct deposit of my refund or am no	ot receiving a refu	nd.		
1	authorize the Louisiana Department of Revenue and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in Part B for payment of my State taxes owed on this return. I also authorize the financial institutions involved in processing the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.				
	I understand that if I have filed a balance due return and if the Louisiana Department of Revenue does not receive full and timely payment of my tax liability, I will remain liable for the tax liability and all applicable interest and returns.				
	I declare that I have examined my state income to the best of my knowledge and belief, it is true and		for electronic tra	nsmission to the Sta	ate of Louisiana and, to
	Please sign hereYour signature	Date	Spouse's	signature (if joint retur	rn) Date
Par	rt D Declaration and Signature of	f Electronic Retu	n Originator (EF	RO) and Paid Prepa	arer
de es	eclare that I have reviewed the above taxpayer's rest of my knowledge, based on the information subuirements of the Louisiana Department of Revenue	turn and that the e mitted/furnished by	ntries on the retur	rn are complete and also declare that I h	correctly represented to the
Plea	ase sign here	Conial Committee At 1	way ID November		Television
	Preparer's signature Mark box if also ERO.	Social Security Numbe	ו טו וט number	Date	Telephone
_		Social Security Number	r or ID Number	Date	Telephone