## Make a State Tax Payment with INTIME – Estimated Payments

Step 1: Go to: <u>https://intime.dor.in.gov/eServices/ /</u>

Step 2: Under Payments, select Make a payment.



#### Step 3: Under Non-bill Payments, select Bank Payment (No Fee)



## Non-bill payments

Select this option to make a payment on a tax return or an estimated payment (no associated Letter ID).



### Step 4: Under Customer Type select Individual then Next.

Bank payment
Payment
Customer type
Are you making a payment for your business tax accounts or your individual tax accounts?
O Business (I am here to make a payment for a business or company)
Individual) am here to make a payment for my personal income tax account)
One option must be selected
Cancel

Step 5: Under Non-bill payment information select ID type of SSN. Enter your Social Security number and name. For the payment type Select Estimated Payment and your County of Residence. Select Next.

Bank payment					
ayment					
Ø	0		 		
Customer type	Non-bill payment information				
Enter information					
ID type					
SSN	~				
SSN *					
Required					
Confirm SSN					
First name *					
Required					
Last name *					
Required					
Middle name					
Payment type *					
Required	~				
	Required				
Cancel		Ø		< Previous	Next

Step 6: Select the Bank account type, enter your Routing Number and Account Number. Select your payment date and the amount you wish to pay. Be sure to select the period ending  $\frac{12}{31}$ . Select Next.

Customer type	Non-bill payment information	Payment			
er payment infor	mation				
an <mark>k account</mark>		Pa	yment		
ank account type *		ACH	debit payment type for retu	irns	
Checking		Perio	d		
Savings		31-1	Dec-2022	~	
outing number *		Payr	nent Date		
equired		22-5	Sep-2023		
count number *		Amo	unt *		
equired		Req	uired		
onfirm account number *		Cont	irm amount *		
equired		Reg	uired		
quired		Req	uired		

# Step 7: Confirm payment information. Enter your email address, Authorize the withdrawal and submit.

Bank payment				
Payment				
Customer type	Non-bill payment information	Payment	Confirmation	
Confirm payment				
Amount				
Payment date				
Payment type				
Filing period				
Last name				
First name				
Middle name				
SSN				
Email *				
Required				
By clicking Sybmit, you aff	irm that you have authorization to wi	thdraw funds from this bank a	ccount. *	
Cancel				< Previous Submit