SCHEDULE E Form IT-20/20S/20NP/IT-65 State Form 49105 (R18 / 8-19)

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Indiana Department of Revenue Apportionment of Income for Indiana

for Tax Year Beginning 2019 and Ending	
me as shown on return	Federal Employer Identification Number

Each filing entity having income from sources both within and outside Indiana must complete an apportionment schedule except financial institutions and certain insurance companies that use a single receipts factor. Interstate transportation entities must use Schedule E-7. Combined unitary filers must use the apportioning method (relative formula percentage) as outlined in Information Bulletin #12 and Tax Policy Directive #6. Omit cents; percents should be rounded two decimal places; read apportionment instructions.

Part I - Indiana Apportionment of Adjusted Gross Income

Sales/Receipts (less returns and allowances)

Include all non-exempt apportioned gross business income. Do not use non-unitary partnership income of previously apportioned income that must be separately reported as allocated income.

	Column A Total Within Indiana	Column B Total Within and Outside Indiana	Column C Indiana Percentage
Sales delivered or shipped			
to Indiana:			
1. Shipped from within Indiana	.00		
2. Shipped from outside Indiana	.00		
Sales shipped from Indiana to:			
3. The United States			
government			
4. Purchasers in a state where			
the taxpayer is not subject to			
income tax (under P.L. 86-272			
(for years beginning prior to	.00		
Jan. 1, 2016 only) Other			
5. Interest & other receipts from			
extending credit attributed to			
Indiana	.00		
6. Other gross business receipts			
not previously apportioned	.00		
7. Direct premiums and annuities	5		
received for insurance upon	.00		
property or risks in Indiana 8. Total Receipts: Add column A			
receipts lines on 1A through			
7A and enter in line 8A. Enter			
all receipts on line 8B	A .00	88	
Apportionment of income for Indiana:	I]	
9. Apportionment Percentage:			
Divide line 8A by line 8B (inser	tas		
percent, not decimal)			9 . %

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Schedule E

Part II - Business/Other Income Questionnaire

1. List all business locations where the taxpayer has operations or partnership interests and indicate type of activities. This section must be completed - attach additional sheets if necessary.

City	State	Nature of Business Activity
Accepts Registered to Do Business? Property in State Leased? Yes No State Own	ed? Yes	Files Returns Yes No
City	State	Nature of Business Activity
Accepts Accepts Yes No Do Business?		Files Returns Yes No
City	State	Nature of Business Activity
Accepts Yes No Registered to Do Business?	YesNo	Files Returns in State? Yes No
Property in Property in State Leased? Yes No State Own		No
City	State	Nature of Business Activity
Accepts Registered to Orders? Yes No Do Business?	Yes No	Files Returns in State? Yes No
Property in Property in State Leased? Yes No State Own		No
Briefly describe the nature of Indiana business activities in which the taxpayer has an interest:	, including the exact tit	le and principal business activity of any partnership
Indicate any partnership in which you have a unitary or g	general partnership rela	ationship:
Briefly describe the nature of activities of sales personne	el operating and soliciti	ng business in Indiana:
Do Indiana receipts for line 3A include all sales shipped or (2) locations where this taxpayer's only activity in the solicitation of orders? If no, please explain.		
List the source of any directly allocated income from par	tnerships, estates, and	I trusts not in the taxpayer's apportioned tax base: