SCHEDULE E Form IT-20/20S/20NP/IT-65 State Form 49105

Indiana Department of Revenue Apportionment of Income for Indiana

(R19 / 8-20)			
for Tax Ye	ar Beginning 2020 a	and Ending	
Name as shown on return		Federal Employer	Identification Number
and certain insurance companies that must use the apportioning method (re	ources both within and outside Indiana muuse a single receipts factor. Interstate tra elative formula percentage) as outlined in mal places; read apportionment instructio	nsportation entities must use Schedule n Information Bulletin #12 and Tax Poli	E-7. Combined unitary filers
Part I - Indiana Apportionment Sales/Receipts (less returns and Include all non-exempt apportioned come that must be separately report	allowances) gross business income. Do not use n	on-unitary partnership income of pre	viously apportioned in-
	Column A Total Within Indiana	Column B Total Within and	Column C Indiana
Sales delivered or shipped to Indiana:		Outside Indiana	Percentage
Shipped from within Indiana	.00		
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 	.00		
income tax (under P.L. 86-272 (for years beginning prior to Jan. 1, 2016 only)	.00		
Other			
 Interest & other receipts from extending credit attributed to Indiana 	.00		
6. Other gross business receipts not previously apportioned7. Direct premiums and annuities	.00		
received for insurance upon property or risks in Indiana	.00		
8. Total Receipts: Add column A receipts lines on 1A through			
7A and enter in line 8A. Enter all receipts on line 8B	.00	8B .00	
Apportionment of income for Indiana:			
 Apportionment Percentage: Divide line 8A by line 8B (inse percent, not decimal) 			9 . %

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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 Orders? Yes No Do Business? Property in State Leased? Yes No State Orders		Files Returns in State? Yes No
City	State	Nature of Business Activity
Accepts	Yes No	Files Returns Yes No
Property in State Leased? Yes No State O		No
City	State	Nature of Business Activity
Accepts Orders? Yes No No Do Business?	Yes No	Files Returns in State? Yes No
Property in State Leased? Yes No State O		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 State Leased? Yes No State O		No
Briefly describe the nature of Indiana business activit in which the taxpayer has an interest:	ies, including the exact til	tle and principal business activity of any partnership
Indicate any partnership in which you have a unitary	or general partnership rel	lationship:
Briefly describe the nature of activities of sales perso	nnel operating and solicit	ing business in Indiana:
Do Indiana receipts for line 3A include all sales shipp or (2) locations where this taxpayer's only activity in t solicitation of orders? If no, please explain.	` '	
List the source of any directly allocated income from	partnerships, estates, and	d trusts not in the taxpayer's apportioned tax base: