

Indiana Department of Revenue
Indiana Partnership Return
for Calendar Year Ending December 31, 2021

2021

or Other Tax Year Beginning 2021 and Ending

Check box if amended. Check box if amendment is due to a federal audit. Check box if name changed.

Name of Partnership Federal Employer Identification Number

Number and Street Principal Business Activity Code Foreign Country 2-Character Code

City State ZIP Code 2-Digit County Code

Telephone Number K. Date of organization In the State of L. State of commercial domicile M. Year of initial Indiana return

N. Accounting method: Cash Accrual Other U. Check box if claiming a credit on Form IT-20REC

O. Check all boxes that apply to entity: Initial Return Final Return In Bankruptcy Composite Return

P. Enter total number of partners: Enter number of nonresident partners:

Q. I have on file a valid extension of time to file my return (federal Form 7004 or an electronic extension of time).

R. This is a partnership that has elected to be subject to tax at the partnership level.

S. This partnership is a member of another partnership(s). T. This entity reports income from disregarded entities.

Aggregate Partnership Distributive Share Income (see worksheet)

Round all entries

1. Total net income (loss) from U.S. partnership return, Form 1065 Schedule K (see instructions); use minus sign for negative amounts _____	1	.00
2. a. Enter name of addback or deduction (see instructions) <input type="text"/> Code No. <input type="text"/>	2a	.00
b. Enter name of addback or deduction <input type="text"/> Code No. <input type="text"/>	2b	.00
c. Enter name of addback or deduction <input type="text"/> Code No. <input type="text"/>	2c	.00
d. Enter the total amount of addbacks and deductions from any additional sheets (use a minus sign for negative amount) _____	2d	.00
3. Total partnership income, as adjusted (add lines 1 through 2d) _____	3	.00
4. Enter percentage for Indiana apportioned adjusted gross income from IT-65 Schedule E line 9, if applicable _____	4	%

Summary of Calculations

5. Sales/use tax due on purchases subject to use tax from Sales/Use Tax worksheet _____	5	.00
6. a. Enter amount from line 15G of completed Schedule Composite _____	6a	.00
b. Enter amount from line 29C of completed Schedule Composite-COR _____	6b	.00
c. Enter amount from line 15 of completed Schedule IN-EL _____	6c	.00
d. Add amounts from lines 6a - 6c. Attach Schedule Composite/Composite-COR/IN-EL	6d	.00



7. Total tax (add lines 5 and 6d). Caution: If line 7 is zero, see line 16 late file penalty _____	7		.00
8. Total amount of pass-through withholding (enclose IN K-1 from the paying entity) _____	8		.00
9. Total composite withholding IT-6WTH payments (see instructions) _____	9		.00
10. Other payments/credits (enclose documentation) _____	10		.00
11. EDGE credit. Enter the total EDGE credit amount claimed (line 19 on Schedule IN-EDGE) _____	11		.00
12. EDGE-R credit. Enter the total EDGE-R credit amount claimed (line 19 on Schedule IN-EDGE-R) _____	12		.00
13. Certified Credits. Enter the total of certified credits claimed from Schedule IN-OCC and enclose this schedule with your return. _____	13		.00
14. Subtotal (line 7 minus lines 8-13). If total is greater than zero, proceed to lines 15-17 _____	14		.00
15. Interest: Enter total interest due; see instructions (contact the department for current interest rate) _____	15		.00
16. Penalty: If paying late, enter 10% of line 14. If line 7 is zero, enter \$10 per day filed past the due date; see instructions _____	16		.00
17. Penalty: If failing to include all nonresident partners on composite return, enter \$500; see instructions _____	17		.00
18. Total Amount Due (add lines 14-17). If less than zero, enter on line 19. Make payment in U.S. funds _____	18		.00
19. Overpayment and Refund Amount (add lines 8-13, and then subtract lines 7, 15, 16, and 17). No carryforward allowed. _____	19		.00

Certification of Signatures and Authorization Section

Under penalties of perjury, I declare I have examined this return, including all accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete.

Signature Paid Preparer's Email Address

<p>I authorize the Department to discuss my return with my personal representative (see instructions).</p> <p>Y <input type="checkbox"/> N <input type="checkbox"/> Date _____</p> <p>Personal Representative's Name (please print)</p> <input type="text"/> Email Address <input type="text"/> Signature of Corporate Officer _____ Print or Type Name of Corporate Officer <input type="text"/> Title <input type="text"/> <p>If you owe tax, please mail your return to IN Department of Revenue, PO Box 7205, Indianapolis, IN 46207-7205.</p>	<p>Paid Preparer: Firm's Name (or yours if self-employed)</p> <input type="text"/> Paid Preparer's Name <input type="text"/> PTIN <input type="text"/> Telephone Number <input type="text"/> Address <input type="text"/> City <input type="text"/> State <input type="text"/> Zip Code+4 <input type="text"/> Paid Preparer's Signature _____ Date _____ <p>If you do not owe any tax, mail it to IN Department of Revenue, PO Box 7147, Indianapolis, IN 46207-7147.</p>
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