SCHEDULE E Form IT-20/20S/20NP/IT-65 State Form 49105 (R20 / 8-21)	Indiana Department of Revenue Apportionment of Income for Indiana				
	For Tax Vear Beginning				

for Tax Year Beginning	2021 and Ending
Name 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)	.00		
(for years beginning prior to 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 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	A .00	8B	
Apportionment of income for Indiana:			
9. Apportionment Percentage:			
Divide line 8A by line 8B (insert a	as		
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 Owne	Yes No	Files Returns in State? Yes No No
	City	State	Nature of Business Activity
	Accepts Yes No Do Business? Property in State Leased? Yes No State Owne	Yes No	Files Returns Yes No
	City	State	Nature of Business Activity
	Accepts Yes No Do Business?	Yes No	Files Returns Yes No
	City	State	Nature of Business Activity
	Accepts Orders? Yes No Do Business? Property in State Leased? Yes No State Owne	Yes No	Files Returns Yes No
2.	Briefly describe the nature of Indiana business activities, in which the taxpayer has an interest:	including the exact titl	e and principal business activity of any partnership
3.	Indicate any partnership in which you have a unitary or g	eneral partnership rela	ationship:
4.	Briefly describe the nature of activities of sales personne	l operating and soliciti	ng business in Indiana:
5.	Do Indiana receipts for line 3A include all sales shipped f or (2) locations where this taxpayer's only activity in the s solicitation of orders? If no, please explain.		-
6.	List the source of any directly allocated income from part	nerships, estates, and	trusts not in the taxpayer's apportioned tax base: