



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><b>I authorize the Department to discuss my return with my personal representative (see instructions).</b></p> <p>Y <input type="checkbox"/> N <input type="checkbox"/> Date _____</p> <p><b>Personal Representative's Name</b> (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><b>Paid Preparer: Firm's Name</b> (or yours if self-employed)</p> <input type="text"/> <b>Paid Preparer's Name</b> <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 <b>not</b> owe any tax, mail it to IN Department of Revenue, PO Box 7147, Indianapolis, IN 46207-7147.</p>
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