Form IT-65
State Form 11800
(R21 / 8-22)

Indiana Department of Revenue Indiana Partnership Return for Calendar Year Ending December 31, 2022

2022

or Other Tax Year Beginning	2022 and	I Ending		
Check box if amended. Check box if amendmer Name of Partnership	nt is due to a feder		Check box if na nployer Identifica	•
Number and Street Prin	cipal Business Ac	tivity Code Foreign	Country 2-Chara	cter Code
City	State ZI	P Code	2-Digit County C	code M. Year of initial
Telephone Number K. Date of organization	In the State	e of L. State of cor	nmercial domicile	
N. Accounting method: Cash Accrual Other O. Check all boxes that apply to entity: Initial Return	U. Check box	if claiming a credit on	Form IT-20REC	turn
	er number of nonre			
Q. I have on file a valid extension of time to file my return (feeR. This is a partnership that has elected to be subject to tax aS. This partnership is a member of another partnership(s).	at the partnership I			ntities.
Aggregate Partnership Distributive Share Income (see	worksheet)		Round	all entries
 Total net income (loss) from U.S. partnership return, For use minus sign for negative amounts 	orm 1065 Schedul	e K (see instructions)	1	.00
2. a. Enter name of addback or deduction (see instruction	าร)	Code. No.	2a	.00
b. Enter name of addback or deduction		Code. No.	2b	.00
c. Enter name of addback or deduction d. Enter the total amount of addbacks and deductions t minute sign for population amount)	•	`	2c	.00
 minus sign for negative amount)			3	.00
if applicable			, 4	• %
 Summary of Calculations 5. Sales/use tax due on purchases subject to use tax from 6. a. Enter amount from line 15G of completed Schedule Composite b. Enter amount from line 29C of completed Schedule Composite-COR c. Enter amount from line 16 of completed 	n Sales/Use Tax w	vorksheet00]	.00
 C. Enter amount from line 16 of completed Schedule IN-EL	6c mposite/Composit	e-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
	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
	Interest: Enter total interest due; see instructions (contact the department for current interest rate)	15	.00
10.	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	
18.	Total Amount Due (add lines 14-17). If less than zero, enter on line 19.		
10	Make payment in U.S. funds Overpayment and Refund Amount (add lines 8-13, and then subtract lines 7, 15, 16, and 17).	18	.00
19.	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.

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

