Form IT-65 State Form 11800 (R22 / 8-23)	Indiana Partr	tment of Revenue 1ership Return ding December 31, 2023	202	3
or Other Tax Year Be		2023 and Ending		
Check box if amended. Check Name of Partnership	ck box if amendment is du		Check box if na al Employer Identificat	-
Number and Street	Principal E	Business Activity Code Fore	ign Country 2-Charac	ter Code
City	State	ZIP Code	2-Digit County Co	ode
Telephone Number K. Da	ate of organization	In the State of L. State of	f commercial domicile	M. Year of initial Indiana return
N. Accounting method: Cash Acc	crual Other	T. Check box if claiming	a credit on Form IT-20	DREC
O. Check all boxes that apply to entity:				
Initial Return Final Return	In Bankruptcy	Composite Return	PTET Return	
P. Enter total number of partners:	Enter numb	er of nonresident partners:		
Q. I have on file a valid extension of time	to file my return (federal I	Form 7004 or an electronic e:	xtension of time).	
R. This partnership is a member of anoth	er partnership(s).	S. This entity reports income	e from disregarded en	tities.
Aggregate Partnership Distributive Sh 1. Total net income (loss) from U.S. pa	-	-		d all entries
use minus sign for negative amount	S		1	.00
2. a. Enter name of addback or deduct	tion (see instructions)	Code. No.	2a	.00
b. Enter name of addback or deduct	tion	Code. No.	2b	.00
c. Enter name of addback or deduct	tion	Code. No.	2c	.00
d. Enter the total amount of addbacks and deductions from any additional sheets (use a				•C
minus sign for negative amount) _		· · · · · · · · · · · · · · · · · · ·	2d	.00
3. Total partnership income, as adjuste	ed (add lines 1 through 2c	I)	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	.00		
 5. Sales/use tax due on purchases subject to use tax from Sales/Use Tax worksheet5 6. a. Enter amount from line 15G of completed 				
Schedule Composite	·	6a	. 0 0	
b. Enter amount from line 26E of co	mpleted			
Schedule Composite-COR		6b .	. 0 0	
c. Enter amount from line 24D of co	mpleted			

.00 6c Schedule PTET d. Add amounts from lines 6a - 6c. Attach Schedule Schedule Composite/Composite-COR/PTET_

.00

6d

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 and PTET (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
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
	Total Amount Due (add lines 14-16). If less than zero, enter on line 18. Make payment in U.S. funds	17	.00
18.	Overpayment and Refund Amount (add lines 8-13, and then subtract lines 7, 15, and 16). No carryforward allowed.	18	.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 Personal Representative's Name (please print)	Paid Preparer's Name
Email Address	PTIN Telephone Number
Signature of Corporate Officer	Address 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.

