SCHEDULE E Form IT-20/20S/20NP/IT-65

Indiana Department of Revenue Apportionment of Income for Indiana



State Form 49105 (R22 / 8-23)	Appointment of mo	J 101	
for Tax Year	Beginning 2023 a	and Ending	
Name as shown on return		Federal Employe	er Identification Number
Each filing entity having income from sou and certain insurance companies that us must use the apportioning method (rela percents should be rounded two decima	se a single receipts factor. Interstate tra ative formula percentage) as outlined in	insportation entities must use Schedule n Information Bulletin #12 and Tax Po	e E-7. Combined unitary filers
Part I - Indiana Apportionment of Sales/Receipts (less returns and al Include all non-exempt apportioned go income that must be separately reportioned that must be separately reportioned income that must be separately reportioned.	llowances) ross business income. Do not use n	on-unitary partnership income of pre	eviously apportioned
	Column A Total Within Indiana	Column B Total Within and Outside Indiana	Column C Indiana Percentage
Sales delivered or shipped to Indiana:		Outside maiana	1 Groomage
Shipped from within Indiana	.00		
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) 			
(for years beginning prior to Jan. 1, 2016 only)	.00		
Other			
 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	8A .00	8B .00	
Apportionment of income for Indiana:			
 Apportionment Percentage: Divide line 8A by line 8B (insert percent, not decimal) 	as		9 • %



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	Yes No	Files Returns in State? Yes No		
	State Leased? Yes No State Owne	ed? Yes	No		
	City	State	Nature of Business Activity		
	Accepts Orders? Yes No Do Business? Property in Property in	Yes No	Files Returns in State? Yes No		
	State Leased? Yes No State Owner	ed? Yes	No		
	City	State	Nature of Business Activity		
	Accepts Orders? Yes No Do Business?	Yes No	Files Returns in State? Yes No		
	Property in State Leased? Yes No State Owner	ed? Yes	No		
	City	State	Nature of Business Activity		
	Accepts	Yes No	Files Returns in State? Yes No		
	Property in State Leased? Yes No State Owner	ed? 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 general partnership relationship:				
1	Briefly describe the nature of activities of sales personne	Lonerating and soliciting	ng husiness in Indiana:		
••	Briefly associate the nature of activities of school personing	r operating and concin	ng scomoco in maiana.		
5.	ndiana receipts for line 3A include all sales shipped from Indiana to (1) the U.S. government;				
	or (2) locations where this taxpayer's only activity in the s solicitation of orders? If no, please explain.	state of the purchaser	consists of the mere Yes No		
6	List the source of any directly allocated income from part	nershins estates and	trusts not in the taxnaver's annortioned tay base.		
J.	Zist and doubt of any anoday anodated moome nom part	norompo, cotatos, and	account in the taxpayor o appointment tax base.		