

Indiana Department of Revenue
Indiana Partnership Return
for Calendar Year Ending December 31, 2021

2021

TaxYr

or Other Tax Year Beginning TaxPeriodBeginDt 2021 and Ending TaxPeriodEndDt

AmendedReturnIndicator

AmendedReturnIndicator

ReturnFormHeader (+)

Check box if amended.

Check box if amendment is due to a federal audit.

Check box if not

NameChangeIndicator

N. Filer (+) Partnership

Federal Employer Identification Number

BusinessName (+)

BusinessNameLine1Txt

BusinessNameLine2Txt

EIN

N. USAddress (+)

ForeignAddress (+)

Principal Business Activity Code

Foreign Country 2-Character Code

AddressLine1Txt

AddressLine2Txt

NAICSCode

CountryCd

City

State

ZIP Code

2-Digit County Code

CityNm

StateAbbreviationCd

ZIPCd

BusinessLocationCountyCd

ProvinceOrStateNm

ForeignPostalCd

M. Year of initial

Telephone Number

K. Date of organization

In the State of

L. State of commercial domicile

Indiana return

BusinessPhoneNum

DateOfOrganization

StateOfOrganization

StateOfDomicile

YearFirstFiledInState

AccountingMethod

ClaimIT-20REC

N. Accounting method: Cash

Accrual

Other

U. Check box if claiming a credit on Form IT-20REC

InitialReturnIndicator

FinalReturnIndicator

BankruptcyIndicator

CompositeIndicator

O. Check all boxes that apply to entity: Initial Return

Final Return

In Bankruptcy

Composite Return

TotalNumberOfPartnerShareHldr

NbrOfNonResPartnerShareHldr

P. Enter total number of partners:

Enter number of nonresident partners:

ExtensionToFiled

Q. I have on file a valid extension of time to file my return (federal Form 7004 or an electronic extension of time).

LLCElectPtrFedRet

R. This is a partnership that has elected to be subject to tax at the partnership level.

PtrMemberOfAnotherPartnership

EntRptsIncDisregardedEnt

S. This partnership is a member of another partnership(s).

T. This entity reports income from disregarded entities.

AggPtrDistShareIncome (+)

Aggregate Partnership Distributive Share Income (see worksheet)**Round all entries**

1. Total net income (loss) from U.S. partnership return, Form 1065 Schedule K (see instructions); use minus sign for negative amounts

INAddbackDeduction (+)

1 TotNetIncAmt .00

2. a. Enter name of addback or deduction (see instructions)

Code. No.

Code

2a Amount .00

- b. Enter name of addback or deduction

Code. No.

2b .00

- c. Enter name of addback or deduction

Code. No.

2c .00

- d. Enter the total amount of addbacks and deductions from any additional sheets (use a minus sign for negative amount)

AdditionalINAddbacksDeductions .00

3. Total partnership income, as adjusted (add lines 1 through 2d)

3 StateGrossIncome .00

4. Enter percentage for Indiana apportioned adjusted gross income from IT-65 Schedule E line 9, if applicable

SummaryOfCalculations (+)

ApportionmentSchPcnt %

Summary of Calculations

5. Sales/use tax due on purchases subject to use tax from

CompositeTotalTax(+)

5 StateUseTax .00

6. a. Enter amount from line 15F of completed Schedule Composite

6a SchCompINAmt .00

- b. Enter amount from line 29B of completed Schedule Composite-COR

6b SchCompCORAmt .00

- c. Enter amount from line 15 of completed Schedule IN-EL

6c SchCompELAmt .00

6d SchCompTotal .00

Attach Schedule Composite/Composite-COR/IN-EL



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Light Blue = Return Form Header (DOR)
Orange = Return Header State (TIGERS)
Bright Yellow = IT-65 form fields
(+) = Complex types which break out further

7. Total tax (add lines 5 and 6d). Caution: If line 7 is zero, see line 16 late file penalty _____ 7 **TotalAmtTax** .00
8. Total amount of pass-through withholding (enclose IN K-1 from the paying entity) _____ 8 **WithholdingCreditsAmt**
9. Total composite withholding IT-6WTH payments (see instructions) _____ 9 **CompWithholdingCreditsAmt**
10. Other payments/credits (enclose documentation) _____ 10 **OtherPaymentCreditsAmt**
11. EDGE credit. Enter the total EDGE credit amount claimed (line 19 on Schedule IN-EDGE) _____ 11 **TotEDGECreditFromSchAmt**
12. EDGE-R credit. Enter the total EDGE-R credit amount claimed (line 19 on Schedule IN-EDGE-R) _____ 12 **TotEDGERCreditFromSchAmt**
13. Certified Credits. Enter the total of certified credits claimed from Schedule IN-OCC and enclose this schedule with your return. _____ 13 **TotOCCCreditFromSchAmt**
14. Subtotal (line 7 minus lines 8-13). If total is greater than zero, proceed to lines 15-17 _____ 14 **StateTaxableIncome** 00
15. Interest: Enter total interest due; see instructions (contact the department for current interest rate) _____ 15 **InterestDue** .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 **Penalty** .00
17. Penalty: If failing to include all nonresident partners on composite return, enter \$500; see instructions _____ 17 **PenaltyIncompleteComp**
18. Total Amount Due (add lines 14-17). If less than zero, enter on line 19. Make payment in U.S. funds _____ 18 **TotDueAmt** .00
19. Overpayment and Refund Amount (add lines 8-13, and then subtract lines 7, 15, 16, and 17). No carryforward allowed. _____ 19 **OverpaymentRefunded**

Certification of Signatures and Authorization

Under penalties of perjury, I declare I have examined the 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 _____

EmailAddressTxt

ReturnAuthAndCertification (+)

I authorize the Department to discuss my return with my personal representative (see instructions).

AuthorizeDiscuss

Y ☐ N ☐ Date _____

SignatureDt

PersonalRep (+)

PersonalRepName (+) **IndividualName (+)**

FirstName **MiddleInitial** **LastName** **NameSuffix**

BusinessName

Email _____

Address _____

EmailAddressTxt

Signature of _____

Corporate Officer _____

PersonName (+)

Print or Type Name of Corporate Officer

FirstName **MiddleInitial** **LastName** **NameSuffix**

Title _____

PersonTitleTxt

If you owe tax, please mail your return to IN Department of Revenue, PO Box 7205, Indianapolis, IN 46207-7205.

PreparerFirmName (+) (or yours if self-employed)

BusinessNameLine1Txt

BusinessNameLine2Txt

Paid Preparer's Name

PreparerPersonNm

PTIN _____

PTIN

Telephone Number _____

PhoneNum

ForeignPhoneNum

PreparerUSAddress (+)

PreparerForeignAddress (+)

Address _____

AddressLine1Txt

AddressLine2Txt

City _____

CityNm

StateAbbreviationCd

ZIPCd

State _____

ProvinceOrStateNm

CountryCd

ForeignPostalCd

Paid Preparer's Signature _____

Date _____

SignatureDt

If you do **not** owe any tax, mail it to IN Department of Revenue, PO Box 7147, Indianapolis, IN 46207-7147.

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