



Schedule
IT-65 RECAP
State Form 55878
(R2 / 12-20)

Indiana Department of Revenue
Recapture of Federal Tax Return Information

This schedule must be enclosed with Form IT-65.

	(a) Taxpayer	(b) Disregarded Entity	(c) Disregarded Entity	(d) Disregarded Entity	(e) Disregarded Entity	(f) Disregarded Entity	(g) Total
1. Federal Employer Identification Number (FEIN)							
2. Business Name							
3. Gross Receipts or Sales (from 1065 Line 1a)							
4. Returns and Allowances (from 1065 Line 1b)							
5. Net Receipts or Sales (Line 3 minus Line 4)							
6. Cost of Goods Sold (See instructions)							
7. Gross Profit (Line 5 minus Line 6)							
8. Net Farm Profit (Loss) (from 1065 Line 5)							
9. Ordinary Income and Net Gain from Form 4797 (from 1065, Line 4 plus Line 6)							
10. Other Income (from 1065 Line 7). Please complete and enclose RECAP Schedule B							
11. Total Income (add Lines 7 – 10)							
12. Salaries and Wages (from 1065 Line 9)							
13. Guaranteed Payments to Partners (from 1065 Line 10)							
14. Repairs (from 1065 Line 11)							
15. Bad Debts (from 1065 Line 12)							
16. Rents (from 1065 Line 13)							
17. Taxes and Licenses (from 1065 Line 14). Please complete and enclose RECAP Schedule C							
18. Interest (from 1065 Line 15)							
19. Depreciation (from 1065 Line 16c)							
20. Depletion (from 1065 Line 17)							
21. Retirement plans, etc. (from 1065 Line 18)							
22. Employee Benefits Programs (from 1065 Line 19)							
23. Other Deductions (from 1065 Line 20). Please complete and enclose RECAP Schedule D							
24. Total Deductions (add Lines 12 – 23)							
25. Ordinary Business Income (Line 11 minus Line 24)							



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Instructions for Schedule IT-65 RECAP

Schedule IT-65 RECAP is used to enter the information that appears on the federal Schedule 1065. For each line, please enter the information or amounts for the taxpayer as well as any disregarded entities included in the return. Please enclose the completed schedule with your IT-65 return. Use additional sheets if necessary.

- Line 1** – Enter the federal employer identification number of the taxpayer and all disregarded entities.
- Line 2** – Enter the business name of the taxpayer and all disregarded entities.
- Line 3** – Enter the gross receipts or sales from all business operations from Line 1a of Form 1065.
- Line 4** – Enter the cash and credit refunds from Line 1b of Form 1065.
- Line 5** – Subtract Line 4 from Line 3 and enter the result here.
- Line 6** – Enter the cost of goods sold from Line 7 of RECAP Schedule A and be sure to enclose Schedule A with your return.
- Line 7** – Subtract Line 6 from Line 5 and enter the result here.
- Line 8** – Enter net profit or loss from Line 5 of Form 1065.
- Line 9** – Enter the ordinary gains or losses from Line 4 of Form 1065 plus the net gain from Form 4797 reported on Line 6 of Form 1065.
- Line 10** – Enter the amount of other income from Line 5 of Form 1065. If you have an entry on this line, please complete and enclose RECAP Schedule B.
- Line 11** – Add Lines 7 – 10 and enter the result here.
- Line 12** – Enter the total salaries and wages from Line 9 of Form 1065.
- Line 13** – Enter the total guaranteed payments to partners from Line 10 of Form 1065.
- Line 14** – Enter the cost of incidental repairs from Line 10 of Form 1065.
- Line 15** – Enter the total debts that became worthless in whole or in part during the tax year from Line 12 of Form 1065.
- Line 16** – Enter the rent paid on business property from Line 13 of Form 1065.
- Line 17** – Enter the taxes and licenses paid from Line 14 of Form 1065. If you have an entry on this line, please complete and enclose RECAP Schedule C.
- Line 18** – Enter the amount of interest from Line 15 of Form 1065.
- Line 19** – Enter the amount of depreciation claimed from Line 16c of Form 1065.
- Line 20** – Enter the amount of depletion claimed from Line 17 of Form 1065.
- Line 21** – Enter the amount of pension and profit-sharing plan contributions, retirement plans, etc. deducted from Line 17 of Form 1065.
- Line 22** – Enter the amount of employee benefits from Line 19 of Form 1065.
- Line 23** – Enter the amount of other deductions from Line 20 of Form 1065. If you have an entry on this line, please complete and enclose RECAP Schedule D.
- Line 24** – Add Lines 12 – 23 and enter the result here.
- Line 25** – Subtract Line 24 from Line 11.

