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456789012345678 4 Form IT-65		6789012345678901234567890 iana Department of Revenue	12343070901234307890
State Form 11800 (R20 / 8-21)		na Partnership Return	2021
6		ar Year Ending December 31, 2021	
7			
3 or	r Other Tax Year Beginning 9	9 99 2021 and Ending 99 99	9 9999 ^{BB}
9			
Check box if amended	d. $\overset{ ext{X}}{A1}$ Check box if amer	ndment is due to a federal audit. X B1	Check box if name changed. X
Name of Partnership		B Federal En	nployer Identification Number A
	vvvvvvvvvvvvvvv	VVVVVVVVVVVVVVV	999999999
	XXXXXXXXXXXXXXXXX		
Number and Street	С	Principal Business Activity Code D Foreign (Country 2-Character Code
	XXXXXXXXXXXXXX	99999999	XX
7 City	F	State G ZIP Code H	2-Digit County Code
8			7
	XXXXXXXXXXX	XX 999999999	XX M. Year of initial
Telephone Number	J K. Date of organiza	ation ₁ In the State of ₂ L. State of con	nmercial domicile Indiana return
99999999	99 99 99 9	9999 XX X	X 9999
39999999		A	
N. Accounting method:	: Cash X Accrual X Oth	her X 3 U. Check box if claiming a credit on	Form IT 20PEC X
N. Accounting method:	. Casii Acciual Uli	O. Check box il claiming a credit on	3
	at apply to entity: Initial Return $^{\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!$	Final Return In Bankruptcy	Composite Return X
	1		2
P. Enter total number	of partners: 9999	Enter number of nonresident partners: 99	99
9			<u></u>
Q. I have on file a vali	id extension of time to file my retu	rn (federal Form 7004 or an electronic extens	ion of time). X
1		v	
R. This is a partnershi	ip that has elected to be subject to	o tax at the partnership level. 2	
5	a member of another partnership		
Aggregate Partners	hip Distributive Share Income	(see worksheet)	Round all entries
Aggregate Partners 7 1. Total net income	hip Distributive Share Income		Round all entries
Aggregate Partners 1. Total net income use minus sign for	hip Distributive Share Income (loss) from U.S. partnership return to negative amounts	(see worksheet) urn, Form 1065 Schedule K (see instructions);	Round all entries 1 99999999999.00
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Aggregate Partners 1. Total net income use minus sign for 2. a. Enter name of	hip Distributive Share Income (loss) from U.S. partnership retu for negative amounts f addback or deduction (see instr	(see worksheet) Irn, Form 1065 Schedule K (see instructions); uctions) XXXXXXXXX Code. No. 999	Round all entries 1 99999999999.00 2a 99999999999.00
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4567890123456789012345678901234567890	01234567890123456789012	345	6/890123456/8901
)4)5 7. Total tax (add lines 5 and 6d). Caution: If line 7 is zero, s	ee line 16 late file penalty	7	9999999999.00
06			
7 8. Total amount of pass-through withholding (enclose IN K-1	from the paying entity)	8	9999999999.00
			000000000000000000000000000000000000000
9. Total composite withholding IT-6WTH payments (see inst	ructions)	9	9999999999.00
1 0 1 1 10. Other payments/credits (enclose documentation)		10	9999999999.00
12			<i></i>
$\frac{1}{1}$ 11. EDGE credit. Enter the total EDGE credit amount claimed	d (line 19 on Schedule IN-EDGE)	11	9999999999.00
14			
15 12. EDGE-R credit. Enter the total EDGE-R credit amount cla		12	9999999999.00
13. Certified Credits. Enter the total of certified credits claime this schedule with your return.	d from Schedule IIV-OCC and enclose	13	9999999999.00
18			
9 14. Subtotal (line 7 minus lines 8-13). If total is greater than z	ero, proceed to lines 15-17	14	9999999999.00
20			
15. Interest: Enter total interest due; see instructions (contact		15	9999999999.00
2 16. Penalty: If paying late, enter 10% of line 14. If line 7 is zero	io, enter \$ 10 per day filed past the	16	9999999999.00
due date; see instructions 17. Penalty: If failing to include all nonresident partners on co	emposite return, enter \$500;	10	99999999999
25 see instructions		17	9999999999.00
18. Total Amount Due (add lines 14-17). If less than zero, ent	er on line 19.		
Make payment in U.S. funds		18	9999999999.00
19. Overpayment and Refund Amount (add lines 8-13, and theNo carryforward allowed.	nen subtract lines /, 15, 16, and 1/).	19	9999999999.00
No carryforward allowed. Certification of Signatures and Authorization Section		19	9999999999
33 34 Signature	Paid Preparer's XXXXXXXX Email Address	XXX	XXXXXXXXXXX
I authorize the Department to discuss my return with m	y Paid Preparer: Firm's Name (or	yours	s if self-employed)
personal representative (see instructions).			
		, v v	VVVVVVVVVVVV
KU V X N X Data	CC XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXX.	xxxxxxxxxx
	Paid Preparer's Name	XXX	XXXXXXXXXXX
Personal Representative's Name (please print)	Paid Preparer's Name		ww
Personal Representative's Name (please print)	Paid Preparer's Name XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXX	ww
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Personal Representative's Name (please print) 2	Paid Preparer's Name XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXX.	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
Personal Representative's Name (please print) XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	Paid Preparer's Name XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	999 XXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
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Personal Representative's Name (please print) 1	Paid Preparer's Name XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	23999999999999999999999999999999999999	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
	Paid Preparer's Name XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	Code	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
Personal Representative's Name (please print) XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	Paid Preparer's Name XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
Personal Representative's Name (please print) XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	Paid Preparer's Name XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

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