Form IT-65
State Form 11800
(R20 / 8-21)

Indiana Department of Revenue

Indiana Partnership Return

for Calendar Year Ending December 31, 2021

2021

or Other Tax Year Beginning ____ ____ 2021 and Ending ____ ____ ____

Check box if amended. ☐ Check box if amendment is due to a federal audit. ☐ Check box if name changed. ☐

Name of Partnership

Federal Employer Identification Number

Number and Street

Principal Business Activity Code

Foreign Country 2-Character Code

City

State

ZIP Code

2-Digit County Code

Telephone Number

K. Date of organization

In the State of

L. State of commercial domicile

M. Year of initial Indiana return

N. Accounting method: Cash ☐ Accrual ☐ Other ☐

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

O. Check all boxes that apply to entity: Initial Return ☐ Final Return ☐ In Bankruptcy ☐ Composite Return ☐

P. Enter total number of partners: ____ Enter number of nonresident partners: ____

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

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

S. This partnership is a member of another partnership(s). ☐ T. This entity reports income from disregarded entities. ☐

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 _____ — 1 .00

2. a. Enter name of addback or deduction (see instructions) ____ Code. No. ____ — 2a .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) _____ — 2d .00

3. Total partnership income, as adjusted (add lines 1 through 2d) _____ — 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. Sales/use tax due on purchases subject to use tax from Sales/Use Tax worksheet _____ — 5 .00

6. a. Enter amount from line 15G of completed Schedule Composite _____ — 6a .00

   b. Enter amount from line 29C of completed Schedule Composite-COR _____ — 6b .00

   c. Enter amount from line 15 of completed Schedule IN-EL _____ — 6c .00

   d. Add amounts from lines 6a - 6c. Attach Schedule Composite/Composite-COR/IN-EL — 6d .00

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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 (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
12.	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
15.	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
17.	Penalty: If failing to include all nonresident partners on composite return, enter $500; see instructions	17	.00
18.	Total Amount Due (add lines 14-17). If less than zero, enter on line 19. Make payment in U.S. funds	18	.00
19.	Overpayment and Refund Amount (add lines 8-13, and then subtract lines 7, 15, 16, and 17). No carryforward allowed.	19	.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.

Signature

Paid Preparer's Email Address

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

Y ☐ N ☐ Date

Personal Representative's Name (please print)

Email Address

Signature of Corporate Officer

Print or Type Name of Corporate Officer

Title

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

Paid Preparer: Firm's Name (or yours if self-employed)

Paid Preparer's Name

PTIN

Telephone Number

Address

City

State Zip Code+4

Paid Preparer's Signature

Date

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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