Schedule Composite
State Form 49188
(R20 / 8-21)

Indiana Department of Revenue

Entity's Composite Indiana Adjusted Gross Income Tax Return

Entity's Tax Year 2021 *or* Other Year Beginning ____ ____ 2021 and Ending ____ ____ ______

Name of Entity	Federal Employer Identification Number

See instructions. Enclose with Form IT-20S, IT-65, or IT-41. Use additional sheets if necessary.

Individual/Non-corporate Entity Name	Exception Code **A** Enter exception code (see instructions)	State of residency **B** Enter the 2-character state of residency for each non-resident listed	Enter Pro Rata Share **C** Adjusted gross income attributed to Indiana from IT-20S/IT-65 IN K-1, Part 4, Line 9, or IT-41 IN K-1, Part 4, line 9	Composite Adjusted Gross and County Income Tax **D** State Tax. Multiply C by .0323 (leave blank if less than zero)	**E** Income subject to county tax from IN K-1, Part 1, line 12, or IT-41 IN K-1, Part 1, line 13	**F** County tax. Multiply E by county tax rate (leave blank if less than zero)	Total Tax **G** Enter partner/ shareholder/ beneficiary tax liability (D + F)
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
13. Subtotal Column D and Column F; add together and enter total in Column G							
14. Carryover totals from Columns D, F, and G from additional sheets							
15. Total tax (13G + 14G). Enter this amount on line 15 of Form IT-20S; line 6a of Form IT-65; or, on Form IT-41, Schedule 1, line 2........ **Total Tax**							

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