

Shareholder's/Partner's Share of Indiana Adjusted Gross  
Income, Deductions, Modifications, and Credits

Tax Year Beginning   2021 and Ending

Name of S Corporation/Partnership  Federal Employer Identification Number

**Distributions** - Provide Schedule IN K-1 to each shareholder/partner. Enclose Schedule IN K-1 with Form IT-20S/IT-65 return.

**Part 1 - Shareholder/Partner's Identification Section**

1. Shareholder/Partner Name

Check if amended ☐

2. Shareholder/Partner FEIN or Social Security Number

3. Shareholder/Partner Federal Pro Rata Percentage

.  %

4. If the partner is a disregarded entity (DE), enter the partner's:

a. Name

b. FEIN

5. What type of entity is the partner?

6. Shareholder/Partner State of Residence or Commercial Domicile

7. Indiana County of Principal Employment 2-digit code

8. Payer's Name

9. Payer's FEIN

10. Amount of Distribution

10   .00

11. IN State Tax Withheld

11   .00

12. Indiana Adjusted Gross Income subject to county tax

12   .00

13. IN County Tax Withheld

13   .00

**Part 2 - Pro Rata Share of Indiana Pass-through Tax Credits from S Corporation/Partnership**

|    | Column A<br>IT-20S/IT65<br>FEIN if Credit is from IN K-1 | Column B<br>Certification<br>Year | Column C<br>Certification/Project/PIN<br>Number | Column D<br>Tax Credit<br>Code | Column E<br>Amount Claimed |
|----|----------------------------------------------------------|-----------------------------------|-------------------------------------------------|--------------------------------|----------------------------|
| 1. | <input type="text"/>                                     | <input type="text"/>              | <input type="text"/>                            | <input type="text"/>           | <input type="text"/> .00   |
| 2. | <input type="text"/>                                     | <input type="text"/>              | <input type="text"/>                            | <input type="text"/>           | <input type="text"/> .00   |
| 3. | <input type="text"/>                                     | <input type="text"/>              | <input type="text"/>                            | <input type="text"/>           | <input type="text"/> .00   |
| 4. | <input type="text"/>                                     | <input type="text"/>              | <input type="text"/>                            | <input type="text"/>           | <input type="text"/> .00   |



Pass-through entities with more than 24 IN K-1s must file electronically

**Part 3 - Distributive Share Amount** (use apportioned figures for nonresident shareholders/partners)

|                                                                                                                                                           |     |  |     |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|-----|--|-----|
| 1. Ordinary business income (loss) _____                                                                                                                  | 1   |  | .00 |
| 2. Net rental real estate income (loss) _____                                                                                                             | 2   |  | .00 |
| 3. Other net rental income (loss) _____                                                                                                                   | 3   |  | .00 |
| 4. Guaranteed payments <b>(for IT-65 filers only; if filing IT-20S, skip to line 5)</b> _____                                                             | 4   |  | .00 |
| 5. Interest income _____                                                                                                                                  | 5   |  | .00 |
| 6. Ordinary dividends _____                                                                                                                               | 6   |  | .00 |
| 7. Royalties _____                                                                                                                                        | 7   |  | .00 |
| 8. Net short-term capital gain (loss) _____                                                                                                               | 8   |  | .00 |
| 9. Net long-term capital gain (loss) _____                                                                                                                | 9   |  | .00 |
| 10. Net IRC Section 1231 gain (loss) _____                                                                                                                | 10  |  | .00 |
| 11. Other income (loss) _____                                                                                                                             | 11  |  | .00 |
| 12. IRC Section 179 expense deduction _____                                                                                                               | 12  |  | .00 |
| 13. a. Portion of expenses related to investment portfolio income, including investment interest expense and other (federal nonitemized) deductions _____ | 13a |  | .00 |
| b. Other information from line 20 of federal K-1 related to investment interest and expenses not listed elsewhere _____                                   | 13b |  | .00 |
| 14. Total pro rata distributions (add lines 1 through 11; subtract lines 12, 13a, and 13b when applicable) _____                                          | 14  |  | .00 |

**Part 4 - State Modifications** Add or subtract the following. Designate the distributive share amount of each modification for Indiana adjusted gross income from line 2 on the front of Form IT-20S/IT-65. For nonresidents, apply apportioned figures. (Use a minus sign to denote negative amounts.)

|                                                                                                                                                                                                             |   |  |     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|--|-----|
| 1. State income taxes deducted _____                                                                                                                                                                        | 1 |  | .00 |
| 2. Net bonus depreciation allowance _____                                                                                                                                                                   | 2 |  | .00 |
| 3. Excess IRC Section 179 deduction _____                                                                                                                                                                   | 3 |  | .00 |
| 4. Interest on U.S. obligations _____                                                                                                                                                                       | 4 |  | .00 |
| 5. Addback/Deduction _____ Code No. <input type="text"/>                                                                                                                                                    | 5 |  | .00 |
| 6. Addback/Deduction _____ Code No. <input type="text"/>                                                                                                                                                    | 6 |  | .00 |
| 7. Addback/Deduction _____ Code No. <input type="text"/>                                                                                                                                                    | 7 |  | .00 |
| 8. Total distributive share of modifications (add lines 1 through 7) _____                                                                                                                                  | 8 |  | .00 |
| 9. Add Part 3, line 14, to Part 4, line 8. Nonresident partners/shareholders should carry amount to Schedule Composite, Column C, or on Schedule Composite-COR, Column B _____ <b>Adjusted Gross Income</b> | 9 |  | .00 |

