

**Indiana Department of Revenue
IT-6
For Use of Tax Year 2022
08/2021**

Blank for Extension Payments

Blank for Vouchers 1 - 4

Cut on line before mailing

IT-6 0812 EXTENSION PAYMENT

```
XXXXXBusinessNameXXXXXXXXXXXXX
XXXXXAddressLine1XXXXXXXXXXXXX
XXXXXAddressLine2XXXXXXXXXXXXX
```

6

Printed Name of Officer

Title

Federal ID Number Due Date

Signature of Officer

Title

Date _____ Daytime Phone # _____

Voucher Number	Calendar or Fiscal Year Ending
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Enter Total Tax Below

XXX

.00

INDIANA DEPARTMENT OF REVENUE
P.O. BOX 7226
INDIANAPOLIS, IN 46207-7226

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