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

Cut on line before mailing

IT-6WTH 1013

XXXXXBusinessNameXXXXXXXXXXXXX
XXXXXAddressLine1XXXXXXXXXXXXX
XXXXXAddressLine2XXXXXXXXXXXXX

6W

Federal ID Number **Due Date**

Calendar or Fiscal Year Ending

XXX 9999

Printed Name of Officer Title

Signature of Officer Title

Date Daytime Phone #

Enter Total Tax Below

.00

INDIANA DEPARTMENT OF REVENUE
P.O. BOX 6077
INDIANAPOLIS, IN 46207-6077

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