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

Cut on line before m	ailing					
		IT-6W	TH 1013			
XXXXXBusinessNameXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		6W	Printed Name of Office	er	Title	
Federal ID Number	Due Date		Signature of Officer		Title	
			Date	. Daytime Phone #		
	Calendar or Fiscal Year Ending			Enter Total Tax Below		
	XXX					.00

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