Indiana Department of Revenue IT-6 For Use of Tax Year 2024 08/2023

Blank for Extension Payments

Blank for Vouchers 1 - 4

		IT-6	0920	
XXXXXBusinessNameXXXXXXXXXXXXXX XXXXAddressLine1XXXXXXXXXXXXXX XXXXAddressLine2XXXXXXXXXXXXXXX				
			Printed Name of Officer	Title
		6		
Federal ID Number	Due Date		Signature of Officer	Title
999 99 9999	99 99 9999			
			Date Da	ytime Phone
Voucher Number 9	Calendar or Fiscal Year XXX 9999	Ending		
				Enter Total Tax Below
INDIANA DEPARTM	IENT OF REVENUE			
P.O. BOX 6032				
INDIANAPOLIS, IN	46206-6032			•