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Form IT-65
State Form 11800
(R22 / 8-23)

Indiana Department of Revenue
Indiana Partnership Return
for Calendar Year Ending December 31, 2023

2023

or Other Tax Year Beginning 2023 and Ending

Check box if amended. Check box if amendment is due to a federal audit. Check box if name changed.

Name of Partnership Federal Employer Identification Number

Number and Street Principal Business Activity Code Foreign Country 2-Character Code

City State ZIP Code 2-Digit County Code

Telephone Number K. Date of organization In the State of L. State of commercial domicile M. Year of initial Indiana return

N. Accounting method: Cash Accrual Other T. Check box if claiming a credit on Form IT-20REC

O. Check all boxes that apply to entity:

Initial Return Final Return In Bankruptcy Composite Return PTET Return

P. Enter total number of partners: Enter number of nonresident partners:

Q. I have on file a valid extension of time to file my return (federal Form 7004 or an electronic extension of time).

R. This partnership is a member of another partnership(s). S. This entity reports income from disregarded entities.

Aggregate Partnership Distributive Share Income (see worksheet)

Round all entries

- Total net income (loss) from U.S. partnership return, Form 1065 Schedule K (see instructions); use minus sign for negative amounts .00
- Enter name of addback or deduction (see instructions) Code No. .00
 - Enter name of addback or deduction Code No. .00
 - Enter name of addback or deduction Code No. .00
 - Enter the total amount of addbacks and deductions from any additional sheets (use a minus sign for negative amount) .00
- Total partnership income, as adjusted (add lines 1 through 2d) .00
- Enter percentage for Indiana apportioned adjusted gross income from IT-65 Schedule E line 9, if applicable %

Summary of Calculations

- Sales/use tax due on purchases subject to use tax from Sales/Use Tax worksheet .00
- Enter amount from line 15G of completed Schedule Composite .00
 - Enter amount from line 26E of completed Schedule Composite-COR .00
 - Enter amount from line 24D of completed Schedule PTET .00
 - Add amounts from lines 6a - 6c. Attach Schedule Schedule Composite/Composite-COR/PTET .00



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07	7. Total tax (add lines 5 and 6d). Caution: If line 7 is zero, see line 16 late file penalty_____	7	999999999999	.00
09	8. Total amount of pass-through withholding and PTET (enclose IN K-1 from the paying entity)_____	8	999999999999	.00
11	9. Total composite withholding IT-6WTH payments (see instructions)_____	9	999999999999	.00
13	10. Other payments/credits (enclose documentation) _____	10	999999999999	.00
15	11. EDGE credit. Enter the total EDGE credit amount claimed (line 19 on Schedule IN-EDGE)_____	11	999999999999	.00
17	12. EDGE-R credit. Enter the total EDGE-R credit amount claimed (line 19 on Schedule IN-EDGE-R)_____	12	999999999999	.00
18	13. Certified Credits. Enter the total of certified credits claimed from Schedule IN-OCC and enclose this schedule with your return. _____	13	999999999999	.00
21	14. Subtotal (line 7 minus lines 8-13). If total is greater than zero, proceed to lines 15-17 _____	14	999999999999	.00
23	15. Interest: Enter total interest due; see instructions (contact the department for current interest rate)_____	15	999999999999	.00
24	16. Penalty: If paying late, enter 10% of line 14. If line 7 is zero, enter \$10 per day filed past the due date; see instructions _____	16	999999999999	.00
26	17. Total Amount Due (add lines 14-16). If less than zero, enter on line 18. Make payment in U.S. funds _____	17	999999999999	.00
28	18. Overpayment and Refund Amount (add lines 8-13, and then subtract lines 7, 15, and 16). No carryforward allowed. _____	18	999999999999	.00

Certification of Signatures and Authorization Section

Under penalties of perjury, I declare I have examined this return, including all accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete.

Signature	<input type="text"/>	Paid Preparer's Email Address	<input type="text" value="XXXXXXXXXXXXXXXXXXXXXXXXXXXX"/>
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<p>I authorize the Department to discuss my return with my personal representative (see instructions).</p> <p>Y <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> Date _____</p> <p>Personal Representative's Name (please print)</p> <p><input type="text" value="XXXXXXXXXXXXXXXXXXXXXXXXXXXX"/></p> <p>Email Address <input type="text" value="99999999999999999999999999999999"/></p> <p>Signature of Corporate Officer _____</p> <p>Print or Type Name of Corporate Officer</p> <p><input type="text" value="XXXXXXXXXXXXXXXXXXXXXXXXXXXX"/></p> <p>Title</p> <p><input type="text" value="XXXXXXXXXXXXXXXXXXXXXXXXXXXX"/></p> <p>If you owe tax, please mail your return to IN Department of Revenue, PO Box 7205, Indianapolis, IN 46207-7205.</p>	<p>Paid Preparer: Firm's Name (or yours if self-employed)</p> <p><input type="text" value="XXXXXXXXXXXXXXXXXXXXXXXXXXXX"/></p> <p>Paid Preparer's Name</p> <p><input type="text" value="XXXXXXXXXXXXXXXXXXXXXXXXXXXX"/></p> <p>PTIN <input type="text" value="999999999"/></p> <p>Telephone Number <input type="text" value="9999999999"/></p> <p>Address <input type="text" value="XXXXXXXXXXXXXXXXXXXXXXXXXXXX"/></p> <p>City <input type="text" value="XXXXXXXXXXXXXXXXXXXXXXXXXXXX"/></p> <p>State <input type="text" value="XX"/> ZIP Code+4 <input type="text" value="999999999"/></p> <p>Paid Preparer's Signature _____</p> <p>Date _____</p> <p>If you do not owe any tax, mail it to IN Department of Revenue, PO Box 7147, Indianapolis, IN 46207-7147.</p>
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