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

## Indiana Department of Revenue Indiana Partnership Return

2023

Indiana Partnership Return 202 for Calendar Year Ending December 31, 2023

or Other Tax Year Beginning	2023 and E	Ending		
Check box if amended. Check box if amen	dment is due to a federa		heck box if name cha oyer Identification Nur	
Name of Fature snip		l ederal Emplo	byer identification Nul	IIDEI
Number and Street	Principal Business Activ	rity Code Foreign Cou	ıntry 2-Character Cod	e
City State ZIP Code		Code 2-D	Digit County Code	
Telephone Number K. Date of organiza	ation In the State	of L. State of comm		ear of initial ina 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	alementare Comm	acita Datum	PTET Return	
Initial Return Final Return In Ba	nkruptcy Comp	posite Return	TEI Return	
P. Enter total number of partners:	Enter number of nonresid	ent partners:		
Q. I have on file a valid extension of time to file my retu	rn (federal Form 7004 or	an electronic extension	n of time).	
R. This partnership is a member of another partnership	(s). S. This entity	reports income from d	isregarded entities.	
Aggregate Partnership Distributive Share Income (s	see worksheet)		Round all en	ıtries
Total net income (loss) from U.S. partnership retu	-	K (see instructions);		
use minus sign for negative amounts			1	.00
a. Enter name of addback or deduction (see instru	uctions)	Code. No.	2a	.00
b. Enter name of addback or deduction		Code. No.	2b	.00
c. Enter name of addback or deduction	c. Enter name of addback or deduction Code. No. d. Enter the total amount of addbacks and deductions from any additional sheets (use a minus sign for negative amount)		2c	.00
			2d	.00
Total partnership income, as adjusted (add lines 1)	through 2d)		3	.00
4. Enter percentage for Indiana apportioned adjusted gross income from IT-65 Schedule E line 9,				
if applicable			4 .	%
Summary of Calculations			_	
<ul><li>5. Sales/use tax due on purchases subject to use ta</li><li>6. a. Enter amount from line 15G of completed</li></ul>	x from Sales/Use Tax wo	rksheet	5	.00
Schedule Composite	6a	.00		
b. Enter amount from line 26E of completed				
Schedule Composite-COR	6b	.00		
c. Enter amount from line 24D of completed				
Schedule PTET	6c	.00		
d. Add amounts from lines 6a - 6c. Attach Schedule	Schedule Composite/Co	mposite-COR/PTET_	6d	.00

7.	Total tax (add lines 5 and 6d). Caution: If line 7 is zero, see line 16 late file penalty		7	.00	
8.	Total amount of pass-through withholding and PTET (enclose IN K-1 from the paying entity)		8	.00	
9.	. Total composite withholding IT-6WTH payments (see instructions)		9	.00	
10.	O. Other payments/credits (enclose documentation)		10	.00	
11.	. EDGE credit. Enter the total EDGE credit amount claimed (line 19 on Schedule IN-EDGE)		11	.00	
12.	<ul> <li>12. EDGE-R credit. Enter the total EDGE-R credit amount claimed (line 19 on Schedule IN-EDGE-R)</li> <li>13. Certified Credits. Enter the total of certified credits claimed from Schedule IN-OCC and enclose this schedule with your return.</li> </ul>		12	.00	
13.			13	.00	
14.	Subtotal (line 7 minus lines 8-13). If total is greater than zero, proceed	14	.00		
15.	5. Interest: Enter total interest due; see instructions (contact the department for current interest rate)		15	.00	
	6. 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			.00	
	7. Total Amount Due (add lines 14-16). If less than zero, enter on line 18.  Make payment in U.S. funds		17	.00	
18.	8. Overpayment and Refund Amount (add lines 8-13, and then subtract lines 7, 15, and 16).  No carryforward allowed.		18	.00	
		Address  Preparer: Firm's Name (o	r vours if self-	employed)	
	personal representative (see instructions).	(c	. ,		
	Y N Date Paid	Paid Preparer's Name			
ا	Personal Representative's Name (please print)				
	PTIN				
	Email Address Telep	Telephone Number			
	Signature of Addre	ess			
(	Corporate Officer City				
1	Print or Type Name of Corporate Officer State				
	State		P Code+4		
		ZI	P Code+4		
_	Title Paid	ZI Preparer's Signature			
	Title Paid Date	ZI			

