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

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Cut on line before mailing					
		IT-6WTH	0920		
XXXXXBusinessNameXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX					
XXXXXAddressLine2XXXXXXXXXXXXX			Printed Name of Officer		Title
		6W			
Federal ID Number 999 99 9999	Due Date 99 99 9999		Signature of Officer		Title
			Date	Daytime Phone	
	Calendar or Fiscal Yea	r Ending			Enter Total Tax Below
INDIANA DEPARTMENT OF REVENUE P.O. BOX 6032					
INDIANAPOLIS, IN	•				