01							
00000						6666667777777	
12345	5678901234567890123456 SCHEDULE E	/8901234	156789012345	6/89012345 of Revenue	6/89012345	5678901234567	89012345
04			nment of Inc				
05	State Form 49105 (R22 / 8-23)						
07	for Tax Year	Beginning 9	9 99 2023	and Ending 99	99 99	999	
08			2023				
09	Name as shown on return				Federal Employ	yer Identification Numb	er
10							
11	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX					99999999999	
12	Each filing entity having income from sour						
13	and certain insurance companies that use	• •					
14	must use the apportioning method (relat percents should be rounded two decimal		, , , , , , , , , , , , , , , , , , ,		in #12 and Tax P	olicy Directive #6. Omit	cents;
16	percents should be rounded two decimal	i places, reau a	pportionment instruct				
17	Part I - Indiana Apportionment o	f Adiusted 0	Gross Income				
18	Sales/Receipts (less returns and all						
19	Include all non-exempt apportioned gr		income. Do not use	non-unitary partner	ship income of p	reviously apportioned	
20	income that must be separately report	ed as allocate	d income.				
21							
22			olumn A		umn B	Column	
24		Iotal V	Vithin Indiana		/ithin and	Indiana	
25	Sales delivered or shipped			Outsid	e Indiana	Percentag	10
26	to Indiana:						
27	1. Shipped from within						
28	Indiana	9999	99999999.00				
29					+++++++++		
30	2. Shipped from outside	0000	99999999.00				
31	Indiana	3999	00.6666666				
33	Sales shipped from Indiana to:						
34	3. The United States						
35	government	9999	99999999.00				
36	4. Purchasers in a state where						
37	the taxpayer is not subject to						
38	income tax (under P.L. 86-272)		99999999.00				
39 40	(for years beginning prior to	3999	00.6666666				
40	Jan. 1, 2016 only) Other						
42	5. Interest & other receipts from						
43	extending credit attributed to						
44	Indiana	9999	99999999.00				
45	6. Other gross business receipts						
46	not previously apportioned	9999	99999999.00				
47 48	7. Direct premiums and annuities						
48	received for insurance upon property or risks in Indiana	9999	99999999.00				
50	8. Total Receipts: Add column A						
51	receipts lines on 1A through						
52	7A and enter in line 8A. Enter						
53	all receipts on line 8B	8A 9999	99999999.00	8B 99999	999999.00		
54							
55	Apportionment of income for						
56 57	Indiana:						
58	9. Apportionment Percentage: Divide line 8A by line 8B (insert a	35					
59	percent, not decimal)					9999999	%
60							
61							
62					[]		
63			104231116	94			
64							
65 66							
00							

01							
2315			555555555566666666666677777777777888 123456789012345678901234567890123				
04	Schedule E	9012343070901	Page 2				
05	Part II - Business/Other Income Questionnaire						
06	1. List all business locations where the taxpayer has op		interests and indicate type of activities. This section				
07	must be completed - attach additional sheets if necess	sary.					
09	City	State	Nature of Business Activity				
10							
11		XX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX				
12	Accepts Registered to Orders? X Yes X No Do Business?	X Yes X No	in State? X Yes X No				
14	Property in Property						
15	State Leased? X Yes X No State Ow		<u>۷ No</u>				
16 17							
18	City	State	Nature of Business Activity				
19	XXXXXXXXXXXXXXXXXXXXXXX	XX	xxxxxxxxxxxxxxxxxxxxxxxxxxxx				
20	Accepts Registered to		Files Returns				
21 22		X Yes X No	in State? X Yes X No				
23	Property in Property State Leased? X Yes X No State Ow		^C No				
24							
25	City	State	Nature of Business Activity				
26 27		XX	*****				
28	Accepts Registered to		Files Returns				
29	Orders? X Yes X No Do Business?	X _{Yes} X _{No}	in State? X Yes X No				
30 31	Property in Property State Leased? X Yes X No. State Ow		<u> </u>				
32	State Leased? X Yes X No State Ow	/ned? 🔼 Yes 🖄	<u>S</u> No				
33	City	State	Nature of Business Activity				
34							
35 36							
37	Accepts Registered to Orders? X Yes X No Do Business?	X _{Yes} X _{No}	in State? X Yes X No				
38	Property in Property	in					
39 40	State Leased? X Yes X No State Ow	/ned? X Yes 2	No.				
40	2. Briefly describe the nature of Indiana business activitie	s including the exact t	itle and principal business activity of any partnership				
42	in which the taxpayer has an interest:						
43		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~				
44 45							
46	3. Indicate any partnership in which you have a unitary o	r general partnership re					
47	******	XXXXXXXXXXXXXX	<pre><pre><pre><pre><pre><pre><pre><pre></pre></pre></pre></pre></pre></pre></pre></pre>				
48							
49 50	*****	xxxxxxxxxxxxx	******				
51	5. Do Indiana receipts for line 3A include all sales shippe	d from Indiana to (1) th	e U.S. government;				
52	or (2) locations where this taxpayer's only activity in th	e state of the purchase	77 77				
53 54	solicitation of orders? If no, please explain.		X Yes X No				
55	******	xxxxxxxxxxxx	<pre><pre><pre><pre><pre><pre><pre><pre></pre></pre></pre></pre></pre></pre></pre></pre>				
56	6. List the source of any directly allocated income from p	artnerships, estates, ar	nd trusts not in the taxpayer's apportioned tax base:				
57							
58 59							
60							
61							
62							
63 64		10423121694					
65							
66							