SCHEDULE E Form IT-20/20S/20NP/IT-65 State Form 49105 (R22 / 8-23)	Indiana Department of Revenue Apportionment of Income for Indiana	
	for Tax Year Beginning 2023 and Ending	

Name as shown on return	Federal Employer Identification Number			

Each filing entity having income from sources both within and outside Indiana must complete an apportionment schedule except financial institutions and certain insurance companies that use a single receipts factor. Interstate transportation entities must use Schedule E-7. Combined unitary filers must use the apportioning method (relative formula percentage) as outlined in Information Bulletin #12 and Tax Policy Directive #6. Omit cents; percents should be rounded two decimal places; read apportionment instructions.

Part I - Indiana Apportionment of Adjusted Gross Income

Sales/Receipts (less returns and allowances)

Include all non-exempt apportioned gross business income. Do not use non-unitary partnership income of previously apportioned income that must be separately reported as allocated income.

		Column A Total Within Indiana		Column B Total Within and Outside Indiana		Column C Indiana Percentage		
	s delivered or shipped					Ũ		
	diana:							
1.	Shipped from within Indiana	.00						
2.	Shipped from outside Indiana	.00						
Sale	s shipped from Indiana to:							
	The United States							
	government	.00						
4.	Purchasers in a state where							
	the taxpayer is not subject to							
	income tax (under P.L. 86-272)	.00						
	(for years beginning prior to Jan. 1, 2016 only)							
Othe	- ,							
	Interest & other receipts from							
	extending credit attributed to							
	Indiana	.00						
6.	Other gross business receipts							
	not previously apportioned	.00						
7.	Direct premiums and annuities							
	received for insurance upon property or risks in Indiana	.00						
8	Total Receipts: Add column A							
0.	receipts lines on 1A through							
	7A and enter in line 8A. Enter							
	all receipts on line 8B	AB .00		8B .00				
	Apportionment of income for							
India								
9.	9. Apportionment Percentage: Divide line 8A by line 8B (insert as							
	percent, not decimal)	4 0				9 . %		
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Schedule E

Part II - Business/Other Income Questionnaire

1. List all business locations where the taxpayer has operations or partnership interests and indicate type of activities. This section must be completed - attach additional sheets if necessary.

	City	State	Nature of Business Activity
	Accepts Orders? Yes No Do Business? Property in State Leased? Yes No State Owne	Yes No d? Yes	Files Returns in State? Yes No
	City	State	Nature of Business Activity
	Accepts Orders? Yes No Do Business? Property in Property in	Yes No	Files Returns in State? Yes No
	State Leased? Yes No State Owne	d? Yes	No
	City	State	Nature of Business Activity
	Accepts Orders? Yes No Do Business?	Yes No	Files Returns in State?YesNo
	Property in Property in State Leased? Yes No State Owne	d? Yes	No
	City	State	Nature of Business Activity
	Accepts Orders? Yes No Do Business?	Yes No	Files Returns Yes No
	Property in Property in State Leased? Yes No State Owner	d? Yes	No
2.	Briefly describe the nature of Indiana business activities, in which the taxpayer has an interest:	including the exact title	e and principal business activity of any partnership
3.	Indicate any partnership in which you have a unitary or go	eneral partnership rela	ationship:
4.	Briefly describe the nature of activities of sales personnel	operating and solicitir	ng business in Indiana:
5.	Do Indiana receipts for line 3A include all sales shipped fi or (2) locations where this taxpayer's only activity in the s solicitation of orders? If no, please explain.	()	
6.	List the source of any directly allocated income from parts	nerships, estates, and	trusts not in the taxpayer's apportioned tax base: