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Indiana Department of Revenue  
IT-6  
For Use of Tax Year 2025  
08/2024

**Blank for Extension Payments**

**Blank for Vouchers 1 - 4**

Cut on line before mailing

IT-6 0824

XXXXXBusinessNameXXXXXXXXXXXXXXXXX  
XXXXXAddressLine1XXXXXXXXXXXXXXXXX  
XXXXXAddressLine2XXXXXXXXXXXXXXXXX

Printed Name of Officer \_\_\_\_\_ Title \_\_\_\_\_

**6**

**Federal ID Number**                      **Due Date**  
999 99 9999                      99 99 9999

Signature of Officer \_\_\_\_\_ Title \_\_\_\_\_

**Voucher Number**                      **Calendar or Fiscal Year Ending**  
9                      XXX 9999

Date \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Enter Total Tax Below

INDIANA DEPARTMENT OF REVENUE  
P.O. BOX 6032  
INDIANAPOLIS, IN 46206-6032

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