

Blank for Extension Payments

Blank for Vouchers 1 - 4

Cut on line before mailing

IT-6 0824

Printed Name of Officer

Title

Federal ID Number

Due Date

6

Signature of Officer

Title

Voucher Number

Calendar or Fiscal Year Ending

Date _____ Daytime Phone _____

Enter Total Tax Below

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

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