

Indiana Partnership Return
for Calendar Year Ending December 31, 2024

2024

or Other Tax Year Beginning 99 99 2024 and Ending 99 99 9999

Check box if amended. [X] Check box if amendment is due to a federal audit. [X] Check box if name changed. [X]

Name of Partnership XXX Federal Employer Identification Number 9999999999

Number and Street XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX Principal Business Activity Code 99999999 Foreign Country 2-Character Code XX

City XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX State XX ZIP Code 99999999 2-Digit County Code XX Telephone Number 9999999999

A. Date of organization 99999999 In the State of XX

B. State of commercial domicile XX

C. Year of initial Indiana return 9999

D. Accounting method: Cash [X] Accrual [X] Other [X]

E. Check all boxes that apply to entity:

Initial Return [X] Final Return [X] In Bankruptcy [X] Composite Return [X] PTET Return [X]

F. Enter total number of partners: 9999 Enter number of nonresident partners: 9999

G. I have on file a valid extension of time to file my return (federal Form 7004 or an electronic extension of time). [X]

H. This partnership is a member of another partnership(s). [X]

I. This entity reports income from disregarded entities. [X]

J. Check box if claiming a credit on Schedule IT-20REC. [X]

Aggregate Partnership Distributive Share Income (see worksheet)

Round all entries

Table with 4 columns: Line number, Description, Amount, and Unit. Rows include total net income, addback/deduction details, and total partnership income.

Summary of Calculations

Table with 4 columns: Line number, Description, Amount, and Unit. Rows include sales/use tax due and amounts from various schedules.



04
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06

07	7. Total tax (add lines 5 and 6d). Caution: If line 7 is zero, see line 16 late file penalty _____	7	999999999999	.00
08	8. Total amount of pass-through withholding and PTET (enclose IN K-1 from the paying entity) _____	8	999999999999	.00
09	9. Total composite withholding IT-6WTH payments (see instructions) _____	9	999999999999	.00
10	10. Other payments/credits (enclose documentation) _____	10	999999999999	.00
11	11. EDGE credit. Enter the total EDGE credit amount claimed (line 19 on Schedule IN-EDGE) _____	11	999999999999	.00
12	12. EDGE-R credit. Enter the total EDGE-R credit amount claimed (line 19 on Schedule IN-EDGE-R) _____	12	999999999999	.00
13	13. Certified Credits. Enter the total of certified credits claimed from Schedule IN-OCC and enclose this schedule with your return _____	13	999999999999	.00
14	14. Subtotal (line 7 minus lines 8-13). If total is greater than zero, proceed to lines 15-17 _____	14	999999999999	.00
15	15. Interest: Enter total interest due; see instructions (contact the department for current interest rate) _____	15	999999999999	.00
16	16. Penalty: If paying late, enter 10% of line 14. If line 7 is zero, enter \$10 per day filed past the due date; see instructions _____	16	999999999999	.00
17	17. Total Amount Due (add lines 14-16). If less than zero, enter on line 18. Make payment in U.S. funds _____	17	999999999999	.00
18	18. Overpayment and Refund Amount (add lines 8-13, and then subtract lines 7, 15, and 16). No carryforward allowed _____	18	999999999999	.00

31 **Certification of Signatures and Authorization Section**

32 Under penalties of perjury, I declare I have examined this return, including all accompanying schedules and statements, and to the best
33 of my knowledge and belief it is true, correct, and complete.

34
35 Signature _____

35 Paid Preparer's Email Address XXXXXXXXXXXXXXXXXXXXXXXXXXXX

38 **I authorize the Department to discuss my return with my personal representative (see instructions).**

39 Yes No Date _____

40 **Personal Representative's Name** (please print)

41 XX

42 **Email Address** 99999999999999999999999999999999

43 **Signature of Corporate Officer** _____

44 **Print or Type Name of Corporate Officer**

45 XX

46 **Title**

47 XX

48 If you owe tax, please mail your return to IN Department of Revenue, PO Box 7205, Indianapolis, IN 46207-7205.

38 **Paid Preparer: Firm's Name** (or yours if self-employed)

39 XX

40 **Paid Preparer's Name**

41 XX

42 **PTIN** 999999999

43 **Telephone Number** 9999999999

44 **Address** XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

45 **City** XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

46 **State** XX **ZIP Code+4** 999999999

47 **Paid Preparer's Signature** _____

48 **Date** _____

49 If you do **not** owe any tax, mail it to IN Department of Revenue, PO Box 7147, Indianapolis, IN 46207-7147.

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