

Indiana Department of Revenue  
**Indiana Partnership Return**  
for Calendar Year Ending December 31, 2024

**2024**

or Other Tax Year Beginning   2024 and Ending

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

Name of Partnership  Federal Employer Identification Number

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

City  State  ZIP Code  2-Digit County Code  Telephone Number

A. Date of organization \_\_\_\_\_ In the State of \_\_\_\_\_

B. State of commercial domicile \_\_\_\_\_

C. Year of initial Indiana return \_\_\_\_\_

D. Accounting method: Cash  Accrual  Other

E. Check all boxes that apply to entity:

Initial Return  Final Return  In Bankruptcy  Composite Return  PTET Return

F. Enter total number of partners: \_\_\_\_\_ Enter number of nonresident partners: \_\_\_\_\_

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

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

I. This entity reports income from disregarded entities.

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

**Aggregate Partnership Distributive Share Income (see worksheet)**

**Round all entries**

- Total net income (loss) from U.S. partnership return, Form 1065 Schedule K (see instructions); use minus sign for negative amounts \_\_\_\_\_ 1  .00
- a. Enter name of addback or deduction (see instructions)  Code No.  2a  .00
- b. Enter name of addback or deduction  Code No.  2b  .00
- c. Enter name of addback or deduction  Code No.  2c  .00
- d. Enter the total amount of addbacks and deductions from any additional sheets (use a minus sign for negative amount) \_\_\_\_\_ 2d  .00
- Total partnership income, as adjusted (add lines 1 through 2d) \_\_\_\_\_ 3  .00
- Enter percentage for Indiana apportioned adjusted gross income from IT-65 Schedule E line 9, if applicable \_\_\_\_\_ 4  %

**Summary of Calculations**

- Sales/Use Tax Due \_\_\_\_\_ 5  .00
- a. Enter amount from line 15G of completed Schedule Composite \_\_\_\_\_ 6a  .00
- b. Enter amount from line 26E of completed Schedule Composite-COR \_\_\_\_\_ 6b  .00
- c. Enter amount from line 24D of completed Schedule PTET \_\_\_\_\_ 6c  .00
- Add amounts from lines 6a - 6c. Attach Schedule Schedule Composite/Composite-COR/PTET \_\_\_\_\_ 6d  .00



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

**Certification of Signatures and Authorization Section**

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

Signature

Paid Preparer's Email Address

<p><b>I authorize the Department to discuss my return with my personal representative (see instructions).</b></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> Date _____</p> <p><b>Personal Representative's Name</b> (please print)</p> <input type="text"/> <p>Email Address <input type="text"/></p> <p>Signature of Corporate Officer _____</p> <p>Print or Type Name of Corporate Officer</p> <input type="text"/> <p>Title</p> <input type="text"/> <p>If you owe tax, please mail your return to IN Department of Revenue, PO Box 7205, Indianapolis, IN 46207-7205.</p>	<p><b>Paid Preparer: Firm's Name</b> (or yours if self-employed)</p> <input type="text"/> <p><b>Paid Preparer's Name</b></p> <input type="text"/> <p>PTIN <input type="text"/></p> <p>Telephone Number <input type="text"/></p> <p>Address <input type="text"/></p> <p>City <input type="text"/></p> <p>State <input type="text"/> ZIP Code+4 <input type="text"/></p> <p>Paid Preparer's Signature _____</p> <p>Date _____</p> <p>If you do <b>not</b> owe any tax, mail it to IN Department of Revenue, PO Box 7147, Indianapolis, IN 46207-7147.</p>
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