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

43 **Cut on line before mailing**

44 -----
45 IT-6WTH 0824

47 XXXXXBusinessNameXXXXXXXXXXXXXXXX
48 XXXXXAddressLine1XXXXXXXXXXXXXXXX
49 XXXXXAddressLine2XXXXXXXXXXXXXXXX

Printed Name of Officer Title

51 **6W**

52 **Federal ID Number** **Due Date**
53 999 99 9999 99 99 9999

Signature of Officer Title

54 Date _____ Daytime Phone _____

55 **Calendar or Fiscal Year Ending**
56 XXX 9999

57 Enter Total Tax Below

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

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63 08999999999999999901699999999999999999
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