

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

Cut on line before mailing

IT-6WTH 0824

Printed Name of Officer

Title

**6W**

Signature of Officer

Title

Date \_\_\_\_\_

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

Federal ID Number

Due Date

Calendar or Fiscal Year Ending

Enter Total Tax Below

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

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