

Indiana Department of Revenue  
**Indiana Partnership Return**  
for Calendar Year Ending December 31, 2025

2025

or Other Tax Year Beginning

99

99

2025 and Ending

99

99

9999

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

XX

9999999999

Number and Street

Principal Business Activity Code

Foreign Country 2-Character Code

XXXXXXXXXXXXXXXXXXXXXXXXXXXX

99999999

XX

City

State

ZIP Code

2-Digit County Code

Telephone Number

XXXXXXXXXXXXXXXXXXXXXXXXXXXX

XX

99999999

XX

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 ☒ 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: 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). ☒

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

1. Total net income (loss) from U.S. partnership return, Form 1065 Schedule K (see instructions); use minus sign for negative amounts

1 9999999999 .00

2. a. Enter name of addback or deduction (see instructions) XXXXXXXX

Code # 999

2a 9999999999 .00

b. Enter name of addback or deduction XXXXXXXXXXXXXXXXXXXX

Code # 999

2b 9999999999 .00

c. Enter name of addback or deduction XXXXXXXXXXXXXXXXXXXX

Code # 999

2c 9999999999 .00

d. Enter the total amount of addbacks and deductions from any additional sheets (use a minus sign for negative amount)

2d 9999999999 .00

3. Total partnership income, as adjusted (add lines 1 through 2d)

3 9999999999 .00

4. Enter percentage for Indiana apportioned adjusted gross income from IT-65 Schedule E line 9, if applicable

4 999.99 %

**Summary of Calculations**

5. Sales/Use Tax Due

5 9999999999 .00

6. a. Enter amount from line 15G of completed Schedule Composite

6a 9999999999 .00

b. Enter amount from line 26E of completed Schedule Composite-COR

6b 9999999999 .00

c. Enter amount from line 24D of completed Schedule PTET

6c 9999999999 .00

d. Add amounts from lines 6a through 6c. Attach Schedule Composite/Composite-COR/PTET

6d 9999999999 .00



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7. Total tax (add lines 5 and 6d). Caution: If line 7 is zero, see line 16 late file penalty	7	9999999999	.00
8. Total amount of pass-through withholding and PTET (enclose IN K-1 from the paying entity)	8	9999999999	.00
9. Total composite withholding IT-6WTH payments (see instructions)	9	9999999999	.00
10. Other payments/credits (enclose documentation)	10	9999999999	.00
11. EDGE credit. Enter the total EDGE credit amount claimed (line 19 on Schedule IN-EDGE)	11	9999999999	.00
12. EDGE-R credit. Enter the total EDGE-R credit amount claimed (line 19 on Schedule IN-EDGE-R)	12	9999999999	.00
13. Certified Credits. Enter the total of certified credits claimed from Schedule IN-OCC and enclose this schedule with your return	13	9999999999	.00
14. Subtotal (line 7 minus lines 8 through 13). If total is greater than zero, proceed to lines 15 through 17	14	9999999999	.00
15. Interest: Enter total interest due; see instructions (contact the department for current interest rate)	15	9999999999	.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	9999999999	.00
17. Total Amount Due (add lines 14 through 16). If less than zero, enter on line 18. Make payment in U.S. funds	17	9999999999	.00
18. Overpayment and Refund Amount (add lines 8 through 13, and then subtract lines 7, 15, and 16). No carryforward allowed	18	9999999999	.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	XXXXXXXXXXXXXXXXXXXXXXXXXX
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<b>I authorize the Department to discuss my return with my personal representative (see instructions).</b>  Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Date _____  <b>Personal Representative's Name</b> (please print) XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  Email Address 99999999999999999999999999999999  Signature of Corporate Officer _____  Print or Type Name of Corporate Officer XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  Title XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  If you owe tax, please mail your return to Indiana Department of Revenue, PO Box 7205, Indianapolis, IN 46207-7205.	<b>Paid Preparer: Firm's Name</b> (or yours if self-employed) XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  <b>Paid Preparer's Name</b> XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  PTIN 999999999  Telephone Number 9999999999  Address XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  City XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  State XX ZIP Code+4 999999999  Paid Preparer's Signature _____  Date _____  If you do <b>not</b> owe any tax, mail it to Indiana Department of Revenue, PO Box 7147, Indianapolis, IN 46207-7147.
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