Indiana Department of Revenue
IT-6WTH
For Use of Tax Year 2026
08/2025

Cut on line before mailing

IT-6WTH 0825

XXXXXBusinessNameXXXXXXXXXXXXX
XXXXXAddressLine1XXXXXXXXXXXXX
XXXXXAddressLine2XXXXXXXXXXXXX

Printed Name of Officer | Title

6W

Signature of Officer | Title

Federal ID Number
999 99 9999

Due Date
99 99 9999

Date _____ Daytime Phone _____

Calendar or Fiscal Year Ending
XXX 9999

Enter Total Tax Below

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

_____.

08999999999999999016999999999999999999