

Schedule Composite

State Form 49188  
(R24 / 8-25)

Indiana Department of Revenue

Entity's Composite Indiana  
Adjusted Gross Income Tax Return

Entity's Tax Year 2025 or Other Year Beginning 2025 and Ending

|                |                                        |
|----------------|----------------------------------------|
| Name of Entity | Federal Employer Identification Number |
|----------------|----------------------------------------|

See instructions. Enclose with Form IT-20S, IT-65, or IT-41. Use additional sheets if necessary.

| Individual / Non-Corporate Entity Social Security Number or Federal Employer Identification Number                                            | Exception Code                          | State of Residency                                                    | Enter Pro Rata Share                                                                                                    | Composite Adjusted Gross, Pass Through Entity, and County Income Tax                         |                                                                 |                                | Total Tax                                                                                                                     |
|-----------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|-----------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|-----------------------------------------------------------------|--------------------------------|-------------------------------------------------------------------------------------------------------------------------------|
|                                                                                                                                               | A                                       | B                                                                     | C                                                                                                                       | D                                                                                            | E                                                               | F                              | G                                                                                                                             |
|                                                                                                                                               | Enter exception code (see instructions) | Enter the 2-character state of residency for each non-resident listed | Adjusted gross income attributed to Indiana from IT-20S / IT-65 IN K-1, Part 4, Line 9; or IT-41 IN K-1, Part 4, line 9 | State Tax. Multiply C by .03 (.0295 for years ending in 2026; leave blank if less than zero) | Pass Through Entity Tax (Enter total amount from Schedule PTET) | County Tax. (see instructions) | Enter partner/ shareholder/ beneficiary tax liability (D minus E plus F). (If E > D, enter F. Leave blank if less than zero.) |
| 1.                                                                                                                                            |                                         |                                                                       |                                                                                                                         |                                                                                              |                                                                 |                                |                                                                                                                               |
| 2.                                                                                                                                            |                                         |                                                                       |                                                                                                                         |                                                                                              |                                                                 |                                |                                                                                                                               |
| 3.                                                                                                                                            |                                         |                                                                       |                                                                                                                         |                                                                                              |                                                                 |                                |                                                                                                                               |
| 4.                                                                                                                                            |                                         |                                                                       |                                                                                                                         |                                                                                              |                                                                 |                                |                                                                                                                               |
| 5.                                                                                                                                            |                                         |                                                                       |                                                                                                                         |                                                                                              |                                                                 |                                |                                                                                                                               |
| 6.                                                                                                                                            |                                         |                                                                       |                                                                                                                         |                                                                                              |                                                                 |                                |                                                                                                                               |
| 7.                                                                                                                                            |                                         |                                                                       |                                                                                                                         |                                                                                              |                                                                 |                                |                                                                                                                               |
| 8.                                                                                                                                            |                                         |                                                                       |                                                                                                                         |                                                                                              |                                                                 |                                |                                                                                                                               |
| 9.                                                                                                                                            |                                         |                                                                       |                                                                                                                         |                                                                                              |                                                                 |                                |                                                                                                                               |
| 10.                                                                                                                                           |                                         |                                                                       |                                                                                                                         |                                                                                              |                                                                 |                                |                                                                                                                               |
| 11.                                                                                                                                           |                                         |                                                                       |                                                                                                                         |                                                                                              |                                                                 |                                |                                                                                                                               |
| 12.                                                                                                                                           |                                         |                                                                       |                                                                                                                         |                                                                                              |                                                                 |                                |                                                                                                                               |
| 13. Subtotal Column D, Column E, Column F, and Column G .....                                                                                 |                                         |                                                                       |                                                                                                                         |                                                                                              |                                                                 |                                |                                                                                                                               |
| 14. Carryover totals from Columns D, E, F, and G from additional sheets .....                                                                 |                                         |                                                                       |                                                                                                                         |                                                                                              |                                                                 |                                |                                                                                                                               |
| 15. Total tax (13G plus 14G). Enter this amount on line 15 of Form IT-20S; line 6a of Form IT-65; or, on Form IT-41, Schedule 1, line 2. .... |                                         |                                                                       |                                                                                                                         | Total Tax                                                                                    |                                                                 |                                |                                                                                                                               |



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