## 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 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						Total Tax
	Α	В	С	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 Co	olumn G						
14. Carryover totals from Columns D, E, F, and G fro	m additional shee	ets					
15. Total tax (13G plus 14G). Enter this amount on lii	ne 15 of Form IT-	20S; line 6a of F	orm IT-65; or, on F	Form IT-41, Sched	ule 1, line 2	Total Tax	

