| 01         |   |         |               |            |            |              |              |                 |               |               |         |
|------------|---|---------|---------------|------------|------------|--------------|--------------|-----------------|---------------|---------------|---------|
|            | 00000011111111111222222   |         |               |            |            |              |              |                 |               |               |         |
| 04         | 5678901234567890123456<br>Schedule E                              | 7890    | 112345<br>Ind | iana Depa  | artment    | of Revenue   | 23456<br>e   | 78901234.       | 00/890        | 123456/       | 0901234 |
| 05         | Form IT-20/20S/20NP/IT-65   | Ar      |               |            |            | me for I     |              | na              |               |               |         |
| 06         | State Form 49105<br>(R24 / 8-25)                                  |         |               |            | -          |              |              |                 |               |               |         |
| 07         | for Tax Year  | Beginni | ing 99        | 99         | 2025 a     | and Ending   | 99           | 99 9:           | 999           |               |         |
| 08         |   |         |               |            |            |              |              |                 |               |               |         |
| 09         | Name as shown on return   |         |               |            |            |              |              | Federal Employ  | yer Identific | ation Numb    | er      |
| 10         | xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx                           | (XXXX   | XXXXX         | XXXXXX     | (XXXX      | XXXXXXX      | XXX          | 99              | 9999999       | 99            |         |
| 12         | Each filing entity having income from                             |         |               |            |            |              |              |                 |               |               |         |
| 13         | financial institutions and certain insur                          |         |               |            |            |              | 1 1 1 1      |                 |               |               |         |
| 14         | Schedule E-7. Combined unitary filers                             |         | 1 1 1 1       |            |            |              |              |                 |               |               |         |
| 15         | Bulletin #12 and Tax Policy Directive                             | #6. Om  | it cents; p   | ercents sh | ould be i  | rounded two  | decim        | al places; read | apportionm    | ent instructi | ons.    |
| 16         |   | c a ::  |               |            |            |              |              |                 |               |               |         |
| 17         | Part I - Indiana Apportionment Sales / Receipts (less returns and | 1 1 1 7 |               | oss inco   | me         |              |              |                 |               |               |         |
| 19         | Include all non-exempt apportioned g                              |         |               | come Do    | not use n  | on-unitary r | artners      | hin income of n | reviously a   | pportioned    |         |
| 20         | income that must be separately report                             |         |               |            | 101 430 11 | on annary p  | Janunere     | inp income of p | reviously up  | Sportioned    |         |
| 21         |   |         |               |            |            |              |              |                 |               |               |         |
| 22         |   |         |               | umn A      |            |              | Colur        | nn B            |               | Column C      |         |
| 23         |   |         | Total Wit     | hin Indian | ıa         |              |              | hin and         |               | Indiana       |         |
| 24<br>25   | Sales delivered or shipped  |         |               |            |            | 0            | utside       | Indiana         | P             | ercentage     |         |
| 26         | to Indiana:   |         |               |            |            |              |              |                 |               |               |         |
| 27         | 1. Shipped from within  |         |               |            |            |              |              |                 |               |               |         |
| 28         | Indiana   | 1A      | 99999         | 999999     | 9.00       |              |              |                 |               |               |         |
| 29         |   |         |               |            |            |              |              |                 |               |               |         |
| 30         | 2. Shipped from outside   | 24      | 00000         | 999999     | 9.00       |              |              |                 |               |               |         |
| 31         | Indiana   | 2A      | 99993         | 999993     | 9.00       |              |              |                 |               |               |         |
| 33         | Sales shipped from Indiana to:                                    |         |               |            |            |              |              |                 |               |               |         |
| 34         | 3. The United States  |         |               |            |            |              |              |                 |               |               |         |
| 35         | government  | 3A      | 99999         | 999999     | 9.00       |              |              |                 |               |               |         |
| 36         | Purchasers in a state where                                       |         |               |            |            |              |              |                 |               |               |         |
| 37         | the taxpayer is not subject to                                    |         |               |            |            |              |              |                 |               |               |         |
| 38         | income tax (under P.L. 86-272) (for years beginning prior to      |         |               |            |            |              |              |                 |               |               |         |
| 40         | Jan. 1, 2016 only)  | 4A      | 99999         | 999999     | 00         |              |              |                 |               |               |         |
| 41         | Other:  |         |               |            |            |              |              |                 |               |               |         |
| 42         | 5. Interest and other receipts from                               |         |               |            |            |              |              |                 |               |               |         |
| 43         | extending credit attributed to                                    | -       | 00000         | 00000      |            |              |              |                 |               |               |         |
| 44         | Indiana  6. Other gross business receipts                         | 5A      | 99999         | 999999     | 9.00       |              |              |                 |               |               |         |
| 45<br>46   | not previously apportioned  | 6A      | 99990         | 999999     | 9.00       |              |              |                 |               |               |         |
|            |   | 0,1     |               |            |            |              |              |                 |               |               |         |
| 48         | received for insurance upon                                       |         |               |            |            |              |              |                 |               |               |         |
| 49         | property or risks in Indiana                                      | 7A      | 99999         | 999999     | 9.00       |              |              |                 |               |               |         |
| 50         |   |         |               |            |            |              |              |                 |               |               |         |
| 51         | receipts lines on 1A through 7A and enter in line 8A. Enter       |         |               |            |            |              |              |                 |               |               |         |
| 52         | all receipts on line 8B   | 8A      | 99999         | 999999     | 9.00       | <b>8B</b> 99 | 9999         | 99999.00        |               |               |         |
| 54         |   | 0,1     | 3333          |            | 7.00       | OB 33        |              | 33333.00        |               |               |         |
| 55         | Apportionment of income for                                       |         |               |            |            |              |              |                 |               |               |         |
| 56         | Indiana:  |         |               |            |            |              |              |                 |               |               |         |
| 57         | 9. Apportionment Percentage:                                      |         |               |            |            |              |              |                 |               |               |         |
| 58         | Divide line 8A by line 8B   |         |               |            |            |              |              |                 | 9C 9          | 999.99        | %       |
| 5 9<br>6 0 | (insert as percent, not decimal)                                  |         |               |            |            |              |              |                 | 90            | 777.77        | /0      |
| 61         |   |         |               |            |            |              |              |                 |               |               |         |
| 62         |   |         |               |            |            |              |              |                 |               |               |         |
| 63         |   |         |               |            | 42511169   |              | . = 141 1881 |                 |               |               |         |
| 64         |   |         |               |            |            |              |              |                 |               |               |         |
| 65         |   |         |               |            |            |              |              |                 |               |               |         |
| 66         |   |         |               |            |            |              |              |                 |               |               |         |

01 45678901234567890123456789012345678901234567890123456789012345678901234567890123456789012345 Schedule E 0405 Part II - Business/Other Income Questionnaire 06 1. List all business locations where the taxpayer has operations or partnership interests and indicate type of activities. 07 This section must be completed; attach additional sheets if necessary. 08 09 City State Nature of Business Activity 10 XX Registered to Files Returns Accepts X 13 Orders? Yes Do Business? Yes No in State? No Property in Property in Χ 15 No No State Leased? Yes State Owned? Yes 16 17 City State Nature of Business Activity 18 XX XXXXXXXXXXXXXXXXXXXXX 19 20 Files Returns Accepts Registered to X Χ Yes Orders? Do Business? Yes No in State? No Yes Property in Property in Χ State Leased? Yes No State Owned? Yes No 24 25 City State Nature of Business Activity 26 27 XX 28 Accepts Registered to Files Returns Χ Χ 29 No No Orders? Yes Do Business? Yes in State? Yes 30 Property in Property in X 31 State Leased? Yes No State Owned? Yes No 32 33 City State Nature of Business Activity 34 XX XXXXXXXXXXXXXXXXXXXX 35 36 Registered to Files Returns Accepts 37 Χ Orders? Do Business? No No Yes No Yes in State? Yes 38 Property in Property in 39 State Leased? No State Owned? Yes No Yes 40 41 2. Briefly describe the nature of Indiana business activities, including the exact title and principal business activity of any partnership 42 in which the taxpayer has an interest: 43 44 45 Indicate any partnership in which you have a unitary or general partnership relationship: 46  $\times$ 47 48 Briefly describe the nature of activities of sales personnel operating and soliciting business in Indiana: 49 50 51 5. Do Indiana receipts for line 3A include all sales shipped from Indiana to (1) the U.S. government; 52 or (2) locations where this taxpayer's only activity in the state of the purchaser consists of the mere 53 No solicitation of orders? If no, please explain. Yes 54

List the source of any directly allocated income from partnerships, estates, and trusts not in the taxpayer's apportioned tax base:

55 56

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