

Schedule E

Form IT-20/20S/20NP/IT-65

State Form 49105
(R24 / 8-25)

Indiana Department of Revenue

Apportionment of Income for Indiana

for Tax Year Beginning 99 99 2025 and Ending 99 99 9999

Name as shown on return

Federal Employer Identification Number

XX

9999999999

Each filing entity having income from sources both within and outside Indiana must complete an apportionment schedule except financial institutions and certain insurance companies that use a single receipts factor. Interstate transportation entities must use Schedule E-7. Combined unitary filers must use the apportioning method (relative formula percentage) as outlined in Information Bulletin #12 and Tax Policy Directive #6. Omit cents; percents should be rounded two decimal places; read apportionment instructions.

Part I - Indiana Apportionment of Adjusted Gross Income

Sales / Receipts (less returns and allowances)

Include all non-exempt apportioned gross business income. Do not use non-unitary partnership income of previously apportioned income that must be separately reported as allocated income.

Sales delivered or shipped to Indiana:

1. Shipped from within Indiana

1A 9999999999.00

2. Shipped from outside Indiana

2A 9999999999.00

Sales shipped from Indiana to:

3. The United States government

3A 9999999999.00

4. Purchasers in a state where the taxpayer is not subject to income tax (under P.L. 86-272) (for years beginning prior to Jan. 1, 2016 only)

4A 9999999999.00

Other:

5. Interest and other receipts from extending credit attributed to Indiana

5A 9999999999.00

6. Other gross business receipts not previously apportioned

6A 9999999999.00

7. Direct premiums and annuities received for insurance upon property or risks in Indiana

7A 9999999999.00

8. Total Receipts: Add column A receipts lines on 1A through 7A and enter in line 8A. Enter all receipts on line 8B

8A 9999999999.00

Column B
Total Within and
Outside Indiana

8B 9999999999.00

Column C
Indiana
Percentage

Apportionment of income for Indiana:

9. Apportionment Percentage: Divide line 8A by line 8B (insert as percent, not decimal)

9C 999.99 %



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1. List all business locations where the taxpayer has operations or partnership interests and indicate type of activities. This section must be completed; attach additional sheets if necessary.

City		State		Nature of Business Activity	
XXXXXXXXXXXXXXXXXXXXXXXXXX		XX		XX	
Accepts Orders?	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Registered to Do Business?	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Files Returns in State?	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Property in State Leased?	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Property in State Owned?	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

- [illegible]

4. Briefly describe the nature of activities of sales personnel operating and soliciting business in Indiana:
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5. Do Indiana receipts for line 3A include all sales shipped from Indiana to (1) the U.S. government; or (2) locations where this taxpayer's only activity in the state of the purchaser consists of the mere solicitation of orders? If no, please explain. ☒ Yes ☒ No

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