	SIMULATED DATA			
	2021 IT20S			
INDIANA PARTNERSHIP INCOME TAX TEST #4				
	OTHER TAX YEAR BEGIN DATE	03/01/20021		
	OTHER TAX YEAR END DATE	2/28/2022		
	NAME OF PARTNERSHIP	CARING HANDS		
	NAME OF FARTNERSHIP	CHIROPRACTIC		
	FEDERAL ID	354680258		
	ADDRESS NUMBER AND STREET	3175 MERIDIAN STREET		
	PRINCIPAL BUSINESS ACTIVITY CODE	621310		
	CITY	INDIANAPOLIS		
	STATE	IN		
	ZIP	46208		
	2-DIGIT COUNTY CODE	49		
	TELEPHONE	3179261871		
LINE K1	DATE OF INCORPORATION	1/1/2007		
LINE K2	STATE OF INCORPORATION	IN		
LINE L	STATE OF COMMERCIAL DOMICILE	IN		
LINE M	YEAR OF INITIAL INDIANA RETURN	2013		
LINE N1	CHECK BOX - CASH	Х		
LINE O4	CHECK BOX - COMPOSITE RETURN	Х		
LINE P1	TOTAL NUMBER OF PARTNERS	2		
LINE P2	NUMBER OF NONRESIDENT PARTNERS	2		
LINE R	ELECTED TO SUBJECT TO TAX PARTNERSHIP LEVEL	Х		
LINE S	MEMBER OF ANOTHER PARTNERSHIPS	Х		
LINE T	REPORTS INCOME FROM DISTREGARDED ENTITIES	Х		
LINE 1	TOTAL NET INCOME	16250		
LINE 2A.1	NAME OF ADDBACK OR DEDUCTION	INTREST		
LINE 2A.2	CODE	610		
LINE 2A.3	AMOUNT	-1750		
LINE 2B.1	NAME OF ADDBACK OR DEDUCTION	COVID ERV DEDUCTION		
LINE 2B.2	CODE	634		
LINE 2B.3	AMOUNT	-2500		
LINE 2C.1	NAME OF ADDBACK OR DEDUCTION	BUSINESS MEALS		
LINE 2C.2	CODE	149		
LINE 2C.3	AMOUNT	500		
LINE 5	SALES/USE TAX ON PURCHASES	111		
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SCH E		
LINE 1	SHIPPED FROM WITHIN INDIANA	1800
LINE 2	SHIPPED FROM OUTSIDE INDIANA	2000
LINE 5	INTEREST & OTHER RECEIPTS	1750
LINE 6	OTHER GROSS BUSINESS RECEIPTS	1000
LINE 8B	TOTAL RECEIPTS	25750
LINE 1A	LOCATION CITY AND STATE	SALEM
LINE 1B	STATE	MA
LINE 1C	NATURE OF BUSINESS ACTIVITY	621310
LINE 1D	ACCEPTS ORDERS	Υ
LINE 1E	REGISTERED TO DO BUSINESS	Υ
LINE 1F	FILES RETURNS IN STATE	N
LINE 1G	PROPERTY IN STATE LEASED	N
LINE 1H	PROPERTY IN STATE OWNED	N
LINE 2	NATURE OF BUSINESS	CHIROPRACTIC OFFICE
LINE 5A	CHECK BOX - INDIANA RECEIPTS	Υ
SCH EDGE		
LINE 1A	FEIN	354680258
LINE 1B	CERTIFICATION YEAR	2020
LINE 1C	PROJECT NUMBER	968765
LINE 1D	PROJECT PIN	41167000
LINE 1E	AMOUNT CLAIMED	2000
SCH EDGE R		
LINE 1A	FEIN	354680258
LINE 1B	CERTIFICATION YEAR	2020
LINE 1C	PROJECT NUMBER	971685
LINE 1D	PROJECT PIN	41177000
LINE 1E	AMOUNT CLAIMED	2000
SCH COMP		
LINE 1	ENTITY NAME	NANCY WILSON
LINE 1B	STATE OF RESIDENCY	WI
LINE 1C	ADJUSTED GROSS INCOME	1590
LINE 2	ENTITY NAME	SARA WILSON
LINE 2B	STATE OF RESIDENCY	WI
LINE 2C	ADJUSTED GROSS INCOME	1590

SCH K-1		
LINE 1	SHAREHOLDER/PARTNER NAME	NANCY WILSON
LINE 2	SHAREHOLDER/PARTNER FEIN/SSN	284156145
LINE 3	SHAREHOLDER/PARTNER PRO RATA PERCENTAGE	50%
LINE 6	SHAREHOLDER/PARTNER STATE	WI
LINE 7	INDIANA COUNTY OF PRINCIPAL EMPLOYMENT 2 DIGIT CODE	49
		CARING HANDS
LINE 8	PAYER'S NAME	CHIROPRACTIC
LINE 9	PAYER'S FEIN	354680258
LINE 1	ORDINARY BUSINESS INCOME (LOSS)	1844
LINE 5	INTEREST INCOME	223
PART 4		
LINE 4	INTEREST ON US OBLIGATIONS	-223
LINE 5A	ADDBACK/DEDUCTION NAME	BUSINESS MEALS
LINE 5B	ADDBACK/DEDUCTION CODE	149
LINE 5C	ADDBACK/DEDUCTION AMOUNT	64
		COVID ERC
LINE 6A	ADDBACK/DEDUCTION NAME	DEDUCTION
LINE 6B	ADDBACK/DEDUCTION CODE	634
LINE 6C	ADDBACK/DEDUCTION AMOUNT	-318
LIIVL OC	ABBRICKY BEBUCHUN ANNOUNT	310
SCH K-1	THE BUTCH OF THE CONTROL OF THE CONT	310
	SHAREHOLDER/PARTNER NAME	SARA WILSON
SCH K-1		
SCH K-1 LINE 1	SHAREHOLDER/PARTNER NAME	SARA WILSON
SCH K-1 LINE 1 LINE 2	SHAREHOLDER/PARTNER NAME SHAREHOLDER/PARTNER FEIN/SSN	SARA WILSON 284158579
SCH K-1 LINE 1 LINE 2 LINE 3	SHAREHOLDER/PARTNER NAME SHAREHOLDER/PARTNER FEIN/SSN SHAREHOLDER/PARTNER PRO RATA PERCENTAGE	SARA WILSON 284158579 50%
SCH K-1 LINE 1 LINE 2 LINE 3 LINE 6 LINE 7	SHAREHOLDER/PARTNER NAME SHAREHOLDER/PARTNER FEIN/SSN SHAREHOLDER/PARTNER PRO RATA PERCENTAGE SHAREHOLDER/PARTNER STATE INDIANA COUNTY OF PRINCIPAL EMPLOYMENT 2 DIGIT CODE	SARA WILSON 284158579 50% WI 49 CARING HANDS
SCH K-1 LINE 1 LINE 2 LINE 3 LINE 6 LINE 7	SHAREHOLDER/PARTNER NAME SHAREHOLDER/PARTNER FEIN/SSN SHAREHOLDER/PARTNER PRO RATA PERCENTAGE SHAREHOLDER/PARTNER STATE INDIANA COUNTY OF PRINCIPAL EMPLOYMENT 2 DIGIT CODE PAYER'S NAME	SARA WILSON 284158579 50% WI 49 CARING HANDS CHIROPRACTIC
SCH K-1 LINE 1 LINE 2 LINE 3 LINE 6 LINE 7	SHAREHOLDER/PARTNER NAME SHAREHOLDER/PARTNER FEIN/SSN SHAREHOLDER/PARTNER PRO RATA PERCENTAGE SHAREHOLDER/PARTNER STATE INDIANA COUNTY OF PRINCIPAL EMPLOYMENT 2 DIGIT CODE	SARA WILSON 284158579 50% WI 49 CARING HANDS
SCH K-1 LINE 1 LINE 2 LINE 3 LINE 6 LINE 7	SHAREHOLDER/PARTNER NAME SHAREHOLDER/PARTNER FEIN/SSN SHAREHOLDER/PARTNER PRO RATA PERCENTAGE SHAREHOLDER/PARTNER STATE INDIANA COUNTY OF PRINCIPAL EMPLOYMENT 2 DIGIT CODE PAYER'S NAME	SARA WILSON 284158579 50% WI 49 CARING HANDS CHIROPRACTIC
SCH K-1 LINE 1 LINE 2 LINE 3 LINE 6 LINE 7 LINE 8 LINE 9	SHAREHOLDER/PARTNER NAME SHAREHOLDER/PARTNER FEIN/SSN SHAREHOLDER/PARTNER PRO RATA PERCENTAGE SHAREHOLDER/PARTNER STATE INDIANA COUNTY OF PRINCIPAL EMPLOYMENT 2 DIGIT CODE PAYER'S NAME PAYER'S FEIN	SARA WILSON 284158579 50% WI 49 CARING HANDS CHIROPRACTIC 354680258
SCH K-1 LINE 1 LINE 2 LINE 3 LINE 6 LINE 7 LINE 8 LINE 9 LINE 1	SHAREHOLDER/PARTNER NAME SHAREHOLDER/PARTNER FEIN/SSN SHAREHOLDER/PARTNER PRO RATA PERCENTAGE SHAREHOLDER/PARTNER STATE INDIANA COUNTY OF PRINCIPAL EMPLOYMENT 2 DIGIT CODE PAYER'S NAME PAYER'S FEIN ORDINARY BUSINESS INCOME (LOSS)	SARA WILSON 284158579 50% WI 49 CARING HANDS CHIROPRACTIC 354680258 1845
SCH K-1 LINE 1 LINE 2 LINE 3 LINE 6 LINE 7 LINE 8 LINE 9 LINE 1 LINE 5	SHAREHOLDER/PARTNER NAME SHAREHOLDER/PARTNER FEIN/SSN SHAREHOLDER/PARTNER PRO RATA PERCENTAGE SHAREHOLDER/PARTNER STATE INDIANA COUNTY OF PRINCIPAL EMPLOYMENT 2 DIGIT CODE PAYER'S NAME PAYER'S FEIN ORDINARY BUSINESS INCOME (LOSS)	SARA WILSON 284158579 50% WI 49 CARING HANDS CHIROPRACTIC 354680258 1845
SCH K-1 LINE 1 LINE 2 LINE 3 LINE 6 LINE 7 LINE 8 LINE 9 LINE 1 LINE 5 PART 4	SHAREHOLDER/PARTNER NAME SHAREHOLDER/PARTNER FEIN/SSN SHAREHOLDER/PARTNER PRO RATA PERCENTAGE SHAREHOLDER/PARTNER STATE INDIANA COUNTY OF PRINCIPAL EMPLOYMENT 2 DIGIT CODE PAYER'S NAME PAYER'S FEIN ORDINARY BUSINESS INCOME (LOSS) INTEREST INCOME	SARA WILSON 284158579 50% WI 49 CARING HANDS CHIROPRACTIC 354680258 1845 222
SCH K-1 LINE 1 LINE 2 LINE 3 LINE 6 LINE 7 LINE 8 LINE 9 LINE 1 LINE 5 PART 4 LINE 4	SHAREHOLDER/PARTNER NAME SHAREHOLDER/PARTNER FEIN/SSN SHAREHOLDER/PARTNER PRO RATA PERCENTAGE SHAREHOLDER/PARTNER STATE INDIANA COUNTY OF PRINCIPAL EMPLOYMENT 2 DIGIT CODE PAYER'S NAME PAYER'S FEIN ORDINARY BUSINESS INCOME (LOSS) INTEREST INCOME	SARA WILSON 284158579 50% WI 49 CARING HANDS CHIROPRACTIC 354680258 1845 222
SCH K-1 LINE 1 LINE 2 LINE 3 LINE 6 LINE 7 LINE 8 LINE 9 LINE 1 LINE 5 PART 4 LINE 4 LINE 5A	SHAREHOLDER/PARTNER NAME SHAREHOLDER/PARTNER FEIN/SSN SHAREHOLDER/PARTNER PRO RATA PERCENTAGE SHAREHOLDER/PARTNER STATE INDIANA COUNTY OF PRINCIPAL EMPLOYMENT 2 DIGIT CODE PAYER'S NAME PAYER'S FEIN ORDINARY BUSINESS INCOME (LOSS) INTEREST INCOME INTEREST ON US OBLIGATIONS ADDBACK/DEDUCTION NAME	SARA WILSON 284158579 50% WI 49 CARING HANDS CHIROPRACTIC 354680258 1845 222 -222 BUSINESS MEALS
SCH K-1 LINE 1 LINE 2 LINE 3 LINE 6 LINE 7 LINE 8 LINE 9 LINE 1 LINE 5 PART 4 LINE 4 LINE 5A LINE 5B LINE 5C	SHAREHOLDER/PARTNER NAME SHAREHOLDER/PARTNER FEIN/SSN SHAREHOLDER/PARTNER PRO RATA PERCENTAGE SHAREHOLDER/PARTNER STATE INDIANA COUNTY OF PRINCIPAL EMPLOYMENT 2 DIGIT CODE PAYER'S NAME PAYER'S FEIN ORDINARY BUSINESS INCOME (LOSS) INTEREST INCOME INTEREST ON US OBLIGATIONS ADDBACK/DEDUCTION NAME ADDBACK/DEDUCTION CODE ADDBACK/DEDUCTION AMOUNT	SARA WILSON 284158579 50% WI 49 CARING HANDS CHIROPRACTIC 354680258 1845 222 -222 BUSINESS MEALS 149 63 COVID ERC
SCH K-1 LINE 1 LINE 2 LINE 3 LINE 6 LINE 7 LINE 8 LINE 9 LINE 1 LINE 5 PART 4 LINE 4 LINE 5A LINE 5B LINE 5C LINE 6A	SHAREHOLDER/PARTNER NAME SHAREHOLDER/PARTNER FEIN/SSN SHAREHOLDER/PARTNER PRO RATA PERCENTAGE SHAREHOLDER/PARTNER STATE INDIANA COUNTY OF PRINCIPAL EMPLOYMENT 2 DIGIT CODE PAYER'S NAME PAYER'S FEIN ORDINARY BUSINESS INCOME (LOSS) INTEREST INCOME INTEREST ON US OBLIGATIONS ADDBACK/DEDUCTION NAME ADDBACK/DEDUCTION AMOUNT ADDBACK/DEDUCTION NAME	SARA WILSON 284158579 50% WI 49 CARING HANDS CHIROPRACTIC 354680258 1845 222 -222 BUSINESS MEALS 149 63
SCH K-1 LINE 1 LINE 2 LINE 3 LINE 6 LINE 7 LINE 8 LINE 9 LINE 1 LINE 5 PART 4 LINE 4 LINE 5A LINE 5B LINE 5C	SHAREHOLDER/PARTNER NAME SHAREHOLDER/PARTNER FEIN/SSN SHAREHOLDER/PARTNER PRO RATA PERCENTAGE SHAREHOLDER/PARTNER STATE INDIANA COUNTY OF PRINCIPAL EMPLOYMENT 2 DIGIT CODE PAYER'S NAME PAYER'S FEIN ORDINARY BUSINESS INCOME (LOSS) INTEREST INCOME INTEREST ON US OBLIGATIONS ADDBACK/DEDUCTION NAME ADDBACK/DEDUCTION CODE ADDBACK/DEDUCTION AMOUNT	SARA WILSON 284158579 50% WI 49 CARING HANDS CHIROPRACTIC 354680258 1845 222 -222 BUSINESS MEALS 149 63 COVID ERC