

SIMULATED DATA		
2021 IT20S		
INDIANA PARTNERSHIP INCOME TAX		
TEST #4		
IT-65		DATA
	OTHER TAX YEAR BEGIN DATE	03/01/20021
	OTHER TAX YEAR END DATE	2/28/2022
	NAME OF PARTNERSHIP	CARING HANDS 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	X
LINE O4	CHECK BOX - COMPOSITE RETURN	X
LINE P1	TOTAL NUMBER OF PARTNERS	2
LINE P2	NUMBER OF NONRESIDENT PARTNERS	2
LINE R	ELECTED TO SUBJECT TO TAX PARTNERSHIP LEVEL	X
LINE S	MEMBER OF ANOTHER PARTNERSHIPS	X
LINE T	REPORTS INCOME FROM DISTREGARDED ENTITIES	X
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

<b>SCH E</b>		
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	Y
LINE 1E	REGISTERED TO DO BUSINESS	Y
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	Y
<b>SCH EDGE</b>		
LINE 1A	FEIN	354680258
LINE 1B	CERTIFICATION YEAR	2020
LINE 1C	PROJECT NUMBER	968765
LINE 1D	PROJECT PIN	41167000
LINE 1E	AMOUNT CLAIMED	2000
<b>SCH EDGE R</b>		
LINE 1A	FEIN	354680258
LINE 1B	CERTIFICATION YEAR	2020
LINE 1C	PROJECT NUMBER	971685
LINE 1D	PROJECT PIN	41177000
LINE 1E	AMOUNT CLAIMED	2000
<b>SCH COMP</b>		
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

<b>SCH K-1</b>		
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
LINE 8	PAYER'S NAME	CARING HANDS CHIROPRACTIC
LINE 9	PAYER'S FEIN	354680258
LINE 1	ORDINARY BUSINESS INCOME (LOSS)	1844
LINE 5	INTEREST INCOME	223
<b>PART 4</b>		
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
LINE 6A	ADDBACK/DEDUCTION NAME	COVID ERC DEDUCTION
LINE 6B	ADDBACK/DEDUCTION CODE	634
LINE 6C	ADDBACK/DEDUCTION AMOUNT	-318
<b>SCH K-1</b>		
LINE 1	SHAREHOLDER/PARTNER NAME	SARA WILSON
LINE 2	SHAREHOLDER/PARTNER FEIN/SSN	284158579
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
LINE 8	PAYER'S NAME	CARING HANDS CHIROPRACTIC
LINE 9	PAYER'S FEIN	354680258
LINE 1	ORDINARY BUSINESS INCOME (LOSS)	1845
LINE 5	INTEREST INCOME	222
<b>PART 4</b>		
LINE 4	INTEREST ON US OBLIGATIONS	-222
LINE 5A	ADDBACK/DEDUCTION NAME	BUSINESS MEALS
LINE 5B	ADDBACK/DEDUCTION CODE	149
LINE 5C	ADDBACK/DEDUCTION AMOUNT	63
LINE 6A	ADDBACK/DEDUCTION NAME	COVID ERC DEDUCTION
LINE 6B	ADDBACK/DEDUCTION CODE	634
LINE 6C	ADDBACK/DEDUCTION AMOUNT	-318