

Indiana Department of Revenue
Indiana Partnership Return
for Calendar Year Ending December 31, 2014

2014

or Other Tax Year Beginning 2014 and Ending

Check box if amended. Check box if name changed.

Name of Partnership Federal Identification Number

Number and Street Indiana County or O.O.S. Principal Business Activity Code

City State ZIP Code

Telephone Number K. Date of organization In the State of L. State of commercial domicile M. Year of initial Indiana return

N. Accounting method: Cash Accrual Other

O. Check all boxes that apply to entity: Initial Return Final Return In Bankruptcy Composite Return

P. Enter total number of partners: Enter number of nonresident partners:

Q. I have on file a valid extension of time to file my return (federal Form 7004 or an electronic extension of time). Y

R. This is a limited liability company electing partnership treatment on the federal return. Y

S. This partnership is a member of another partnership(s). Y T. This entity reports income from disregarded entities. Y

Round all entries

Aggregate Partnership Distributive Share Income (see worksheet)

1. Total net income (loss) from U.S. partnership return, Form 1065 Schedule K, lines 1 through 11 less line 12, and a portion of line 13 related to investment income (see instructions); use minus sign for negative amounts .00
2. a. Enter name of addback or deduction (see instructions) Code No. 2a .00
- b. Enter name of addback or deduction Code No. 2b .00
- c. Enter name of addback or deduction Code No. 2c .00
- d. Enter name of addback or deduction Code No. 2d .00
- e. Enter name of addback or deduction Code No. 2e .00
- f. Enter the total amount of addbacks and deductions from any additional sheets (use a minus sign for negative amount) 2f .00
3. Total partnership income, as adjusted (add lines 1 through 2f) 3 .00
4. Enter percentage for Indiana apportioned adjusted gross income from IT-65 Schedule E line 9, if applicable 4 %

Summary of Calculations

5. Sales/use tax due on purchases subject to use tax from Sales/Use Tax worksheet (from page 16) 5 .00
6. Total composite tax from completed Schedule IT-65COMP (15F). Attach schedule 6 .00



7. Total tax (add lines 5 and 6). Caution: If line 7 is zero, see line 16 late file penalty _____	7		.00
8. Total amount of withholding (enclose WH-18 statement(s) for composite members) _____	8		.00
9. Total composite withholding IT-6WTH payments (see instructions) _____	9		.00
10. Other payments/credits (enclose documentation) _____	10		.00
11. EDGE credit. Enter the total EDGE credit amount claimed (line 19 on Schedule IN-EDGE) _____	11		.00
12. EDGE-R credit. Enter the total EDGE-R credit amount claimed (line 19 on Schedule IN-EDGE-R) _____	12		.00
13. Certified Credits. Enter the total of certified credits claimed from Schedule IN-OCC and enclose this schedule with your return. _____	13		.00
14. Subtotal (line 7 minus lines 8-13). If total is greater than zero, proceed to lines 15-17 _____	14		.00
15. Interest: Enter total interest due; see instructions (contact the department for current interest rate) _____	15		.00
16. Penalty: If paying late, enter 10% of line 14. If line 7 is zero, enter \$10 per day filed past the due date; see instructions _____	16		.00
17. Penalty: If failing to include all nonresident partners on composite return, enter \$500; see instructions _____	17		.00
18. Total Amount Due (add lines 14-17). If less than zero, enter on line 19. Make payment in U.S. funds _____	18		.00
19. Overpayment and Refund Amount (add lines 8-13, and then subtract lines 7, 15, 16, and 17). No carryforward allowed. _____	19		.00

Certification of Signatures and Authorization Section

Under penalties of perjury, I declare I have examined this return, including all accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete.

Paid Preparer's _____
Email Address _____

<p>I authorize the Department to discuss my return with my personal representative (see instructions).</p> <p><input type="checkbox"/> Y <input type="checkbox"/> N Date _____</p> <p>Personal Representative's Name (please print)</p> <p>_____</p> <p>Email Address _____</p> <p>Signature of Corporate Officer _____</p> <p>Print or Type Name of Corporate Officer</p> <p>_____</p> <p>Title</p> <p>_____</p> <p>If you owe tax, please mail your return to IN Department of Revenue, PO Box 7205, Indianapolis, IN 46207-7205.</p>	<p>Paid Preparer: Firm's Name (or yours if self-employed)</p> <p>_____</p> <p>Paid Preparer's Name</p> <p>_____</p> <p>PTIN _____</p> <p>Telephone Number _____</p> <p>Address _____</p> <p>City _____</p> <p>State _____ Zip Code+4 _____</p> <p>Paid Preparer's Signature _____</p> <p>Date _____</p> <p>If you do not owe any tax, mail it to IN Department of Revenue, PO Box 7147, Indianapolis, IN 46207-7147.</p>
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IT-20S/IT-65 2014 Schedule IN K-1

State Form 49181 (R14 / 8-14)

Indiana Department of Revenue

Shareholder's/Partner's Share of Indiana Adjusted Gross Income, Deductions, Modifications, and Credits

Tax Year Beginning 2014 and Ending

Name of S Corporation/Partnership	Federal Identification Number
<p>Distributions - Provide IN K-1 to each shareholder/partner. Enclose IN K-1 with IT-20S/IT-65 return. For information on the acceptable electronic data file format, visit the department's website at www.in.gov/dor/3772.htm. Pro rata amounts for lines 1 through 26 of any nonresident shareholder/partner must be multiplied by the Indiana apportionment percent, if applicable, from IT-20S/IT-65, line 4.</p>	
<p>Part 1 – Shareholder/Partner's Identification Section</p>	
<p>(a) If shareholder/partner is an individual (please print clearly) Last Name: _____ First Name: _____ a1 _____ a2 _____ a3</p>	Social Security Number:
<p>(b) If shareholder/partner is an other entity (please print clearly) Name: _____ b1 _____ b2</p>	Federal Identification Number:
<p>(c) Shareholder/partner's state of residence or commercial domicile..... c1</p>	
<p>(d) Indiana tax withheld for nonresident shareholder/partner (on WH-18 or IT-6WTH)..... d Enter federal ID number of the entity remitting withholding _____</p>	00
<p>(e) Shareholder/partner's federal pro rata percentage e</p>	%
<p>(f) Shareholder/partner's tax as computed on IT-20SCOMP/IT-65COMP Column F..... f</p>	00
<p>Part 2 - Distributive Share Amount (use apportioned figures for nonresident shareholders/partners)</p>	
1. Ordinary business income (loss).....	00
2. Net rental real estate income (loss)	00
3. Other net rental income (loss).....	00
4. Guaranteed payments (for IT-65 filers only; if filing IT-20S, skip to line 5)	00
5. Interest income.....	00
6. Ordinary dividends	00
7. Royalties	00
8. Net short-term capital gain (loss)	00
9. Net long-term capital gain (loss)	00
10. Net IRC Section 1231 gain (loss)	00
11. Other income (loss)	00
12. IRC Section 179 expense deduction.....	00
13a. Portion of expenses related to investment portfolio income, including investment interest expense and other (federal nonitemized) deductions.....	00
13b. Other information from line 20 of federal K-1 related to investment interest and expenses not listed elsewhere	00
14. Total pro rata distributions (Add lines 1 through 11; subtract lines 12, 13a, and 13b when applicable.)	00

Continued on next page ►

Part 3 - State Modifications Add or subtract the following. Designate the distributive share amount of each modification for Indiana adjusted gross income from line 2 on the front of Form IT-20S/IT-65. For nonresidents, apply apportioned figures. (Use a minus sign to denote negative amounts.)			
15. State income taxes deducted.....		00	
16. Net bonus depreciation allowance		00	
17. Excess IRC Section 179 deduction		00	
18. Interest on U.S. obligations		00	
19. Addback/Deduction _____ Code: _____		00	
20. Addback/Deduction _____ Code: _____		00	
21. Addback/Deduction _____ Code: _____		00	
22. Addback/Deduction _____ Code: _____		00	
23. Addback/Deduction _____ Code: _____		00	
24. Addback/Deduction _____ Code: _____		00	
25. Addback/Deduction _____ Code: _____		00	
26. Addback/Deduction _____ Code: _____		00	
27. Total distributive share of modifications (add lines 15 through 26 and carry total to Column B on Schedule IT-20SCOMP/IT-65COMP).....		00	
Part 4 - Pro Rata Share of Indiana Pass-through Tax Credits from S Corporation/Partnership			
28. Enter the name of the tax credit program, its three-digit ID code, and the dollar amount. Add all amounts on line 28 and enter that total on line 19 of the IT-20S or line 10 of the IT-65. (Enter all EDGE/EDGE-R credits and certified credits from Schedule IN-OCC on lines 29-31.)			
Name of Credit:	ID Code:		
a _____	b _____	c _____	00
d _____	e _____	f _____	00
29. EDGE credit. See instructions. Add the amounts on line 29 and enter them on line 20 of the IT-20S or line 11 of the IT-65. Enter the IEDC project number below.			
a _____	b _____		00
c _____	d _____		00
30. EDGE-R credit. See instructions. Add the amounts on line 30 and enter them on line 21 of the IT-20S or line 12 of the IT-65. Enter the IEDC project number below.			
a _____	b _____		00
c _____	d _____		00
31. For any other certified credits, enter the three-digit ID code, the certification ID from Schedule IN-OCC, and the dollar amount of the distributive share for each credit. Add the amounts on line 31 and enter them on line 22 of the IT-20S or line 13 of the IT-65.			
ID Code:	Certification Number:	Certification Year	
a _____	b _____	c _____	d _____
e _____	f _____	g _____	h _____
			00
			00



Worksheet for Partnership Distributive Share Income, Deductions and Credits

Use this worksheet to compute the entry for line 1 of Form IT-65 and to assist in computing amounts reported on Schedule IN K-1. Enter the total distributive share of income from each item as reportable on Form 1065, Schedule K. Do not complete Column B and C entry lines unless the partnership received distributive share or tiered income from other entities.

Distributive Share Amounts:

Partnership's Distributive Share of Items

- 1. Ordinary business income (loss)
- 2. Net rental real estate income (loss)
- 3. Other net rental income
- 4. Guaranteed payments
- 5. Interest Income
- 6a. Ordinary dividends
- 7. Royalties
- 8. Net Short-term capital gain (loss)
- 9a. Net long-term capital gain (loss)
- 10. Net IRC Section 1231 gain (loss)
- 11. Other income (loss)

Less allowable deductions for state tax purposes:

- 12. IRC Section 179 expense deduction
- 13A. Portion of expenses related to investment portfolio income including investment interest expense and other (federal non-itemized) deductions
- 13B. Other information from line 20 of federal K-1 related to investment interest and expenses not listed elsewhere
- 14. **Carry total on line 14A to Form IT-65 line 1, on front page of return**
- 15. Total of Indiana state modifications to distributive share income (see line 2, Form IT-65)
- 16. Net other Indiana adjusted gross income distributions from partnerships, estates, and trusts (add line 14C and 15C)
- 17. Enter amount of Indiana pass-through credits attributed from other partnerships, estates, and trusts, if any

A. Partnership Income All Sources		B. Distributions from Partnerships/ Estates/Trusts Everywhere		C. Distributions Attributed to Indiana	
		Enter for line 14B below total distributive share income received by the partnership from all other non-unitary partnerships, estates, and trusts. Enter for line 15B an amount equal to required state modifications for Indiana Adjusted Gross Income (see page 7 instructions).		Enter for line 14C below, total distributive share income received by the partnership from other partnerships, estates, and trusts that were derived from or allocated to Indiana. Enter for line 15C an amount equal to the Indiana modifications to adjusted gross income attributed to Indiana.	
		↓		↓	
14A		14B		14 C	
		15B		15 C	
				16 C	
				17 C	

Worksheet for Apportioning Partnership Income for Unitary Corporate Partners

Use the worksheet whenever partnership income is being distributed to a corporate partner having a unitary relationship with the partnership. A unitary business relationship means maintaining business activities or operations that are of mutual benefit, dependent upon, or contributory to one another in transacting business between a corporate partner and the partnership. Unity may be established whenever there is unity of operation and use evidenced by centralized management or executive force, centralized purchasing, advertising, accounting, or other controlled interaction between a corporate partner and the partnership.

If a corporate partner and a partnership maintain a unitary business relationship as described above, the partnership distribution shall be distributed to the partner without any apportionment by the partnership. If the partner derives income from sources both within and outside Indiana and is required to apportion its income, the partner's apportionment factor shall include the partner's proportionate share of the apportionment factor of the partnership.

Use the following table to show apportionment factor's values from the partnership assigned to the unitary corporate partner. Partnerships deriving income from sources both within and outside Indiana or having any corporate partners must complete the Apportionment Schedule E.

Enter the partner's pro rata amounts as determined by the partnership entity's completed Apportionment Schedule E. Duplicate this worksheet for each corporate partner. (These amounts are to be included with the corporate partner's own apportionment factor.)

Apportionment Schedule E:	Receipts Factors	
Total from Indiana Sources	Line 1A	
Total from All States	Line 1B	



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Schedule E

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

State Form 49105

(R13 / 8-14)

For Tax Year Beginning

Name as shown on return

**Indiana Department of Revenue
Apportionment of Income for Indiana**

2014 and Ending

Federal Identification Number

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.

	Column A Total Within Indiana	Column B Total Within and Outside Indiana	Column C Indiana Percentage
Sales delivered or shipped to Indiana:			
1. Shipped from within Indiana.....	00		
2. Shipped from outside Indiana.....	00		
Sales shipped from Indiana to:			
3. The United States government.....	00		
4. Purchasers in a state where the taxpayer is not subject to income tax (under P.L. 86-272).....	00		
Other:			
5. Interest & other receipts from extending credit attributed to Indiana.....	00		
6. Other gross business receipts not previously apportioned.....	00		
7. Direct premiums and annuities received for insurance upon property or risks in Indiana.....	00		
8. Total Receipts: Add column A receipts lines on 1A through 7A and enter in line 8A. Enter all receipts on line 8B.....	00	00	

Apportionment of income for Indiana:

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

Part II - Business/Other Income Questionnaire

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.

(a) Location City and State	(b) Nature of Business Activity at Location	(c) Accepts Orders?		(d) Registered to Do Business?		(e) Files Returns in State?		Property in State			
		Yes	No	Yes	No	Yes	No	(f) Leased?		(g) Owned?	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No

2. Briefly describe the nature of Indiana business activities, including the exact title and principal business activity of any partnership in which the taxpayer has an interest:

3. Indicate any partnership in which you have a unitary or general partnership relationship:

4. Briefly describe the nature of activities of sales personnel operating and soliciting business in Indiana:

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? Y N If no, please explain:

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



Name of Partnership	Federal Identification Number
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Partners' Composite Indiana Adjusted Gross Income Tax Return

Partnership's Tax Year **2014** or Other Year Beginning 2014 and Ending

See instructions. Enclose with Form IT-65 (use additional sheets if necessary).

For any partner who has opted out of the composite return or is excluded from it, please check the box in Column G (see instructions).

	Enter Pro Rata Share		Composite Adjusted Gross Income Tax			Total Tax	Excluded from Composite
	A	B	C	D	E	F	G
	Apportioned distributive income attributed to Indiana from IN K-1, line 14	Indiana modifications from IN K-1, line 27	Adjusted gross income (Add A + B)	State tax multiply C x 3.4% (cannot be less than zero)	County tax multiply C by nonresident county tax rate (if applicable)	Enter Partners tax liability (D + E)	Check box if excluded from composite
Name							
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
13. Subtotals for columns D, E, and F							
14. Carryover totals from additional sheets							
15. Total tax (13F + 14F).....							
Carry total tax and credits from line 15F to Summary of Calculations.						Enter total tax on Form IT-65, line 6.	

