

Indiana Department of Revenue
Indiana Partnership Return
for Calendar Year Ending December 31, 2015

2015

or Other Tax Year Beginning 2015 and Ending

Check box if amended.

Check box if name changed.

Name of Partnership Federal Identification Number

Number and Street IN County or 00 for 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. .00
- b. Enter name of addback or deduction Code. No. .00
- c. Enter name of addback or deduction Code. No. .00
- d. Enter name of addback or deduction Code. No. .00
- e. Enter name of addback or deduction Code. No. .00
- f. Enter the total amount of addbacks and deductions from any additional sheets (use a minus sign for negative amount) .00
3. Total partnership income, as adjusted (add lines 1 through 2f) .00
4. Enter percentage for Indiana apportioned adjusted gross income from IT-65 Schedule E line 9, if applicable %

Summary of Calculations

5. Sales/use tax due on purchases subject to use tax from Sales/Use Tax worksheet (from page 16) .00
6. Total composite tax from completed Schedule Composite (15F). Attach schedule .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 pass-through withholding (enclose IN K-1 from the paying entity) _____ | 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> |
|---|---|

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

Tax Year Beginning 2015 and Ending

Name of S Corporation/Partnership Federal Identification Number

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 23 of any nonresident shareholder/partner must be multiplied by the Indiana apportionment percent, if applicable, from IT-20S/IT-65, line 4.

Part 1 – Shareholder/Partner's Identification Section

1. Shareholder/Partner Name Check if amended

2. Shareholder/Partner Federal ID or Social Security Number

3. Shareholder/Partner Federal Pro Rata Percentage . %

4. Shareholder/Partner State of Residence or Commercial Domicile

5. Payer's Name

6. Payer's Federal ID

| | | | |
|---------------------------|----------------------|----------------------|-----|
| 7. Amount of Distribution | <input type="text"/> | <input type="text"/> | .00 |
| 8. IN State Tax Withheld | <input type="text"/> | <input type="text"/> | .00 |
| 9. IN County Tax Withheld | <input type="text"/> | <input type="text"/> | .00 |

Part 2 - Pro Rata Share of Indiana Pass-through Tax Credits from S Corporation/Partnership

| | Column A IT-20S/IT65 Federal ID# if Credit Is from IN K-1 | Column B Certification Year | Column C Certification/Project Number | Column D Tax Credit Code | Column E Amount Claimed |
|----|--|--|--|---------------------------------------|-----------------------------------|
| 1. | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> .00 |
| 2. | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> .00 |
| 3. | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> .00 |
| 4. | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> .00 |
| 5. | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> .00 |

Continued on next page



Part 3 - Distributive Share Amount (use apportioned figures for nonresident shareholders/partners)

| | | | |
|---|-----|--|-----|
| 1. Ordinary business income (loss) _____ | 1 | | .00 |
| 2. Net rental real estate income (loss) _____ | 2 | | .00 |
| 3. Other net rental income (loss) _____ | 3 | | .00 |
| 4. Guaranteed payments (for IT-65 filers only; if filing IT-20S, skip to line 5) _____ | 4 | | .00 |
| 5. Interest income _____ | 5 | | .00 |
| 6. Ordinary dividends _____ | 6 | | .00 |
| 7. Royalties _____ | 7 | | .00 |
| 8. Net short-term capital gain (loss) _____ | 8 | | .00 |
| 9. Net long-term capital gain (loss) _____ | 9 | | .00 |
| 10. Net IRC Section 1231 gain (loss) _____ | 10 | | .00 |
| 11. Other income (loss) _____ | 11 | | .00 |
| 12. IRC Section 179 expense deduction _____ | 12 | | .00 |
| 13. a. Portion of expenses related to investment portfolio income, including investment interest expense and other (federal nonitemized) deductions _____ | 13a | | .00 |
| b. Other information from line 20 of federal K-1 related to investment interest and expenses not listed elsewhere _____ | 13b | | .00 |
| 14. Total pro rata distributions (add lines 1 through 11; subtract lines 12, 13a, and 13b when applicable) _____ | 14 | | .00 |

Part 4 - 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 _____ | 15 | | .00 |
| 16. Net bonus depreciation allowance _____ | 16 | | .00 |
| 17. Excess IRC Section 179 deduction _____ | 17 | | .00 |
| 18. Interest on U.S. obligations _____ | 18 | | .00 |
| 19. Addback/Deduction _____ Code No. <input type="text"/> | 19 | | .00 |
| 20. Addback/Deduction _____ Code. No. <input type="text"/> | 20 | | .00 |
| 21. Addback/Deduction _____ Code. No. <input type="text"/> | 21 | | .00 |
| 22. Addback/Deduction _____ Code No. <input type="text"/> | 22 | | .00 |
| 23. Addback/Deduction _____ Code No. <input type="text"/> | 23 | | .00 |
| 24. Total distributive share of modifications (add lines 15 through 23 and carry total to Column B on Schedule Composite) _____ | 24 | | .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 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. | |
| | | Enter for line 15B an amount equal to required state modifications for Indiana Adjusted Gross Income (see page 7 instructions). | | | |
| | | ↓ | | ↓ | |
| 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 | |



2410000000

Indiana Department of Revenue
Apportionment of Income for Indiana

for Tax Year Beginning 2015 and Ending

Name as shown on return

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 | <input type="text"/> .00 | | |
| 2. Shipped from outside Indiana | <input type="text"/> .00 | | |
| Sales shipped from Indiana to: | | | |
| 3. The United States government | <input type="text"/> .00 | | |
| 4. Purchasers in a state where the taxpayer is not subject to income tax (under P.L. 86-272) | <input type="text"/> .00 | | |
| Other | | | |
| 5. Interest & other receipts from extending credit attributed to Indiana | <input type="text"/> .00 | | |
| 6. Other gross business receipts not previously apportioned | <input type="text"/> .00 | | |
| 7. Direct premiums and annuities received for insurance upon property or risks in Indiana | <input type="text"/> .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 <input type="text"/> .00 | 8B <input type="text"/> .00 | |
| Apportionment of income for Indiana: | | | |
| 9. Apportionment Percentage: Divide line 8A by line 8B (insert as percent, not decimal) | | | <input type="text"/> % |



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.

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

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

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

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



Schedule Composite

State Form 49188
(R14 / 8-15)

Indiana Department of Revenue

| | |
|----------------|-------------------------------|
| Name of Entity | Federal Identification Number |
|----------------|-------------------------------|

Entity's Composite Indiana Adjusted Gross Income Tax Return

Entity's Tax Year **2015** or Other Year Beginning 2015 and Ending

See instructions. Enclose with Form IT-20S, IT-65, or IT-41. Use additional sheets if necessary.

| | Enter Pro Rata Share | | Composite Adjusted Gross Income Tax | | | Total Tax |
|---|---|---|-------------------------------------|--|--|--------------------------------------|
| | A | B | C | D | E | F |
| | Apportioned distributive income attributed to Indiana from IN K-1, line 14, or IT-41 IN-K1, line 18 | Indiana modifications from IN K-1, line 24, or IT-41 IN-K1, line 26 | Adjusted gross income (Add A + B) | State tax multiply C x current tax rate (cannot be less than zero) | County tax multiply C by nonresident county tax rate (if applicable) | Enter entity's tax liability (D + E) |
| 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 line 14 of Form IT-20S, line 6 of Form IT-65, or line 11 of Form IT-41. | | |

