



Indiana Department of Revenue  
**Nonresident Race Team Members' Composite Indiana  
Adjusted Gross Income Tax Return**

Race Team Name: \_\_\_\_\_

Federal Employer Identification Number (FEIN): \_\_\_\_\_

Tax Year: \_\_\_\_\_

Taxpayer Identification Number (TID): \_\_\_\_\_

See instructions. Use additional sheets if necessary.

			Race Team Income		Composite Adjusted Gross Income Tax			Total Tax	Affidavit
			A	B	C	D	E	F	G
Race Team Member Name	SSN/TID/ITIN (include one or the other)	Relationship Type Employee (EE) Independent Contractor (IC)	Race Team Income	Duty Days Ratio	Adjusted Gross Income (A * B)	Indiana Tax (Multiply C by State Tax Rate)	County Tax (Multiply C by County Tax Rate (if applicable))	Enter Nonresident Individual's Tax Liability (D + E)	Signed Affidavit From Nonresident Race Team Member
1.									<input type="checkbox"/>
2.									<input type="checkbox"/>
3.									<input type="checkbox"/>
4.									<input type="checkbox"/>
5.									<input type="checkbox"/>
6.									<input type="checkbox"/>
7.									<input type="checkbox"/>
8.									<input type="checkbox"/>
9.									<input type="checkbox"/>
10.									<input type="checkbox"/>
11.									<input type="checkbox"/>
12.									<input type="checkbox"/>
13. Subtotals for Columns D, E, and F.....						13D	13E	13F	
14. Carryover Totals from Additional Sheets .....						14D	14E	14F	
15. Total Tax (13F + 14F).....									
16. Total Withholding Credits (attach tax withholding statements).....									
17. Total Tax Due With Return (line 15-16) (cannot be less than zero).....									

# Instructions for Completing Nonresident Race Team Members' Composite Indiana Adjusted Gross Income Tax Return

A Race Team with Race Team Members who are nonresidents of Indiana may file a composite return to report the withholding for the nonresident individual employees or independent contractors who elect to be included in the composite return by signing an Indiana Composite Filing Affidavit (State Form 56052).

"Race team members" includes employees or independent contractors who render services on behalf of the race team. The term includes, but is not limited to drivers, pit crew members, mechanics, technicians, spotters, crew chiefs, and any other individual whose activities directly impact the race car during a race, practice, qualification, training, and testing. For more information, see Income Tax Information Bulletin #88B at [www.in.gov/dor/files/reference/ib88B.pdf](http://www.in.gov/dor/files/reference/ib88B.pdf).

## Filing Requirements for Composite Return

Only nonresident individuals who do not have any other Indiana source income may elect to be included on the composite tax return. Thus, a Race Team may only include nonresident individuals on the composite return from whom it receives a properly completed Indiana Composite Filing Affidavit (State Form 56052). Please submit the completed composite return with your WH-3 and mail a copy of the composite return to the Indiana Department of Revenue P.O. Box 6194, Indianapolis, IN 46206-6194.

## Instructions for Completing Composite Return

Indicate the name of each nonresident Race Team Member, the Social Security number, Indiana Taxpayer Identification Number, or Individual Taxpayer Identification Number of each Race Team Member, and the Race Team Member's status as an employee or independent contractor.

**Note:** The name of all nonresident Race Team Members of reverse credit agreement states who are subject to and pay income taxes still must be listed on the composite return. Those Race Team Members who are employees of the Race Team paying the state income tax to reverse credit agreement states at rates of 3.23% or higher still must be listed on the composite return but are listed with no withholding tax due. For those Race Team Members who are employees of the Race Team paying the state income tax to reverse credit agreement states at rates less than 3.23%, list the withholding tax due as the difference between Indiana's and that state's rate. For those Race Team Members who are independent contractors of the Race Team paying the state income tax to reverse credit agreement states, the full amount of Indiana withholding tax is due.

**Column A.** Enter the Race Team Member's race team income.

**Column B.** Enter the Race Team Member's duty days ratio. This should be the same as that reported on the MSR-1.

**Column C. Calculate** the amount of Indiana adjusted gross income for each Race Team Member as apportioned based upon the duty days ratio (Column A multiplied by Column B).

**Column D.** Multiply the adjusted gross income by the Indiana individual tax rate.

**Column E.** If, on January 1, a nonresident Race Team Member is engaged in principal work activity in an Indiana county with an adopted tax rate, the county tax should be calculated. Multiply Column C by the applicable county tax rate. Use the county income tax chart as directed on Form IT-40PNR to verify the county's tax rate. Indiana individual income tax forms are available on the Indiana Department of Revenue's website at [www.in.gov/dor/tax-forms/](http://www.in.gov/dor/tax-forms/).

**Column F.** The amount of the nonresident Race Team Member's tax liability is the state tax plus county tax (Column D + Column E).

**Column G. Check the box to affirm the Race Team received the completed** Indiana Composite Filing Affidavit (State Form 56052) **from the nonresident Race Team Member.**

**Note:** A Form W-2 or Form 1099-NEC for each Race Team Member is not required to be enclosed but must be made available for inspection upon request by the department. **If you have any questions, contact the department at [motorsports@dor.in.gov](mailto:motorsports@dor.in.gov).**

**Line 13.** Enter the subtotals for columns D, E, and F.

**Line 14. If applicable,** enter the carryover totals from additional sheets for columns D, E, and F.

**Line 15.** Enter the total tax due from adding 13F and 14F.

**Line 16.** Enter the amount of withholding credits from all tax withholding statements received from Indiana racing bodies. Attach copies of the tax withholding statements to the composite return to verify the credit. If tax withholding statements are not attached, no credit is allowed.

**Line 17.** Enter the total amount of tax due with the composite return by subtracting Line 16 from Line 15 (Line 15 – Line 16). This amount cannot be less than zero. No refunds are issued from this composite form. In order to obtain a refund of the credits in excess of the amount of tax due, the Race Team must file a Form GA-110L to request the refund. The Form GA-110L is available on the department's website at [www.in.gov/dor/tax-forms/business-tax-forms/](http://www.in.gov/dor/tax-forms/business-tax-forms/).