

or Other Tax Year Beginning 2017 and Ending

Check box if amended.

Check box if name changed.

Name of Partnership Federal Identification Number

Number and Street Enter 2-Digit County Code 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 U. Check box if claiming a credit on Form IT-20REC

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 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 2d) .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. a. Enter amount from line 15F of completed Schedule Composite .00
- b. Enter amount from line 29D of completed Schedule Composite-COR .00
- c. Add amounts from lines 6a. and 6b. Attach Schedule Composite/Schedule Composite-COR .00



7. Total tax (add lines 5 and 6c). 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>
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