



Indiana Department of Revenue
**Indiana Voluntary Disclosure Initiative for
On-Line Sellers Using Third-Party
Warehouses Located in Indiana**

Customer Information

Business Name (or Individual Name)	DBA Name	Federal ID Number or Social Security Number	
Mailing Address	City	State	ZIP Code
Contact Name	Title	Phone Number	Email Address

Customer Responsibilities

The customer will complete this agreement in full, disclosing their identity to the Indiana Department of Revenue, and return the agreement via U.S. Mail or email using the below addresses. Once the Department signs and returns the executed agreement, the customer will do the following within 90 days of execution:

- Register on-line for sales and use tax beginning 1/1/2017 here: <https://inbiz.in.gov/taxes-fees/tax-registration>.
- Submit the following directly to the Voluntary Disclosure Office:
 - Sales and use tax worksheet from January 1, 2017 through the most current month of 2019 when submitted.
 - Indiana Income Tax returns for calendar years 2017 and 2018 or fiscal years 2017 and 2018, if due.
 - Payment for both tax liabilities in full (can be made together).

All correspondence, forms, returns, and tax payments should be submitted directly to the VDA office at the following address:
Voluntary Disclosure Office, Indiana Department of Revenue, 100 N. Senate Ave., IGCN Room N241, Indianapolis, IN 46204.
VoluntaryDisclosure@dor.in.gov.

Please indicate below your estimated liability for each tax type and period:

Tax Type	Period	Estimated Amount Due
Sales and Use	Calendar Years 2017 and 2018	\$
Income	Calendar or Fiscal Years 2017 and 2018 (FYE: _____)	\$

Department Responsibilities

As part of this one time initiative, the Department agrees to waive all interest and penalties. The Department also agrees that customers will not be liable for sales and use tax for any period prior to January 1, 2017 or income tax for any period prior to the tax period beginning _____ (*Department Use*).

The VDA Initiative is a limited-time opportunity for customers to register, file and pay past-due taxes free of penalty, interest, and collection fees without fear of criminal or civil prosecution.

Signatures

I accept the terms of the VDA Initiative Program. I understand that by signing this agreement, I give up my right to appeal, or file a claim for refund or credit for the periods covered by this agreement.

Customer:

By: _____
Printed Name: _____
Title: _____
Date: _____

Indiana Department of Revenue:

By: _____
Eric A. Troop
Voluntary Disclosure Program
Date: _____