

Indiana Department of Revenue
Apportionment of Income for Indiana

for Tax Year Beginning 2018 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) (for years beginning prior to Jan. 1, 2016 only) | <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:

