

**Indiana Department of Revenue**  
**Indiana Partnership Return**  
for Calendar Year Ending December 31, 2020

**2020**

or Other Tax Year Beginning   2020 and Ending

Check box if amended.  Check box if amendment is due to a federal audit.  Check box if name changed.

Name of Partnership  Federal Employer Identification Number

Number and Street  Principal Business Activity Code  Foreign Country 2-Character Code

City  State  ZIP Code  2-Digit County 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).

R. This is a limited liability company electing partnership treatment on the federal return.

S. This partnership is a member of another partnership(s).  T. This entity reports income from disregarded entities.

**Aggregate Partnership Distributive Share Income (see worksheet)**

**Round all entries**

- |   |    |                      |     |
|---|----|----------------------|-----|
| 1. Total net income (loss) from U.S. partnership return, Form 1065 Schedule K (see instructions); use minus sign for negative amounts _____ | 1  | <input type="text"/> | .00 |
| 2. a. Enter name of addback or deduction (see instructions) <input type="text"/> Code No. <input type="text"/>                              | 2a | <input type="text"/> | .00 |
| b. Enter name of addback or deduction <input type="text"/> Code No. <input type="text"/>  | 2b | <input type="text"/> | .00 |
| c. Enter name of addback or deduction <input type="text"/> Code No. <input type="text"/>  | 2c | <input type="text"/> | .00 |
| d. Enter the total amount of addbacks and deductions from any additional sheets (use a minus sign for negative amount) _____                | 2d | <input type="text"/> | .00 |
| 3. Total partnership income, as adjusted (add lines 1 through 2d) _____   | 3  | <input type="text"/> | .00 |
| 4. Enter percentage for Indiana apportioned adjusted gross income from IT-65 Schedule E line 9, if applicable _____                         | 4  | <input type="text"/> | %   |

**Summary of Calculations**

- |   |    |                      |     |
|---|----|----------------------|-----|
| 5. Sales/use tax due on purchases subject to use tax from Sales/Use Tax worksheet _____ | 5  | <input type="text"/> | .00 |
| 6. a. Enter amount from line 15F of completed Schedule Composite _____                  | 6a | <input type="text"/> | .00 |
| b. Enter amount from line 29B of completed Schedule Composite-COR _____                 | 6b | <input type="text"/> | .00 |
| c. Add amounts from lines 6a. and 6b. Attach Schedule Composite/Schedule Composite-COR  | 6c | <input type="text"/> | .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><b>I authorize the Department to discuss my return with my personal representative (see instructions).</b></p> <p>Y <input type="checkbox"/> N <input type="checkbox"/> Date _____</p> <p><b>Personal Representative's Name</b> (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><b>Paid Preparer: Firm's Name</b> (or yours if self-employed)</p> <p>_____</p> <p><b>Paid Preparer's Name</b></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 <b>not</b> owe any tax, mail it to IN Department of Revenue, PO Box 7147, Indianapolis, IN 46207-7147.</p>
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