Schedule Composite State Form 49188 (R24 / 8-25)

Indiana Department of Revenue

Entity's Composite Indiana Adjusted Gross Income Tax Return

Entity's Tax Year 2025 <i>or</i> Other Year Beginning 2025 and Ending [
Name of Entity	Federal Employer Identification Number

See instructions. Enclose with Form IT-20S, IT-65, or IT-41. Use additional sheets if necessary.

Individual / Non-Corporate Entity Social Security Number or Federal Employer Identification Number	Exception Code	State of Residency	Enter Pro Rata Share	Composite Adjusted Gross, Pass Through Entity, and County Income Tax			Total Tax
	Α	В	С	D	E	F	G
	Enter exception code (see instructions)	Enter the 2-character state of residency for each non- resident listed	Adjusted gross income attributed to Indiana from IT-20S / IT-65 IN K-1, Part 4, Line 9; or IT-41 IN K-1, Part 4, line 9	State Tax. Multiply C by .03 (.0295 for years ending in 2026; leave blank if less than zero)	Pass Through Entity Tax (Enter total amount from Schedule PTET)	County Tax. (see instructions)	Enter partner/ shareholder/ beneficiary tax liability (D minus E plus F). (If E > D, enter F. Leave blank if less than zero.)
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
13. Subtotal Column D, Column E, Column F, and Co	olumn G						
14. Carryover totals from Columns D, E, F, and G fro	m additional shee	ets					
15. Total tax (13G plus 14G). Enter this amount on line 15 of Form IT-20S; line 6a of Form IT-65; or, on Form IT-41, Schedule 1, line 2							



