

Indiana Department of Revenue
Indiana Partnership Return
for Calendar Year Ending December 31, 2025

2025

or Other Tax Year Beginning

2025 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

A. Date of organization _____ In the State of _____

B. State of commercial domicile _____

C. Year of initial Indiana return _____

D. Accounting method: Cash ☐ Accrual ☐ Other ☐

E. Check all boxes that apply to entity:

Initial Return ☐

Final Return ☐

In Bankruptcy ☐

Composite Return ☐

PTET Return ☐

F. Enter total number of partners: _____ Enter number of nonresident partners: _____

G. I have on file a valid extension of time to file my return (federal Form 7004 or an electronic extension of time). ☐

H. This partnership is a member of another partnership(s). ☐

I. This entity reports income from disregarded entities. ☐

J. Check box if claiming a credit on Schedule IT-20REC. ☐

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		.00
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2. a. Enter name of addback or deduction (see instructions) Code #

2a		.00
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b. Enter name of addback or deduction Code #

2b		.00
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c. Enter name of addback or deduction Code #

2c		.00
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d. Enter the total amount of addbacks and deductions from any additional sheets
(use a minus sign for negative amount) _____

2d		.00
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3. Total partnership income, as adjusted (add lines 1 through 2d) _____

3		.00
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4. Enter percentage for Indiana apportioned adjusted gross income from
IT-65 Schedule E line 9, if applicable _____

4		%
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Summary of Calculations

5. Sales/Use Tax Due _____

5		.00
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6. a. Enter amount from line 15G of completed
Schedule Composite _____

6a		.00
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b. Enter amount from line 26E of completed
Schedule Composite-COR _____

6b		.00
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c. Enter amount from line 24D of completed
Schedule PTET _____

6c		.00
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d. Add amounts from lines 6a through 6c. Attach Schedule Composite/Composite-COR/PTET _____

6d		.00
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7. Total tax (add lines 5 and 6d). Caution: If line 7 is zero, see line 16 late file penalty _____	7		.00
8. Total amount of pass-through withholding and PTET (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 through 13). If total is greater than zero, proceed to lines 15 through 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. Total Amount Due (add lines 14 through 16). If less than zero, enter on line 18. Make payment in U.S. funds _____	17		.00
18. Overpayment and Refund Amount (add lines 8 through 13, and then subtract lines 7, 15, and 16). No carryforward allowed _____	18		.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.

Signature Paid Preparer's Email Address

I authorize the Department to discuss my return with my personal representative (see instructions). Yes ☐ No ☐ Date _____ Personal Representative's Name (please print) Email Address Signature of Corporate Officer _____ Print or Type Name of Corporate Officer Title If you owe tax, please mail your return to Indiana Department of Revenue, PO Box 7205, Indianapolis, IN 46207-7205.	Paid Preparer: Firm's Name (or yours if self-employed) Paid Preparer's Name PTIN Telephone Number Address City State ZIP Code+4 Paid Preparer's Signature _____ Date _____ If you do not owe any tax, mail it to Indiana Department of Revenue, PO Box 7147, Indianapolis, IN 46207-7147.
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