

Enter your first name, middle initial and last name and spouse's full name if filing a joint return

A Your Social Security Number

**Part 1: Schedule IN K-1 Totals**

Enter in Box 1 the total number of Schedule IN K-1s received for the tax year from Indiana Form(s) IT-65 and/or Form(s) IT-20S. Include the number of spouse's Schedule IN K-1s if married filing jointly..... **Box 1**

**Note:** You also must complete Schedule F1 if you have more than five IN K-1s entered in Box 1.

**Part 2: Partnership and S Corporation Information**

If you are reporting income (loss) on Schedule A (from Form IT-40PNR), lines 13B and/or 15B, complete Columns A through D below.

**Column A** – Enter the federal identification number (FIN) from each Indiana Schedule IN K-1.

**Column B** – Enter the ordinary business income (loss) from line 1 of each corresponding Indiana Schedule IN K-1.

**Column C** – Enter the Indiana state withholding amounts from all Forms WH-18, Box 8, issued by the corresponding entities listed in Column A, for the time periods that relate to your tax year.

**Column D** – Enter the Indiana county withholding amounts from all Forms WH-18, Box 9, issued by the corresponding entities listed in Column A, for the time periods that relate to your tax year.

COLUMN A Federal ID Number FIN (from Schedule IN K-1)		COLUMN B Line 1 Income (loss) (from Schedule IN K-1)		COLUMN C IN State Tax Withheld Amount from WH-18, Box 8		COLUMN D IN County Tax Withheld Amount from WH-18, Box 9	
1A		1B		1C		1D	
2A		2B		2C		2D	
3A		3B		3C		3D	
4A		4B		4C		4D	
5A		5B		5C		5D	

**Schedule F1: Continuation of  
 Partnership and S Corporation Disclosure**

Enter your first name, middle initial and last name and spouse's full name if filing a joint return A Your Social Security Number

**Complete this schedule if you have information from additional Schedule IN K-1s to report after completing Schedule F. Use additional pages if necessary. Attach to Form IT-40PNR.**

COLUMN A Federal ID Number FIN (from Schedule IN K-1)		COLUMN B Line 1 Income (loss) (from Schedule IN K-1)		COLUMN C IN State Tax Withheld Amount from WH-18, Box 8		COLUMN D IN County Tax Withheld Amount from WH-18, Box 9	
6A		6B		6C		6D	
7A		7B		7C		7D	
8A		8B		8C		8D	
9A		9B		9C		9D	
10A		10B		10C		10D	
11A		11B		11C		11D	
12A		12B		12C		12D	
13A		13B		13C		13D	
14A		14B		14C		14D	
15A		15B		15C		15D	
16A		16B		16C		16D	
17A		17B		17C		17D	
18A		18B		18C		18D	
19A		19B		19C		19D	
20A		20B		20C		20D	
21A		21B		21C		21D	
22A		22B		22C		22D	
23A		23B		23C		23D	
24A		24B		24C		24D	
25A		25B		25C		25D	
26A		26B		26C		26D	
27A		27B		27C		27D	
28A		28B		28C		28D	
29A		29B		29C		29D	
30A		30B		30C		30D	
31A		31B		31C		31D	
32A		32B		32C		32D	
33A		33B		33C		33D	
34A		34B		34C		34D	
35A		35B		35C		35D	
36A		36B		36C		36D	
37A		37B		37C		37D	
38A		38B		38C		38D	
39A		39B		39C		39D	
40A		40B		40C		40D	
41A		41B		41C		41D	
42A		42B		42C		42D	
43A		43B		43C		43D	