

Indiana Department of Revenue
Indiana Partnership Return

for Calendar Year Ending December 31, 2008

or Other Tax Year Beginning AA / BB / CC 2008 and Ending BB / CC / DD

Check box if amended. **A1** ☐

Check box if name changed. **B1** ☐

Name of Partnership B		Federal Identification Number A
Number and Street C	Indiana County or O.O.S. D	Principal Business Activity Code H
City E	State F	ZIP Code G
		Telephone Number I ()

K. Date of organization **1** _____
 In the State of **2** _____

L. State of commercial domicile _____

M. Year of initial Indiana return _____

N. Accounting method: _____

1 ☐ Cash **2** ☐ Accrual **3** ☐ Other

O. Check all boxes that apply to entity: **1** ☐ Initial Return **2** ☐ Final Return **3** ☐ In Bankruptcy **4** ☐ Composite Return

P. Enter total number of partners: **1** _____ Enter number of nonresident partners: **2** _____

Q. Do you have on file a valid extension of time to file your return (federal Form 7004 or an electronic extension of time)? **1** ☐ Y **2** ☐ N

R. Are you a limited liability company electing partnership treatment on your federal return? **1** ☐ Y **2** ☐ N

S. Is this partnership a member of any other partnership(s)? **1** ☐ Y **2** ☐ N

Aggregate Partnership Distributive Share Income (See worksheet)

1. Total net income (loss) from U.S. Partnership return, Form 1065 Schedule K, lines 1 through 11 less line 12, and a portion of line 13 related to investment income (see instructions)

2. Add backs: **a)** All state income taxes deducted on the federal return

b) Net bonus depreciation allowance

c) Excess IRC Section 179 deduction

d) Do not use; for department use only.

Deduct: **e)** Interest on U.S. government obligations

f) Indiana lottery prize money

2g. Total state modifications to distributive share of partnership income (lines 2a through 2c minus lines 2e and 2f)

3. Total partnership income, as adjusted (add lines 1 and 2g)

4. Enter average percentage for Indiana apportioned adjusted gross income from IT-65 Schedule E line (4c), if applicable

Summary of Calculations

5. Sales/use tax due on purchases subject to use tax from Sales/Use Tax worksheet (from page 27)

6. Total composite tax from completed Schedule IT-65COMP (D+E). Attach schedule

7. Total tax (add lines 5 and 6). Caution: If line 7 is zero, see line 12 late file penalty

8. Total composite tax return credits (attach schedule and WH-18 statement(s) for composite members)

9. Other payments/credits belonging to the partnership (attach documentation)

10. Subtotal (line 7 minus lines 8 and 9). If total is greater than zero, proceed to lines 11, 12, and 13

11. Interest: Enter total interest due; see instructions. (Contact the Department for current interest rate)

12. Penalty: If paying late, enter 10% of line 10. If line 7 is zero, enter \$10 per day filed past the due date; see instructions

13. Penalty: If failing to include all nonresident partners on composite return, enter \$500; see instructions

14. Total Amount Due (add lines 10 through 13). If less than zero, enter on line 15. Make payment in U.S. funds

15. Overpayment (line 8 plus line 9, minus lines 7, 11, 12, and 13)

16. Refund: Amount from line 15. No carry forward allowed. Enter as a positive figure

Do not write in line 20. Reserved for Department's use only

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.

I authorize the Department to discuss my return with my personal representative (see page 12) **CC** ☐ Y **2** ☐ N

Signature of Partner _____ **Date** _____

LL _____ **MM** _____
Print or Type Name of Partner _____ **Title** _____

QQ _____
Personal Representative's Name (Print or Type) _____

Telephone number **RR** _____

Address **SS** _____

City **TT** _____

State **UU** _____ **ZIP Code + 4** **VV** _____

Partnership's E-mail Address **EE** _____

FF _____
Paid Preparer: Firm's Name (or yours if self-employed.) _____

OO Check One: **1** ☐ Federal I.D. Number **2** ☐ PTIN **OR** **3** ☐ Social Security Number

NN _____

Telephone number **PP** _____

Address **GG** _____

City **HH** _____

State **II** _____ **ZIP Code + 4** **JJ** _____

Paid Preparer's Signature _____ **Date** _____

► Please mail forms to: **Indiana Department of Revenue, 100 N. Senate Ave., Indianapolis, IN 46204-2253**



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