

Indiana Department of Revenue
Indiana Partnership Return
for Calendar Year Ending December 31, 2009

or Other Tax Year Beginning _____ / _____ / 2009 and Ending _____ / _____ / _____

Check box if amended.

Check box if name changed.

Name of Partnership		Federal Identification Number
Number and Street	Indiana County or O.O.S.	Principal Business Activity Code
City	State	ZIP 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
- 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. Do you have on file a valid extension of time to file your return (federal Form 7004 or an electronic extension of time)? Y N
- R. Are you a limited liability company electing partnership treatment on your federal return? Y N
- S. Is this partnership a member of any other partnership(s)? Y N

Aggregate Partnership Distributive Share Income (see worksheet)

Round all entries

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).....	1	•00
2a. Enter name of addback or deduction (see instructions) _____ Code No. _____	2a	•00
2b. Enter name of addback or deduction _____ Code No. _____	2b	•00
2c. Enter name of addback or deduction _____ Code No. _____	2c	•00
2d. Enter name of addback or deduction _____ Code No. _____	2d	•00
2e. Enter name of addback or deduction _____ Code No. _____	2e	•00
2f. Enter the total amount of addbacks and deductions from any additional sheets (enter negative amount in <brackets>).....	2f	•00
3. Total partnership income, as adjusted (add lines 1 through 2f)	3	•00
4. Enter average percentage for Indiana apportioned adjusted gross income from IT-65 Schedule E line (4c), if applicable.....	4	%
Summary of Calculations		
5. Sales/use tax due on purchases subject to use tax from Sales/Use Tax worksheet (from page 19).....	5	•00
6. Total composite tax from completed Schedule IT-65COMP (15G). Attach schedule.....	6	•00
7. Total tax (add lines 5 and 6). Caution: If line 7 is zero, see line 12 late file penalty.....	7	•00
8. Total amount of withholding (attach WH-18 statement(s) for composite members)	8	•00
9. Other payments/credits belonging to the partnership (attach documentation)	9	•00
10. Subtotal (line 7 minus lines 8 and 9). If total is greater than zero, proceed to lines 11, 12, and 13.....	10	•00
11. Interest: Enter total interest due; see instructions (contact the Department for current interest rate).....	11	•00
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.....	12	•00
13. Penalty: If failing to include all nonresident partners on composite return, enter \$500; see instructions.....	13	•00
14. Total Amount Due (add lines 10 through 13). If less than zero, enter on line 15. Make payment in U.S. funds.....	14	•00
15. Overpayment (line 8 plus line 9, minus lines 7, 11, 12, and 13)	15	•00
16. Refund: Amount from line 15. No carryforward allowed. Enter as a positive figure	16	•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.

I authorize the Department to discuss my return with my personal representative (see page 11) Y N

Corporation's Email Address	EE	
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Signature of Corporate Officer _____ Date _____

Print or Type Name of Corporate Officer _____ Title _____

Personal Representative's Name (Print or Type) _____

Telephone Number _____

Address _____

City _____

State _____ Zip Code + 4 _____

Paid Preparer: Firm's Name (or yours if self-employed)
Check One: Federal ID Number PTIN **OR** Social Security Number

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Telephone Number _____

Address _____

City _____

State _____ Zip Code + 4 _____

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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Indiana Department of Revenue
Partner's Share of Indiana Adjusted Gross Income, Deductions, Modifications, and Credits

Tax Year Beginning _____ / _____ / 2009 and Ending _____ / _____ / _____

Name of Partnership _____

Federal Identification Number _____

Distributions - Provide IN K-1 to each partner. Attach IN K-1 to IT-65 return. For information on the acceptable electronic data file format, visit the Department's Web site at www.in.gov/dor/3772.htm Pro rata amounts for lines 1 through 26 of any nonresident partner must be multiplied by the Indiana apportionment percent, if applicable, from IT-65, line 4.

Part 1 – Partner's Identification Section

(a) If Partner Is an Individual (please print clearly)

Last Name:

First Name:

a1 _____

a2 _____

a3 _____

(b) If Partner Is an Other Entity (please print clearly)

Name:

b1 _____

b2 _____

(c) Partner's State of Residence or Commercial Domicile c1 _____

(d) Indiana Tax Withheld for Nonresident Partner (on WH-18) d _____

(e) Partner's Federal Pro Rata Percentage..... e _____

(f) Partner's tax as computed on IT-65COMP column G..... f _____

Social Security Number: _____

Federal Identification Number: _____

00

%

00

Part 2 - Distributive Share Amount (use apportioned figures for nonresident partners)

1. Ordinary business income (loss) 00

2. Net rental real estate income (loss) 00

3. Other net rental income (loss) 00

4. Guaranteed Payments 00

5. Interest income 00

6. Ordinary dividends 00

7. Royalties 00

8. Net short-term capital gain (loss) 00

9. Net long-term capital gain (loss) 00

10. Net IRC Section 1231 gain (loss) 00

11. Other income (loss) 00

12. IRC Section 179 expense deduction 00

13a. Portion of expenses related to investment portfolio income, including investment interest expense and other (federal nonitemized) deductions 00

13b. Other information from line 20 of federal K-1 related to investment interest and expenses not listed elsewhere 00

14. **Total pro rata distributions** (Add lines 1 through 11; subtract lines 12, 13a, and 13b when applicable.) 00

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Continued on next page ►



Part 3 - State Modifications Add or subtract the following. Designate the distributive share amount of each modification for Indiana adjusted gross income from line 2 on the front of Form IT-65. For nonresidents, apply apportioned figures. (Enter negative amounts in <brackets>.)

15. State income taxes deducted		00
16. Net bonus depreciation allowance		00
17. Excess IRC Section 179 deduction		00
18. Interest on U.S. obligations		00
19. Indiana lottery prize money		00
20. Deferral of business indebtedness discharge and reacquisition addback		00
21. Qualified restaurant property addback		00
22. Qualified retail improvement property addback.....		00
23. Qualified disaster assistance property addback.....		00
24. Qualified refinery property addback		00
25. Qualified film or television production addback.....		00
26. Qualified preferred stock addback.....		00
27. Total distributive share of modifications (add lines 15 through 26 and carry total to Column B on Schedule IT-65COMP)		00

Part 4 - Pro Rata Share of Indiana Pass-through Tax Credits from Partnership

28. Enter the name of the tax credit program, its three-digit ID code, and the dollar amount of the partner's distributive share for each allowable credit

Name of Credit:		ID Code:	
a _____	b _____	c _____	00
d _____	e _____	f _____	00
g _____	h _____	i _____	00

29. Total pass-through credits (add lines 28c, 28f, and 28i)..... 00



Worksheet for Partnership Distributive Share Income, Deductions and Credits

Use this worksheet to compute the entry for line 1 of Form IT-65 and to assist in computing amounts reported on IT-65 Schedule IN K-1. Enter the total distributive share of income from each item as reportable on Form 1065, Schedule K. Do not complete Column B and C entry lines unless the partnership received distributive share or tiered income from other entities.

Distributive Share Amounts:

Partnership's Distributive Share of Items

1. Ordinary business income (loss)
2. Net rental real estate income (loss)
3. Other net rental income
4. Guaranteed payments
5. Interest Income
- 6a. Ordinary dividends
7. Royalties
8. Net Short-term capital gain (loss)
- 9a. Net long-term capital gain (loss)
10. Net IRC Section 1231 gain (loss)
11. Other income (loss)

Less allowable deductions for state tax purposes:

12. IRC Section 179 expense deduction
- 13A. Portion of expenses related to investment portfolio income including investment interest expense and other (federal non-itemized) deductions
- 13B. Other information from line 20 of federal K-1 related to investment interest and expenses not listed elsewhere
14. **Carry total on line 14A to Form IT-65 line 1, on front page of return**
15. Total of Indiana state modifications to distributive share income (see line 2, Form IT-65)
16. Net other Indiana adjusted gross income distributions from partnerships, estates, and trusts (add line 14C and 15C)
17. Enter amount of Indiana pass-through credits attributed from other partnerships, estates, and trusts, if any

	A. Partnership Income All Sources	B. Distributions from Partnerships/ Estates/Trusts Everywhere	C. Distributions Attributed to Indiana
		Enter for line 14B below total distributive share income received by the partnership from all other non-unitary partnerships, estates, and trusts. Enter for line 15B an amount equal to required state modifications for Indiana Adjusted Gross Income (see page 9 instructions).	Enter for line 14C below, total distributive share income received by the partnership from other partnerships, estates, and trusts that were derived from or allocated to Indiana. Enter for line 15C an amount equal to the Indiana modifications to adjusted gross income attributed to Indiana.
		↓	↓
14A		14B	14 C
		15B	15 C
			16 C
			17 C

Worksheet for Attributing Partnership Income for Unitary Corporate Partners

Use the worksheet whenever partnership income is being distributed to a corporate partner having a unitary relationship with the partnership. A unitary business relationship means maintaining business activities or operations that are of mutual benefit, dependent upon, or contributory to one another in transacting business between a corporate partner and the partnership. Unity may be established whenever there is unity of operation and use evidenced by centralized management or executive force, centralized purchasing, advertising, accounting, or other controlled interaction between a corporate partner and the partnership.

If a corporate partner and a partnership maintain a unitary business relationship as described above, the partnership distribution shall be distributed to the partner without any apportionment by the partnership. If the partner derives income from sources both within and outside Indiana and is required to apportion its income, the partner's apportionment factors shall include the partner's proportionate share of the apportionment factors of the partnership.

Use the following table to show apportionment factors' values from the partnership assigned to the unitary corporate partner. Partnerships deriving income from sources both within and outside Indiana or having any corporate partners must complete the IT-65 Apportionment Schedule E.

Enter the partner's pro rata amounts as determined by the partnership entity's completed IT-65 Apportionment Schedule E. Duplicate this worksheet for each corporate partner. (These amounts are to be included with the corporate partner's own apportionment factors.)

IT-65 Apportionment Schedule E:	Property Factors	Payroll Factors	Receipts Factors
Total from Indiana Sources	Line 1A	Line 2A	Line 3A
Total from All States	Line 1B	Line 2B	Line 3B

**Indiana Department of Revenue
Apportionment of Income for Indiana**

For Tax Year Beginning _____ / _____ / 2009 and Ending _____ / _____ / _____

Name as shown on return _____

Federal Identification Number _____

Each filing entity having income from sources both within and outside Indiana must complete a three-factor apportionment schedule except financial institutions and certain insurance companies that use a single receipts factor. Interstate transportation entities must use Schedule E-7, Apportionment for Interstate Transportation revised 8-09. Combined unitary filers must use the apportioning method (relative formula percentage) as outlined in Information Bulletin #12. Omit cents - percents should be rounded two decimal places - read apportionment instructions.

	Column A Total Within Indiana		Column B Total Within and Outside Indiana		Column C Indiana Percentage	
Part I - Indiana Apportionment of Adjusted Gross Income						
1. Property Factor - Average value of owned property from the beginning and the end of the tax year. (Value of and pro rata share of real and tangible personal property at original cost.)						
(a) Property reported on federal return (average for tax year) .....	.00		.00			
(b) Fully depreciated assets still in use at cost (average value for tax year) ..	.00		.00			
(c) Inventories, including work in progress (average value for tax year) .....	.00		.00			
(d) Other tangible personal property (average value for tax year) .....	.00		.00			
(e) Rented property (8 times the annual net rental) .....	.00		.00			
Total Property Values: Add lines 1(a) through 1(e)	1A	.00	1B	.00	1C	. %
2. Payroll Factor - Wages, salaries, commissions, and other compensation of employess and pro rata share of payroll reportable on the return.						
Total Payroll Value:	2A	.00	2B	.00	2C	. %
3. Sales/Receipts Factor (less returns and allowances) - Include all non-exempt apportioned gross business income. Do not use non-unitary partnership income of previously apportioned income that must be separately reported as allocated income.						
Sales delivered or shipped to Indiana:						
(a) Shipped from within Indiana .....	.00					
(b) Shipped from outside Indiana .....	.00					
Sales shipped from Indiana to:						
(c) The United States government .....	.00					
(d) Purchasers in a state where the taxpayer is not subject to income tax (under P.L. 86-272) .....	.00					
(e) Interest & other receipts from extending credit attributed to Indiana .....	.00					
(f) Other gross business receipts not previously apportioned .....	.00					
Total Receipts: Add column A receipts lines 3(a) through 3(f) and enter in line 3A. Enter all receipts in line 3B, of column B	3A	.00	3B	.00		
4. Summary - Apportionment of income for Indiana for tax years beginning in 2009						
(a) Receipts Percentage for factor 3 above: Divide 3A by 3B, enter result here: _____ % Multiply result by 8					4a	. %
(b) Total Percents: Add percentages entered in boxes 1C, 2C, and 4a of column C. Enter sum					4b	. %
(c) Indiana Apportionment Percentage: Divide line 4b by 10 if all three factors are present. Enter here and carry to apportionment line on the tax return					4c	. %
Note: If either the property or payroll factor for column B is absent, divide line 4b by 9. If the receipts factor (3B) is absent, you must divide line 4b by 2. See instructions.						

Part II - Business/Other Income Questionnaire

1. List all business locations where the taxpayer has operations or partnership interests and indicate type of activities. This section must be completed - attach additional sheets if necessary.

(a) Location City and State	(b) Nature of Business Activity at Location	(c) Accepts Orders?		(d) Registered to Do Business?		(e) Files Returns in State?		(f) Property in State Leased?		(g) Property in State Owned?	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No

2. Briefly describe the nature of Indiana business activities, including the exact title and principal business activity of any partnership in which the taxpayer has an interest:

3. Indicate any partnership in which you have a unitary or general partnership relationship:

4. Briefly describe the nature of activities of sales personnel operating and soliciting business in Indiana:

5. Do Indiana receipts for line 3A include all sales shipped from Indiana to (1) the U.S. government; or (2) locations where this taxpayer's only activity in the state of the purchaser consists of the mere solicitation of orders? Y N If no, please explain:

6. List the source of any directly allocated income from partnerships, estates, and trusts not in the taxpayer's apportioned tax base:



Schedule IT-65COMP

State Form 49180
(R8/8-09)

Indiana Department of Revenue

Name of Partnership	Federal Identification Number
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Partners' Composite Indiana Adjusted Gross Income Tax Return

Partnership's Tax Year **2009** or Other Year Beginning _____ / _____ / 2009 and Ending _____ / _____ / _____

See instructions on page 19. Enclose with Form IT-65 (use additional sheets if necessary).

List name, distributive amount, composite tax, and credits for each composite return member. **Omit Cents.**

**Attach WH-18,
copy C for each
nonresident
composite partner.**

	Enter Pro Rata Share		Composite Adjusted Gross Income Tax			Credits	Total Tax
	A	B	C	D	E	F	G
	Apportioned distributive income attributed to Indiana from IN K-1, line 14	Indiana modifications from IN K-1, line 27	Adjusted gross income (Add A + B)	State tax multiply C x 3.4% (cannot be less than zero)	County tax multiply C by nonresident county tax rate (if applicable)	Enter pro rata credits from IN K-1, line 29 (may not exceed D)	Enter partner's tax liability (D + E - F)
Name							
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
13. Subtotals for columns D, E, F, and G.....							
14. Carryover totals from additional sheets							
15. Total tax (13G + 14G)							

Carry total tax and credits from line 15G to Summary of Calculations.

Enter total tax on Form IT-65, line 6.



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