

**Indiana Department of Revenue**  
**Indiana Partnership Return**  
for Calendar Year Ending December 31, 2010

**2010**

or Other Tax Year Beginning

2010 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); use minus sign for negative amounts..... | 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 (use a minus sign for negative amount) .....                                                                                                      | 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  | ■ | %  |
| <b>Summary of Calculations</b>                                                                                                                                                                                                     |    |   |    |
| 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

|                              |    |  |
|------------------------------|----|--|
| Partnership's E-mail Address | EE |  |
|------------------------------|----|--|

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   ☐ Social Security Number

\_\_\_\_\_

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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**IT-65 2010 Schedule IN K-1**

State Form 49181 (R9/8-10)

Indiana Department of Revenue

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

Tax Year Beginning

2010 and Ending

Name of Partnership

Federal Identification Number

**Distributions** - Provide IN K-1 to each partner. Enlose IN K-1 with 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](http://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..... 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

Continued on next page ►



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**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. (Use a minus sign to denote negative amounts.)

|                                                                                                                                 |  |    |
|---------------------------------------------------------------------------------------------------------------------------------|--|----|
| 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

d \_\_\_\_\_ e \_\_\_\_\_ f

g \_\_\_\_\_ h \_\_\_\_\_ i

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



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.

### 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) .....

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 19 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

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<br>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          |  |

**Schedule E**

Form IT-20/20S/20NP/IT-65

State Form 49105

(R9 / 8-10)

Name as shown on return

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

For Tax Year Beginning

2010 and Ending

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. Combined unitary filers must use the apportioning method (relative formula percentage) as outlined in Information Bulletin #12 and Tax Policy Directive #6. Omit cents; percents should be rounded two decimal places; read apportionment instructions.

**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) .....  
(b) Fully depreciated assets still in use at cost (average value for tax year) ..  
(c) Inventories, including work in progress (average value for tax year) .....  
(d) Other tangible personal property (average value for tax year) .....  
(e) Rented property (8 times the annual net rental) .....

**Total Property Values:** Add lines 1(a) through 1(e) .....

**2. Payroll Factor** - Wages, salaries, commissions, and other compensation of employees and pro rata share of payroll reportable on the return.

**Total Payroll Value:** .....

**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 .....  
(b) Shipped from outside Indiana .....

Sales shipped from Indiana to:

(c) The United States government .....  
(d) Purchasers in a state where the taxpayer is not subject to income tax (under P.L. 86-272) .....  
(e) Interest & other receipts from extending credit attributed to Indiana .....  
(f) Other gross business receipts not previously apportioned .....

**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 .....

**4. Summary - Apportionment of income for Indiana for tax years beginning in 2010**

(a) **Receipts Percentage** for factor 3 above: Divide 3A by 3B, enter result here:

■ % Multiply result by 18 ..... **4a** ■ %

(b) **Total Percents:** Add percentages entered in boxes 1C, 2C, and 4a of column C. Enter total .....

**4b** ■ %

(c) **Indiana Apportionment Percentage:** Divide line 4b by 20 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 19.  
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<br>City and State | (b) Nature of Business Activity<br>at Location | (c) Accepts<br>Orders? |    | (d) Registered<br>to Do Business? |    | (e) Files Returns<br>in State? |    | Property in State |    |            |    |
|--------------------------------|------------------------------------------------|------------------------|----|-----------------------------------|----|--------------------------------|----|-------------------|----|------------|----|
|                                |                                                | Yes                    | No | Yes                               | No | Yes                            | No | (f) Leased?       |    | (g) 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:



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## Schedule IT-65COMP

State Form 49180  
(R9 / 8-10)

## Indiana Department of Revenue

Name of Partnership

Federal Identification Number

**Partners' Composite Indiana Adjusted Gross Income Tax Return**Partnership's Tax Year **2010** or Other Year Beginning

2010 and Ending

See instructions on page 22. 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.**

| Name                                              | 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) |
| 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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