

Indiana S Corporation/Partnership Income Tax **DECLARATION OF ELECTRONIC FILING**

For calendar year 2015, or other tax year beginning , 2015 and ending _____ ,

Do Not	Mail	This
Form	To D	OR

Submission ID Corporation/Partnership Name Federal Identification Number Street Address ZIP Code Daytime Telephone Number Part I Tax Return Information (See instructions on next page) 1. Total net income (loss) from U.S. S corporation/partnership return (IT-20S/IT-65 Line 1) 2. Total S corporation/partnership income, as adjusted (IT-20S/IT-65 Line 3) 3. IT-20S ONLY: Total income tax from Schedule B (IT-20S Line 12)..... 3. 4. Total tax (IT-20S Line 15/IT-65 Line 7)..... 5. Subtotal (IT-20S Line 22/IT-65 Line 14) 6. Total amount due (IT-20S Line 27/IT-65 Line 18)..... 7. Refund (IT-20S Line 27/IT-65 Line 19)..... Part II Declaration of Taxpayer Under penalties of perjury, I declare that I am an officer of the S corporation/partnership listed above and the amounts in Part I agree with the amounts on the corresponding lines of the electronic portion of the corporation's/partnership's 2015 Indiana income tax returns. To the best of my knowledge and belief, this 2015 return is true, correct, and complete. I consent to my ERO sending my return, this declaration, and accompanying schedule and statements to the DOR. I also consent to the DOR sending my ERO and/or transmitter an acknowledgement of receipt of transmission and an indication of whether or not my return is accepted and, if rejected, the reason(s) for the rejection. If the processing of my return or refund is delayed, I authorize the DOR to disclose to my ERO and/or transmitter the reason(s) for the delay of when the refund was sent. In addition, by using a computer system and software to prepare and transmit my return electronically, I consent to the disclosure to the DOR of all information pertaining to my use of the system and software and to the transmission of my tax return electronically. Officer's signature
______ Title _____ Date _____ Part III Declaration of ERO/Preparer/Transmitter I confirm that I am submitting this return in accordance with the IRS and Indiana Department of Revenue electronic filing programs. ERO's EFIN ______ PTIN (if preparer) _____ Phone ___ ERO's Signature ▶ _____