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Indiana Department of Revenue
IT-6
For Use of Tax Year 2024
08/2023

Blank for Extension Payments

Blank for Vouchers 1 - 4

Cut on line before mailing

IT-6 0920

XXXXXBusinessNameXXXXXXXXXXXXXXXXX
XXXXXAddressLine1XXXXXXXXXXXXXXXXX
XXXXXAddressLine2XXXXXXXXXXXXXXXXX

Printed Name of Officer _____ Title _____

6

Federal ID Number 999 99 9999 **Due Date** 99 99 9999

Signature of Officer _____ Title _____

Date _____ Daytime Phone _____

Voucher Number 9 **Calendar or Fiscal Year Ending** XXX 9999

Enter Total Tax Below

INDIANA DEPARTMENT OF REVENUE
P.O. BOX 6032
INDIANAPOLIS, IN 46206-6032

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