

01
02
03
04
05
06
07
08
09
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42

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

43 **Cut on line before mailing**

44 -----
45 IT-6WTH 0920

47 XXXXXBusinessNameXXXXXXXXXXXXXXXX
48 XXXXXAddressLine1XXXXXXXXXXXXXXXX
49 XXXXXAddressLine2XXXXXXXXXXXXXXXX

Printed Name of Officer Title

51 **6W**

52 **Federal ID Number** **Due Date**
53 999 99 9999 99 99 9999

Signature of Officer Title

Date _____ Daytime Phone _____

55 **Calendar or Fiscal Year Ending**
56 XXX 9999

Enter Total Tax Below

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

_____.

63 08999999999999999901699999999999999999
64
65
66