

## CLAIMING YOUR INDIANA TAX CREDITS

When filing your Indiana tax return, Indiana residents will report the amount of their tax credit (50% of the amount of the contribution) on **Schedule 6, line 6**. This amount will need to equal the total of **IN-OCC**. The credit name is **School Scholarship Credit** and the code number is **849**.

**Schedule 6**  
Form IT-40, State Form 53999  
(R12 / 9-21)

### Schedule 6: Offset Credits

2021

Enclosure  
Sequence No. **05**

Name(s) shown on Form IT-40	Your Social Security Number			
Taxpayer Name	<table style="margin: auto; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 2px 10px;">333</td> <td style="border: 1px solid black; padding: 2px 10px;">33</td> <td style="border: 1px solid black; padding: 2px 10px;">3333</td> </tr> </table>	333	33	3333
333	33	3333		

**Round all entries**

1. Credit for local taxes paid outside Indiana \_\_\_\_\_ 1 .00

2. Community revitalization enhancement district credit \_\_\_\_\_ 2 .00

**3. Other Local Credits:** See instructions (enclose additional sheets if necessary)

a. Enter credit name  code no.  3a .00

b. Enter credit name  code no.  3b .00

**Important:** Lines 1 through 3 cannot be greater than the county tax due on Form IT-40, line 9 (see *Combined Limitation* instructions)

4. College credit: attach Schedule CC-40 \_\_\_\_\_ 4 .00

5. Credit for taxes paid to other states: enclose other state's return \_\_\_\_\_ 5 .00

**6. Other Credits:** See instructions (enclose additional sheets if necessary)

a. Enter credit name  code no.  6a 500 .00

b. Enter credit name  code no.  6b .00

c. Enter credit name  code no.  6c .00

d. Enter credit name  code no.  6d .00

7. Enter the total credits from Schedule IN-OCC, line 16, and enclose that schedule \_\_\_\_\_ 7 .00

**Important:** Lines 4 through 7 added together cannot be greater than the state adjusted gross income tax due on Form IT-40, line 8 (see *Combined Limitation* instructions)

8. Add lines 1 through 7. Enter total here and on line 13 of Form IT-40 \_\_\_\_\_ **Total Offset Credits** 8 500 .00

**You must also complete and attach Schedule IN-OCC.** Enter the *year* of your donation in column B, the *certification number* from your receipt letter in column C, *849* as the code in column D and the *amount of your credit* in column E.

Name shown on Form IT-40/IT-40PNR  
  
 Name shown on IT-20/IT-20NP/IT-65/IT-20S/FIT-20

Your Social Security Number  
    
 Federal Employer Identification Number

Complete this schedule if you are reporting any of the following credits: EDGE-NR Credit; EDGE-NR Credit -Composite; Hoosier Business Investment Credit; Hoosier Business Investment Credit - Composite; Hoosier Business Investment Credit - Logistics; Hoosier Business Investment Credit - Logistics - Composite; Natural Gas Commercial Vehicle Credit; Natural Gas Commercial Vehicle Credit - Composite; Redevelopment Tax Credit; Redevelopment Tax Credit - Composite; School Scholarship Credit; School Scholarship Credit - Composite; Venture Capital Investment Credit; Venture Capital Investment Credit - Composite.

	<b>Column A</b> IT-20S/IT65 Enter FEIN if Credit is from IN K-1	<b>Column B</b> Certification Year	<b>Column C</b> Certification/ Project Number	<b>Column D</b> Tax Credit Code	<b>Column E</b> Amount Claimed
1.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 <input type="text"/> .00
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	2 <input type="text"/> .00
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	3 <input type="text"/> .00
4.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	4 <input type="text"/> .00
5.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	5 <input type="text"/> .00
6.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	6 <input type="text"/> .00
7.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	7 <input type="text"/> .00
8.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	8 <input type="text"/> .00
9.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	9 <input type="text"/> .00
10.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	10 <input type="text"/> .00
11.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	11 <input type="text"/> .00
12.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	12 <input type="text"/> .00
13.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	13 <input type="text"/> .00
14.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	14 <input type="text"/> .00
15.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	15 <input type="text"/> .00
16.	Add amounts from Column E, lines 1 - 15, and enter total here. Carry to the appropriate line on: Schedule 6; Schedule G; Form IT-20; Form IT-20NP; or Form FIT-20 (Form IT-65 and Form IT-20S filers must see special reporting instructions) <b>Total</b>				16 <input type="text"/> .00



**Carryover SGO Credits:** Enter the certification year and certification number for the carryover amount on form IN-OCC.

Example: Line 1 – (Column B) Certification Year **2020** ..... (Column C) Certification Number – **The number that corresponds to year 2020** ..... (Column D) - **The Tax Credit Code 849** ..... (Column E) – Amount Claimed – **Carryover Amount**

Line 2 – Enter additional carryover years or the current year

The total from Column E on form IN-OCC will carry over to Schedule 6.