

## Indiana Department of Revenue Schedule 6: Offset Credits

2024

**Enclosure** Sequence No. 05

500

Your Social Security Number									
XXX	XX XXXX								
	Round all entries								
	1 .00								
	2 .00								
3. Other Local Credits – See instructions (enclose additional sheets if necessary)									
de no.	3a .00								
le no.	3b .00								
orm IT-40, line 9									
	4 .00								
	5 .00								
le no. 849	6a 500.00								
le no.	6b .00								
le no.	6c .00								
le no.	6d .00								
	de no								

On the next page, enter the year of your donation in Column B, the Tax Credit Certification Number from your receipt letter in Column C, 849 as the code in Column D, the amount of your credit available in Column E, and the amount you are claiming to receive in Column F. Leave Column A blank. If you have any unused carryover credits from previous years, use this form to also enter the previous tax year(s) and certification number(s) for the carryover amounts. Enter these amounts in Column G.

7. Enter the total credits from Schedule IN-OCC, line 8, and enclose that schedule

Important: Lines 4 through 7 added together cannot be greater than the state adjusted gross

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

income tax due on Form IT-40, line 8 (see Combined Limitation instructions).



## Indiana Department of Revenue Other Certified Credits

2024

Enclosure Sequence No. 25

Name shown on Form 11-40/11-40PN	Your Social	Your Social Security Number			
	Taxpayer Name	XXX	XX	XXXX	
Name shown on IT-20/IT-20NP/IT-65	5/IT-20S/FIT-20/IT-41	Federal Em	Federal Employer Identification Num		

Complete Part A if you are reporting any of the following credits: Attainable Homeownership Credit, Attainable Homeownership Credit - Composite, EDGE-NR Credit; EDGE-NR Credit - Composite; Film and Media Production Credit; Film and Medial Production Credit - Composite; Foster Care Donation Credit; Foster Care Donation Credit - Composite; Headquarters Relocation Credit; Headquarters Relocation Credit - Composite Hoosier Business Investment Credit; Health Reimbursement Arrangement Credit, Historic Rehabilitation Credit - Composite, Hoosier Business Investment Credit - Composite; Hoosier Business Investment Credit - Logistics - Composite; Natural Gas Commercial Vehicle Credit; Natural Gas Commercial Vehicle Credit - Composite; Physician Practice Ownership Credit, Redevelopment Tax Credit; Redevelopment Tax Credit - Composite; School Scholarship Credit; School Scholarship Credit - Composite; Venture Capital Investment Credit - Composite; VCI - Qualified Indiana Investment Fund; VCI - Qualified Indiana Investment Fund - Composite.

## Part A

	Column A	Column B	Column C	Column D	Column E		Column F			Column G
IT-20S/IT-41/IT-65 Enter FEIN if Credit is from IN K-1		lif Credit Certification Certification / Project	Tax Credit Code	Amount Available		Amount Claimed			Carryforward Amount	
1.		2024	024 24-006-1234	849	500		1.	500 00		0.0
2.						00	2.		00	00
3.						00	3.	(	00	00
4.						00	4.	(	00	00
5.						00	5.	(	00	00
6.						00	6.	(	00	00
7.						00	7.		00	00
8.	appropriate line on: S	Schedule 6; Sched	and enter the total here. Carry Jule G; Form IT-20; Form IT-20N 20S filers must see special repo	IP; Form IT-41; or	т	otal	8.	500	00	