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**. The credit name is *School Scholarship Credit* and the code number is *849.*

Schedule 6
Form IT-40, State Form 53888
(R9 / 8-18)

Schedule 6: Offset Credits

2020

Enclosure
Sequence No. 05

Name(s) shown on Form IT-40

Taxpayer Name

Your Social Security Number

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 | School Scholarship Credit | code no. | 849 | 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 17, 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.

Schedule IN-OCC
State Form 66629
(R6 / 9-20)

Other Certified Credits

Enclosure
Sequence No. 25

2020

Name shown on Form IT-40/IT-40PNR

Your Social Security Number

Name shown on IT-20/IT-20NP/IT-65/IT-20S/FIT-20

Federal Employer Identification Number

Complete this schedule if you are reporting any of the following credits: 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.

	Column A IT-20S/IT65 Enter FEIN if Credit is from IN K-1	Column B Certification Year	Column C Certification/ Project Number	Column D Tax Credit Code	Column E Amount Claimed
1.					1 .00
2.					2 .00
3.					3 .00
4.					4 .00
5.					5 .00
6.					6 .00
7.					7 .00
8.					8 .00
9.					9 .00
10.					10 .00
11.					11 .00
12.					12 .00
13.					13 .00
14.					14 .00
15.					15 .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)____ Total 16 _____ .00

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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 **2019** …….. (Column C) Certification Number – **The number that corresponds to year 2019 ……** (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.