

Schedule 6
Form IT-40, State Form 53999
(R10 / 9-19)

Schedule 6: Offset Credits

2019

Enclosure
Sequence No. **05**

Name(s) shown on Form IT-40

Your Social Security Number

Taxpayer Name

333 33 3333

Round all entries

1. Credit for local taxes paid outside Indiana _____ .00

2. Community revitalization enhancement district credit _____ .00

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

a. Enter credit name code no. .00

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

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

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

a. Enter credit name code no. .00

b. Enter credit name code no. .00

c. Enter credit name code no. .00

d. Enter credit name code no. .00

7. Enter the total credits from Schedule IN-OCC, line 17, and enclose that schedule _____ .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** .00



You must also complete and attach Schedule IN-OCC. Enter the year of your donation in column B, the certification number (input with no dashes) 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 55629
 (R5 / 9-19)

Other Certified Credits

Enclosure
 Sequence No. 25

2019

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

Your Social Security Number

333	33	3333
-----	----	------

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; School Scholarship Credit; School Scholarship 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.	<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.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	16	<input type="text"/> .00

17. Add amounts from Column E, lines 1 - 16, 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** 17 .00



21519111694

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 **2018** (Column C) Certification Number - **The number that corresponds to year 2018** (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.

QCD: If a taxpayer receives a state credit for a contribution, the taxpayer will not be able to deduct the credit portion on Schedule A. Since the QCD must be 100% deductible to qualify, the entire amount is added back into AGI not just the credit portion. The benefit of doing the QCD disappears.