CIT-103 0812

X Authorized Signature _____

I declare under penalties of perjury that this is a true, correct and complete return.

Date _____ Phone # (_____)_____

C

INDY COMPANY LLC
THE PLACE INDIANAPOLIS SOUTH

Taxpayer ID Number

0123456789 001 5

For Tax Period

JAN 2013

Due on or Before

MAR 04 2013

County/Town

Marion

☐ **Check if Amended**

INDIANA DEPARTMENT OF REVENUE
P.O. BOX 6195
INDIANAPOLIS, IN 46206-6195

Total Receipts from Rental of Accomodations	A.	
Total Exempt Rentals of Accomodations	B.	
Net Taxable Receipts (Subtract Line B from Line A)	C.	
County Innkeepers Tax Due (Line C X 0.10)	D.	
Collection Allowance (.73% of Line D) * Do Not Use this Line if the Payment is Late	E.	
Net Tax Due (Subtract Line E from Line D)	F.	
Penalty is Greater of $5 or 10% of Line D (Plus Interest)* Use this line only if return is filed late	G.	
Adjustments – If this is a negative entry, use a negative sign. (You Must Attach An Explanation)	H.	
*The 2013 Annual Interest Rate is 3%. Amount Due (Total Lines F and G plus or minus H)	I.	.

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