



FORM DB020W-NR
**Payment of Indiana Withholding Tax for Nonresident
Shareholders, Partners, or Beneficiaries of Trusts and Estates**

Indiana Taxpayer Identification Number:

 (IF NONE, INDICATE FEDERAL I.D. NUMBER BELOW) LOCATION

TAXPAYER'S NAME AND ADDRESS:
 NAME _____
 STREET _____
 CITY _____
 STATE _____ ZIP CODE _____

ENTER YOUR FEDERAL IDENTIFICATION NUMBER:

IS THIS A ONE TIME ANNUAL DISTRIBUTION? YES NO

AUTHORIZED SIGNATURE x _____

DATE _____ DAYTIME TELEPHONE NUMBER (____) _____

TAX PERIOD ENDING:

 M M Y Y Y Y (Code-Dept. Use Only)

A.
TOTAL AMOUNT OF PAYMENT

B.
TOTAL AMOUNT DUE

DO NOT SEND CASH
MAKE CHECK OR MONEY ORDER IN U.S. FUNDS
PAYABLE TO THE: **INDIANA DEPARTMENT OF REVENUE**

**MAIL COMPLETED FORM TO:
INDIANA DEPARTMENT OF
REVENUE
P.O. BOX 6197
INDIANAPOLIS, IN 46206-6197**

DO NOT USE THIS FORM FOR REPORTING PAYROLL WITHHOLDING TAX.

Annual Public Hearing

In accordance with the Indiana Taxpayer Bill of Rights, the Indiana Department of Revenue will conduct an annual public hearing on Monday, June 11, 2007. Please come and share your ideas on how the Department can better administer Indiana tax laws. The hearing will be held from 9-10 a.m., in the Indiana Government Center South, Conference Center - Room 6, 402 W. Washington St., Indianapolis, Indiana. If you are unable to attend, please submit your concerns in writing to: Indiana Department of Revenue, Commissioner's Office, 100 North Senate Ave., Indianapolis, IN 46204.

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- **Check** account balances instantly.
- **Manage** multiple businesses under one profile.
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- **Establish** multiple users and set access rights by user.
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