

State Form 148
(R10 / 8-11)

Fiscal Year Beginning [] [] 2011 and Ending [] [] []

Check box if amended. []

Check box if name changed. []

Name of Organization, Federal Identification Number (FID), Number and Street, Indiana County or O.O.S., Principal Business Activity Code, City, State, ZIP Code, Telephone Number

K Check all boxes that apply: [] Initial Return [] Final Return [] In Bankruptcy [] Schedule M
L Do you have on file a valid extension of time to file your return (federal Form 7004 or an electronic extension of time)? [] Yes [] No
Due Date: 15th day of the fifth month following close of the tax year.

Adjusted Gross Income Tax Calculation on Unrelated Business Income

Round all entries

Table with 3 columns: Line number, Description, and Amount. Lines 1-17 cover Adjusted Gross Income Tax Calculation. Lines 18-30 cover Credit for Estimated Tax and Other Payments.

You must go to the certification and authorization section on page 2 to complete this return.



Indiana Department of Revenue
Indiana Nonprofit Organization Unrelated Business Income

Additional Explanation or Adjustment <small>State Form 49189 (R10 / 8-11)</small>			
Line (a)	Explanation (b)	Amount (c)	

Certification of Signatures and Authorization Section

Under penalties of perjury, I declare I have examined this return, including all accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete.

I authorize the Department to discuss my return with my personal representative (see page 11) Yes No

Organization's E-mail address EE

Signature of Officer _____ Date _____

Print or Type Name of Officer _____ Title _____

Personal Representative's Name (Print or Type) _____
 Telephone Number _____
 Address _____
 City _____
 State _____ ZIP Code + 4 _____

Paid Preparer: Firm's Name (or yours if self-employed) _____

Check One: Federal ID Number PTIN OR Social Security Number

Telephone Number _____
 Address _____
 City _____
 State _____ ZIP Code + 4 _____

Paid Preparer's Signature _____ Date _____

Sales/Use Tax Worksheet		
List all purchases made during 2011 from out-of-state companies.		
Column A Description of personal property purchased from out-of-state retailer	Column B Date of Purchase(s)	Column C Purchase Price
Magazine subscriptions:		
Mail order purchases:		
Internet purchases:		
Other purchases:		
1. Total purchase price of property subject to the sales/use tax		1C
2. Sales/use tax: Multiply line 1 by .07 (7%)		2C
3. Sales tax previously paid on the above items (up to 7% per item)		3C
4. Total amount due: Subtract line 3 from line 2. Carry to Form IT-20NP, line 16. If the amount is negative, enter zero and put no entry on line 16 of the IT-20NP.....		4C

**Please mail your forms to:
 Indiana Department of Revenue
 PO Box 7228
 Indianapolis, IN 46207-7228**

Schedule E

Form IT-20/20S/20NP/IT-65

State Form 49105

(R10 / 8-11)

For Tax Year Beginning

**Indiana Department of Revenue
Apportionment of Income for Indiana**

2011 and Ending

Federal Identification Number

Each filing entity having income from sources both within and outside Indiana must complete an apportionment schedule except financial institutions and certain insurance companies that use a single receipts factor. Interstate transportation entities must use Schedule E-7. Combined unitary filers must use the apportioning method (relative formula percentage) as outlined in Information Bulletin #12 and Tax Policy Directive #6. Omit cents; percents should be rounded two decimal places; read apportionment instructions.

Part I - Indiana Apportionment of Adjusted Gross Income

Sales/Receipts (less returns and allowances)

Include all non-exempt apportioned gross business income. Do not use non-unitary partnership income of previously apportioned income that must be separately reported as allocated income.

	Column A Total Within Indiana	Column B Total Within and Outside Indiana	Column C Indiana Percentage
Sales delivered or shipped to Indiana:			
1. Shipped from within Indiana.....	00		
2. Shipped from outside Indiana	00		
Sales shipped from Indiana to:			
3. The United States government	00		
4. Purchasers in a state where the taxpayer is not subject to income tax (under P.L. 86-272).....	00		
5. Interest & other receipts from extending credit attributed to Indiana	00		
6. Other gross business receipts not previously apportioned	00		
7. Total Receipts: Add column A receipts lines 1A through 6A and enter in line 7A. Enter all receipts on line 7B.....	7A 00	7B 00	

Apportionment of income for Indiana:

8. **Apportionment Percentage:** Divide line 7A by line 7B (insert as percent, not decimal)..... **8** . %

Part II - Business/Other Income Questionnaire

1. List all business locations where the taxpayer has operations or partnership interests and indicate type of activities. This section must be completed - attach additional sheets if necessary.

(a) Location City and State	(b) Nature of Business Activity at Location	(c) Accepts Orders?		(d) Registered to Do Business?		(e) Files Returns in State?		Property in State			
		Yes	No	Yes	No	Yes	No	(f) Leased?	(g) Owned?		
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No

2. Briefly describe the nature of Indiana business activities, including the exact title and principal business activity of any partnership in which the taxpayer has an interest:

3. Indicate any partnership in which you have a unitary or general partnership relationship:

4. Briefly describe the nature of activities of sales personnel operating and soliciting business in Indiana:

5. Do Indiana receipts for line 3A include all sales shipped from Indiana to (1) the U.S. government; or (2) locations where this taxpayer's only activity in the state of the purchaser consists of the mere solicitation of orders? Y N If no, please explain:

6. List the source of any directly allocated income from partnerships, estates, and trusts not in the taxpayer's apportioned tax base:

