

Form **IT-20S**

State Form 10814 (R12 / 8-13)

Indiana Department of Revenue
Indiana S Corporation Income Tax Return

for Calendar Year Ending December 31, 2013

2013

or Other Tax Year Beginning

2013 and Ending

Check box if amended.

Check box if name changed.

Name of Corporation		Federal Identification Number
Number and Street	Indiana County or O.O.S.	Principal Business Activity Code
City	State	ZIP Code
		Telephone Number

- K. Date of incorporation _____ in the State of _____
- L. State of commercial domicile _____
- M. Year of initial Indiana return _____
- N. Accounting method:
 Cash
 Accrual
 Other
- O. Date of election as S corporation _____
- P. Check all that apply to entity: Initial Return Final Return In Bankruptcy
 Composite Return Schedule M
- Q. Enter total number of shareholders: _____
 Enter number of nonresident shareholders: _____
- R. I have on file a valid extension of time to file my return
 (federal Form 7004 or an electronic extension of time) Y
- S. The corporation filed as a C corporation for the prior tax period Y
- T. This corporation is a member of a partnership Y

Schedule A - S Corporation Adjusted Gross Income

Round all entries

1. Total net income (loss) from U.S. S corporation return, Form 1120S Schedule K, lines 1 through line 10, less line 11 and a portion of line 12 related to investment income (see instructions); use minus sign for negative amounts.....	1	00
2a. Enter name of addback or deduction (see instructions) _____ Code No. _ _ _	2a	00
2b. Enter name of addback or deduction _____ Code No. _ _ _	2b	00
2c. Enter name of addback or deduction _____ Code No. _ _ _	2c	00
2d. Enter name of addback or deduction _____ Code No. _ _ _	2d	00
2e. Enter name of addback or deduction _____ Code No. _ _ _	2e	00
2f. Enter the total amount of addbacks and deductions from any additional sheets (use a minus sign for negative amounts)	2f	00
3. Total S corporation income, as adjusted (add lines 1 through 2f)	3	00
4. Enter percentage for Indiana apportioned adjusted gross income from IT-20S Schedule E line 9	4	%
Schedule B - Excess Net Passive Income & Built-In Gains		
5. Excessive net passive income or LIFO recapture tax as reported on federal Form 1120S, line 22a.....	5	00
6. Tax from federal Schedule D as reported on federal Form 1120S, line 22b.....	6	00
7. Excess net passive income from federal worksheet	7	00
8. Built-in gains from federal Schedule D (1120S).....	8	00
9. Add the amounts on lines 7 and 8.....	9	00
10. Taxable income apportioned to Indiana (multiply line 9 by line 4) (if applicable).....	10	00
11. Corporate adjusted gross income tax rate (*see instructions for line 12).....	11	X tax rate
12. Total income tax from Schedule B (multiply line 10 by percent on line 11 or enter amount from Schedule M).....	12	00
Summary of Calculations		
13. Sales/use tax on purchases subject to use tax from Sales/Use Tax Worksheet	13	00
14. Total composite tax from completed Schedule IT-20SCOMP (15G). Attach schedule	14	00
15. Total tax (add lines 12 - 14). Enter here and carry to page 2, line 16. If line 15 is zero, see line 24	15	00



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Form IT-20S

2013 Indiana S Corporation Income Tax Return

Summary of Calculations continued

Table with 3 columns: Line number, Description, and Amount. Rows 16-28 showing calculations for total tax, withholding, credits, and amounts due.

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 13) [] Y [] N

Paid Preparer's E-mail Address

Personal Representative's Name (Print or Type)

Telephone

Signature of Corporate Officer Date

Print or Type Name of Corporate Officer Title

Signature of Paid Preparer Date

Print or Type Name of Paid Preparer

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

PTIN

Telephone Number

Address

City

State Zip Code + 4

If you owe tax, please mail your return to IN Department of Revenue, PO Box 7205, Indianapolis, IN 46207-7205. If you do not owe any tax, mail it to IN Department of Revenue, PO Box 7147, Indianapolis, IN 46207-7147.



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Worksheet for S Corporation Distributive Share Income, Deductions, and Credits

Use this worksheet to compute the entry for line 1 of Form IT-20S and to assist in computing amounts reportable on or for IT-20S Schedule IN K-1. Enter the total distributive share of income from each item reportable on Form 1120S, Schedule K. Do not complete column B and C entry lines unless the corporation received distributive share or tiered income from other entities.

	A. S Corporation Income All Sources	B. Distributions from Partnerships/ Estates/Trusts	C. Distributions Attributed to Indiana
Distributive Share Amounts:			
S Corporation's Distributive Share of Items			
1. Ordinary business income (loss)		Enter below for line 13B total distributive share income received by the corporation from all non-unitary partnerships, estates, and trusts. Enter for line 14B an amount equal to required state modifications for Indiana Adjusted Gross Income. (See page 7 for instructions.)	Enter below for line 13C total distributive share income received by the corporation from partnerships, estates and trusts that were derived from or allocated to Indiana. Enter on line 14C an amount equal to the Indiana modifications for Adjusted Gross Income attributed to Indiana.
2. Net rental real estate income (loss)			
3. Other net rental income (loss)			
4. Interest income			
5a. Ordinary dividends.....			
6. Royalties.....			
7. Net short-term capital gain (loss)			
8. Net long-term capital gain (loss)			
9. Net IRC Section 1231 gain (loss)			
10. Other income (loss)			
Less allowable deductions for state tax purposes:			
11. IRC Section 179 expense deduction		↓	↓
12A. Portion of expenses related to investment portfolio income, including investment interest expense and other (federal non-itemized) deductions			
12B. Other information from line 17 of federal K-1 related to investment interest and expenses not listed elsewhere			
13. Carry total on line 13A to Form IT-20S line 1 on front page of return	13A	13B	13 C
14. Total of Indiana state modifications to distributive share income (see line 2, Form IT-20S).....		14B	14 C
15. Net Indiana adjusted gross income distributions from partnerships, estates, and trusts (add lines 13C and 14C)			15 C
16. Enter amount of Indiana pass-through credits attributed from partnerships, estates, and trusts, if any.....			16 C

Sales/Use Tax Worksheet

List all purchases made during 2013 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		1
2. Sales/use tax: Multiply line 1 by .07 (7%)		2
3. Sales tax previously paid on the above items (up to 7% per item)		3
4. Total amount due: Subtract line 3 from line 2. Carry to Form IT-20S, line 13. If the amount is negative, enter zero and put no entry on line 13 of the IT-20S		4

Schedule E

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

State Form 49105

(R12 / 8-13)

For Tax Year Beginning

Name as shown on return

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

2013 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		
Other:			
5. Interest & other receipts from extending credit attributed to Indiana.....	00		
6. Other gross business receipts not previously apportioned.....	00		
7. Direct premiums and annuities received for insurance upon property or risks in Indiana.....	00		
8. Total Receipts: Add column A receipts lines on 1A through 7A and enter in line 8A. Enter all receipts on line 8B.....	00	00	

Apportionment of income for Indiana:

9. **Apportionment Percentage:** Divide line 8A by line 8B (insert as percent, not decimal)..... 9 . %

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	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:



Schedule IT-20SCOMP

Indiana Department of Revenue

State Form 49188
(R12 / 8-13)

Name of S Corporation	Federal Identification Number
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Shareholders' Composite Indiana Adjusted Gross Income Tax Return

S Corporation's Tax Year **2013** or Other Year Beginning 2013 and Ending

See instructions on page 16. Enclose with Form IT-20S. Use additional sheets if necessary.

For any shareholder who has opted out of the composite return, please check the box in Column H.

**Attach WH-18,
copy C for each
nonresident
composite
shareholder.**

	Enter Pro Rata Share		Composite Adjusted Gross Income Tax			Credits	Total Tax	Opt Out
	A	B	C	D	E	F	G	H
	Apportioned distributive income attributed to Indiana from IN K-1, line 13	Indiana modifications from IN K-1, line 26	Adjusted gross income (Add A + B)	State tax multiply C x 3.4% (cannot be less than zero)	County tax multiply C by nonresident county tax rate (if applicable)	Enter pro rata credits from IN K-1, line 31 (may not exceed D)	Enter shareholder's tax liability (D + E - F)	Check box if opted out
Name								
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								
11.								
12.								
13. Subtotals for columns D, E, F, and G.....								
14. Carryover totals from additional sheets.....								
15. Total tax (13G + 14G).....								

Carry total tax and credits from line 15G to Summary of Calculations.

Enter total tax on Form IT-20S, line 14.



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IT-20S 2013 Schedule IN K-1

State Form 49193 (R13 / 8-13)

Indiana Department of Revenue

Shareholder's Share of Indiana Adjusted Gross Income, Deductions, Modifications, and Credits

Tax Year Beginning 2013 and Ending

Name of S Corporation _____

Federal Identification Number _____

Distributions - Provide IN K-1 to each shareholder. Enclose IN K-1 with IT-20S return. For information on the acceptable electronic data file format, visit the Department's website at www.in.gov/dor/3772.htm Pro rata amounts for lines 1 through 25 of any nonresident shareholder must be multiplied by the Indiana apportionment percent, if applicable, from IT-20S, line 4.

Part 1 - Shareholder's Identification Section

(a) If Shareholder Is an Individual (please print clearly)
 Last Name: _____ First Name: _____
 a1 _____ a2 _____ a3 _____

(b) If Shareholder Is an Other Entity (please print clearly)
 Name: _____
 b1 _____ b2 _____

(c) Shareholder's State of Residence or Commercial Domicile c1 _____

(d) Indiana Tax Withheld for Nonresident Shareholder (on WH-18) d _____
 Enter federal ID number from pass-through WH-18 _____

(e) Shareholder's Federal Pro Rata Percentage e _____

(f) Shareholder's Tax as Computed on IT-20SCOMP Column G f _____

Social Security Number:	
Federal Identification Number:	
	00
.	%
	00

Part 2 - Distributive Share Amount (use apportioned figures for nonresident shareholder)

1. Ordinary business income (loss) 00

2. Net rental real estate income (loss) 00

3. Other net rental income (loss) 00

4. Interest income 00

5. Ordinary dividends 00

6. Royalties 00

7. Net short-term capital gain (loss) 00

8. Net long-term capital gain (loss) 00

9. Net IRC Section 1231 gain (loss) 00

10. Other income (loss) 00

11. IRC Section 179 expense deduction 00

12a. Portion of expenses related to investment portfolio income, including investment interest expense and other (federal nonitemized) deductions 00

12b. Other information from line 17 of federal K-1 related to investment interest and expenses not listed elsewhere 00

13. Total pro rata distributions (Add lines 1 through 10; subtract lines 11, 12a, and 12b when applicable.) 00

Continued on next page ►



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Part 3 - State Modifications Add or subtract the following. Designate the distributive share amount of each modification for Indiana adjusted gross income from line 2 on the front of Form IT-20S. For nonresidents, apply apportioned figures. (Use minus sign to denote negative amounts.)			
14. State income taxes deducted		00	
15. Net bonus depreciation allowance		00	
16. Excess IRC Section 179 deduction		00	
17. Interest on U.S. obligations		00	
18. Addback/ Deduction _____ Code: _____		00	
19. Addback/ Deduction _____ Code: _____		00	
20. Addback/ Deduction _____ Code: _____		00	
21. Addback/ Deduction _____ Code: _____		00	
22. Addback/ Deduction _____ Code: _____		00	
23. Addback/ Deduction _____ Code: _____		00	
24. Addback/ Deduction _____ Code: _____		00	
25. Addback/ Deduction _____ Code: _____		00	
26. Total distributive share of modifications (add lines 14 through 25 and carry total to Column B on Schedule IT-20SCOMP).....		00	
Part 4 - Pro Rata Share of Indiana Pass-through Tax Credits from Corporation			
27. Enter the name of the tax credit program, its three-digit ID code, and the dollar amount of the shareholder's distributive share for each allowable credit. (Please enter all IEDC-approved credits on line 28, 29, or 30.)			
Name of Credit:	ID Code:		
a _____	b _____	c	00
d _____	e _____	f	00
28. EDGE credit. Enter the IEDC-provided project number and the dollar amount of the shareholder's distributive share for the EDGE credit.			
IEDC Project Number			
a _____	b _____		00
c _____	d _____		00
29. EDGE-R credit. Enter the IEDC-provided project number and the dollar amount of the shareholder's distributive share for the EDGE-R credit.			
IEDC Project Number			
a _____	b _____		00
c _____	d _____		00
30. For any other IEDC-approved credits, enter the three-digit ID code, project number (if the credit has a program code), and dollar amount of the shareholder's distributive share for each allowable credit.			
ID Code	IEDC Project Number		
a _____	b _____	c	00
31. Total pass-through credits (add all amounts on lines 27 and 30 and enter on IT-20COMP; any amount on line 28 or 29 should be entered on Form IT-20S)			00

