

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)			<i>X tax rate</i>
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 Composite (15F). Enclose schedule	14		.00
15. Total tax (add lines 12 - 14). If line 15 is zero, see line 24	15		.00
16. Total amount of pass-through withholding (enclose IN K-1 from the paying entity)	16		.00
17. Total composite withholding IT-6WTH payments (see instructions)	17		.00
18. Other payments/credits (enclose supporting documentation)	18		.00
19. EDGE credit. Enter the total EDGE credit amount claimed (line 19 on Schedule IN-EDGE)	19		.00
20. EDGE-R credit. Enter the total EDGE-R credit amount claimed (line 19 on Schedule IN-EDGE-R)	20		.00
21. Other certified credits. Enter the total credit amount claimed ("Total" line from Schedule IN-OCC)	21		.00
22. Subtotal (line 15 minus lines 16-21). If total is greater than zero, proceed to lines 23-25	22		.00
23. Interest: Enter total interest due; see instructions (contact the department for current interest rate)	23		.00
24. Penalty: If paying late, enter 10% of line 22; see instructions. If line 15 is zero, enter \$10 per day filed past due date	24		.00
25. Penalty: If failing to include all nonresident shareholders on composite return, enter \$500; see instructions	25		.00
26. Total Amount Due: Add lines 22-25. If less than zero, enter on line 27. Make check payable to: Indiana Department of Revenue. Make payment in U.S. funds	26		.00
27. Overpayment and Refund Amount: Line 16 plus lines 17-21, minus lines 15 and 23-25. No carryforward allowed.	27		.00



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.

Paid Preparer's Email Address

I authorize the Department to discuss my return with my personal representative (see instructions).

Y N

Personal Representative's Name (please print)

Email Address

Signature of Corporate Officer _____

Date

Print or Type Name of Corporate Officer

Title

If you owe tax, please mail your return to IN Department of Revenue, PO Box 7205, Indianapolis, IN 46207-7205.

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

Paid Preparer's Name

PTIN

Telephone Number

Address

City

State Zip Code+4

Paid Preparer's Signature _____

Date

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



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 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 2014 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

Indiana Department of Revenue
Apportionment of Income for Indiana

for Tax Year Beginning 2015 and Ending

Name as shown on return

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	<input type="text"/> .00		
2. Shipped from outside Indiana	<input type="text"/> .00		
Sales shipped from Indiana to:			
3. The United States government	<input type="text"/> .00		
4. Purchasers in a state where the taxpayer is not subject to income tax (under P.L. 86-272)	<input type="text"/> .00		
Other			
5. Interest & other receipts from extending credit attributed to Indiana	<input type="text"/> .00		
6. Other gross business receipts not previously apportioned	<input type="text"/> .00		
7. Direct premiums and annuities received for insurance upon property or risks in Indiana	<input type="text"/> .00		
8. Total Receipts: Add column A receipts lines on 1A through 7A and enter in line 8A. Enter all receipts on line 8B	8A <input type="text"/> .00	8B <input type="text"/> .00	
Apportionment of income for Indiana:			
9. Apportionment Percentage: Divide line 8A by line 8B (insert as percent, not decimal)			<input type="text"/> %



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.

City	State	Nature of Business Activity
<input type="text"/>	<input type="text"/>	<input type="text"/>
Accepts Orders? <input type="checkbox"/> Yes <input type="checkbox"/> No	Registered to Do Business? <input type="checkbox"/> Yes <input type="checkbox"/> No	Files Returns in State? <input type="checkbox"/> Yes <input type="checkbox"/> No
Property in State Leased? <input type="checkbox"/> Yes <input type="checkbox"/> No	Property in State Owned? <input type="checkbox"/> Yes <input type="checkbox"/> No	

City	State	Nature of Business Activity
<input type="text"/>	<input type="text"/>	<input type="text"/>
Accepts Orders? <input type="checkbox"/> Yes <input type="checkbox"/> No	Registered to Do Business? <input type="checkbox"/> Yes <input type="checkbox"/> No	Files Returns in State? <input type="checkbox"/> Yes <input type="checkbox"/> No
Property in State Leased? <input type="checkbox"/> Yes <input type="checkbox"/> No	Property in State Owned? <input type="checkbox"/> Yes <input type="checkbox"/> No	

City	State	Nature of Business Activity
<input type="text"/>	<input type="text"/>	<input type="text"/>
Accepts Orders? <input type="checkbox"/> Yes <input type="checkbox"/> No	Registered to Do Business? <input type="checkbox"/> Yes <input type="checkbox"/> No	Files Returns in State? <input type="checkbox"/> Yes <input type="checkbox"/> No
Property in State Leased? <input type="checkbox"/> Yes <input type="checkbox"/> No	Property in State Owned? <input type="checkbox"/> Yes <input type="checkbox"/> No	

City	State	Nature of Business Activity
<input type="text"/>	<input type="text"/>	<input type="text"/>
Accepts Orders? <input type="checkbox"/> Yes <input type="checkbox"/> No	Registered to Do Business? <input type="checkbox"/> Yes <input type="checkbox"/> No	Files Returns in State? <input type="checkbox"/> Yes <input type="checkbox"/> No
Property in State Leased? <input type="checkbox"/> Yes <input type="checkbox"/> No	Property in State Owned? <input type="checkbox"/> Yes <input type="checkbox"/> 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? If no, please explain. Yes No

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



Schedule Composite

State Form 49188
(R14 / 8-15)

Indiana Department of Revenue

Name of Entity	Federal Identification Number
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Entity's Composite Indiana Adjusted Gross Income Tax Return

Entity's Tax Year **2015** or Other Year Beginning 2015 and Ending

See instructions. Enclose with Form IT-20S, IT-65, or IT-41. Use additional sheets if necessary.

	Enter Pro Rata Share		Composite Adjusted Gross Income Tax			Total Tax
	A	B	C	D	E	F
	Apportioned distributive income attributed to Indiana from IN K-1, line 14, or IT-41 IN-K1, line 18	Indiana modifications from IN K-1, line 24, or IT-41 IN-K1, line 26	Adjusted gross income (Add A + B)	State tax multiply C x current tax rate (cannot be less than zero)	County tax multiply C by nonresident county tax rate (if applicable)	Enter entity's tax liability (D + E)
Name						
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13. Subtotals for columns D, E, and F						
14. Carryover totals from additional sheets						
15. Total tax (13F + 14F).....						
Carry total tax and credits from line 15F to Summary of Calculations.				Enter total tax on line 14 of Form IT-20S, line 6 of Form IT-65, or line 11 of Form IT-41.		



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

Tax Year Beginning 2015 and Ending

Name of S Corporation/Partnership Federal Identification Number

Distributions - Provide IN K-1 to each shareholder/partner. Enclose IN K-1 with IT-20S/IT-65 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 23 of any nonresident shareholder/partner must be multiplied by the Indiana apportionment percent, if applicable, from IT-20S/IT-65, line 4.

Part 1 – Shareholder/Partner's Identification Section

1. Shareholder/Partner Name

Check if amended

2. Shareholder/Partner Federal ID or Social Security Number

3. Shareholder/Partner Federal Pro Rata Percentage

. %

4. Shareholder/Partner State of Residence or Commercial Domicile

5. Payer's Name

6. Payer's Federal ID

7. Amount of Distribution 7 .00

8. IN State Tax Withheld 8 .00

9. IN County Tax Withheld 9 .00

Part 2 - Pro Rata Share of Indiana Pass-through Tax Credits from S Corporation/Partnership

	Column A IT-20S/IT65 Federal ID# 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"/>	<input type="text"/> .00
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> .00
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> .00
4.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> .00
5.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> .00

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Part 3 - Distributive Share Amount (use apportioned figures for nonresident shareholders/partners)

1. Ordinary business income (loss) _____	1		.00
2. Net rental real estate income (loss) _____	2		.00
3. Other net rental income (loss) _____	3		.00
4. Guaranteed payments (for IT-65 filers only; if filing IT-20S, skip to line 5) _____	4		.00
5. Interest income _____	5		.00
6. Ordinary dividends _____	6		.00
7. Royalties _____	7		.00
8. Net short-term capital gain (loss) _____	8		.00
9. Net long-term capital gain (loss) _____	9		.00
10. Net IRC Section 1231 gain (loss) _____	10		.00
11. Other income (loss) _____	11		.00
12. IRC Section 179 expense deduction _____	12		.00
13. a. Portion of expenses related to investment portfolio income, including investment interest expense and other (federal nonitemized) deductions _____	13a		.00
b. Other information from line 20 of federal K-1 related to investment interest and expenses not listed elsewhere _____	13b		.00
14. Total pro rata distributions (add lines 1 through 11; subtract lines 12, 13a, and 13b when applicable) _____	14		.00

Part 4 - 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/IT-65. For nonresidents, apply apportioned figures. (Use a minus sign to denote negative amounts.)

15. State income taxes deducted _____	15		.00
16. Net bonus depreciation allowance _____	16		.00
17. Excess IRC Section 179 deduction _____	17		.00
18. Interest on U.S. obligations _____	18		.00
19. Addback/Deduction _____ Code No. <input type="text"/>	19		.00
20. Addback/Deduction _____ Code. No. <input type="text"/>	20		.00
21. Addback/Deduction _____ Code. No. <input type="text"/>	21		.00
22. Addback/Deduction _____ Code No. <input type="text"/>	22		.00
23. Addback/Deduction _____ Code No. <input type="text"/>	23		.00
24. Total distributive share of modifications (add lines 15 through 23 and carry total to Column B on Schedule Composite) _____	24		.00

