Form IT-20NP

State Form 148 (R14 / 8-15)

Indiana Department of Revenue Indiana Nonprofit Organization Unrelated Business Income Tax Return Calendar Year Ending December 31, 2015 or

Cence to it amenicat Cence to it amenicat Name of Organization Protopal Maximum Capability Number and Street Indiana Country or O.O.S. Protopal Maximum Capability City State 2IP Code Texptoole Number K Check all boxes that apply: Initial Return In Bankruptcy Schedule M L Do you have on file a vaid extension of time to file your return (foderal Form 7004 or an electronic extension of time?? Yes	Fiscal Year Beginning	and Ending		
Name of Organization Federal identification Number (PD) Number and Street Indiana County or O.O.S. Principal illianness Acturity Code City State ZIP Code Tempore Number K Check all boxes that apply: Initial Return In Bankrupty 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 Adjusted Gross Income Tax Catulation on Unrelated Business Income 1 00 2 00 1. Unrelated business taxable income (before NOL deduction and specific deduction) from federal return 1 00 0 2 00 3. Interest on U.S. government obligations on the federal return less related expenses 3 00 0 6 00 4. Unrelated business income (subtract line 6 from line 1) 6 00 0	Check how if amonded 2015			1
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31. Total overpayment (line 25 minus lines 17 and 27-29)	30. Total payment due (add lines 26-29). (Payment must be made in U.S. funds)	PAY THIS AMOUNT	30	00
32. Amount of line 31 to be refunded				
	33. Amount of line 31 to be applied to the following year's estimated tax account		33	00



Indiana Department of Revenue Indiana Nonprofit Organization Unrelated Business Income

Additional E State Form 49189 (R11 / 8-12)	xplanation or Adjustmen	t			
Line (a)			Explanation (b)	Amount (c)	
correct, and com	plete.		ing all accompanying schedules and statements, and to the best of my representative (see instructions) Yes No Paid Preparer's Email Address	knowledge and belief it is	true,
Personal Repr	resentative's Name (Print o	r Туре)	Paid Preparer: Firm's Name (or yours if self-e	employed)	
Personal Repre	esentative's Email Address		PTIN		
Signature of Co	orporate Officer	Date			
Print or Type N	ame of Corporate Officer	Title	Telephone Number		
			Address		
Signature of Pa	id Preparer	Date	City		

Print or Type Name of Paid Preparer

Sales/Use Ta List all purchases made during 20		S.	
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%)			
3. Sales tax previously paid on the above items (up to 7% per item)			
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.			

State

Zip Code + 4

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
(R14 / 8-15)

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			Ū
to Indiana:			
 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)			
Other			
5. Interest & other receipts from			
extending credit attributed to			
Indiana 6. Other gross business receipts	.00		
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	8A .00	88	
Apportionment of income for Indiana:			
9. Apportionment Percentage:			
Divide line 8A by line 8B (insert	as		
percent, not decimal)			9 . %

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Schedule E

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
	Accepts Orders? Yes No Registered to Do Business?	Yes No	Files Returns Yes No
	Property in State Leased? Yes No State Owne	ed? Yes	No
	City	State	Nature of Business Activity
	Accepts Orders? Yes No Do Business?		Files Returns in State? Yes
	Property in State Leased? Yes No State Owne	ed? Yes	No
	City	State	Nature of Business Activity
	Accepts Orders? Yes No Do Business?		Files Returns in State? Yes No
	Property in State Leased? Yes No State Owned	ed? Yes	No
	City	State	Nature of Business Activity
	Accepts Registered to Orders? Yes No Do Business?	Yes No	Files Returns Yes No
	Property in State Leased? Yes No State Owned	ed? Yes	No
2.	Briefly describe the nature of Indiana business activities, in which the taxpayer has an interest:	including the exact titl	le and principal business activity of any partnership
	······································		
3.	Indicate any partnership in which you have a unitary or g	eneral partnership rela	ationship:
1.	Briefly describe the nature of activities of sales personne	l operating and soliciti	ng business in Indiana:
5.	Do Indiana receipts for line 3A include all sales shipped f or (2) locations where this taxpayer's only activity in the solicitation of orders? If no, please explain.		
6.	List the source of any directly allocated income from part	nerships, estates, and	I trusts not in the taxpayer's apportioned tax base: