

Fiscal Year Beginning [ ] [ ] 2015 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: Adjusted Gross Income Tax Calculation. Lines 18-25: Credit for Estimated Tax and Other Payments. Lines 26-33: Total Tax Due and Payment.



Indiana Department of Revenue  
**Indiana Nonprofit Organization Unrelated Business Income**

Additional Explanation or Adjustment <small>State Form 49189                      (R11 / 8-12)</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 instructions)      Yes     No

Paid Preparer's Email Address  EE

Personal Representative's Name (Print or Type) \_\_\_\_\_

Personal Representative's Email Address \_\_\_\_\_

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 \_\_\_\_\_

Sales/Use Tax Worksheet		
List all purchases made during 2015 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



**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.*

	<b>Column A Total Within Indiana</b>	<b>Column B Total Within and Outside Indiana</b>	<b>Column C Indiana Percentage</b>
<b>Sales delivered or shipped to Indiana:</b>			
1. Shipped from within Indiana	<input type="text"/> .00		
2. Shipped from outside Indiana	<input type="text"/> .00		
<b>Sales shipped from Indiana to:</b>			
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		
<b>Other</b>			
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		
<b>8. Total Receipts:</b> Add column A receipts lines on 1A through 7A and enter in line 8A. Enter all receipts on line 8B	<b>8A</b> <input type="text"/> .00	<b>8B</b> <input type="text"/> .00	
<b>Apportionment of income for Indiana:</b>			
<b>9. Apportionment Percentage:</b> 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
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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:

