Form Indiana Department of Re		2016
Indiana Corporate Adjusted Gros	ss Income Tax Return	Page 1
State Form 44275 For Calendar Year Ending December 31. (R14 / 8-16) Beginning 2016 and Ending		if name changed.
(R14 / 8-16)Beginning 2016 and Endir		entification Number
Name of Corporation	rederand	entinication Number
Number and Street	Indiana County or O.O.S. Principal 6	Business Activity Code
City State	ZIP Code Telephone	Number
J. Check all boxes that apply: Initial Return Final Return [☐ In Bankruptcy ☐ Insurance Co. ☐ Farmer's	Cooperative REMIC
K. Date of incorporation in the state of L. State of commercial domicile M. Year of initial Indiana return N. Location of records if different from above address:	 R. 80% or more of gross income is derived for acquiring, selling, or servicing loans or ext S. This is a consolidated return for adjusted g This return is filed on a combined basis. 	ensions of credit.
O. Check box if the corporation paid any quarterly estimated tax using different federal identification numbers	 U. In determining taxable income, I deducted expenses or directly related intangible inter 	any intangible est expenses paid
 P. Check box if you file federal Form 1120 on a consolidated basis Q. I am filing on a combined basis, and there are material changes in circumstances since the last petition was filed. 	 V. I have on file a valid extension of time (fed- 7004 or an electronic extension of time) to 	
circumstances since the last petition was med.	W. This entity reports income from disregarde	d entities.
Computation of Adjusted Gross Income Tax		Round all entries
1. Federal taxable income (before federal NOL and special deduction		1 00
2. Net qualifying dividends deduction from federal Schedule C, Forn		2 00
3. Subtract line 2 from line 1		3 00
Modifications for Adjusted Gross Income (see instructions)		4
4. Enter name of addback or deduction		5 00
5. Enter name of addback or deduction		
6. Enter name of addback or deduction		7 00
7. Enter name of addback or deduction8. Enter name of addback or deduction		8 00
Enter name of addback or deduction Enter name of addback or deduction		9 00
Enter name of addback or deduction	Code No	10 00
11. Subtotal (add/subtract lines 3 through 10; use a minus sign for ne		11 00
Other Adjustments		
12. Foreign source dividends (from worksheet) and other adjustments. U	Use a minus sign for deductions	12 00
13. Subtotal of income with adjustments (add lines 11 and 12)		13 00
14. Deduct: All source nonbusiness income or (loss) and non-unitary Schedule F, column C, line 10	y partnership distributions from IT-20	14 00
15. Taxable business income (subtract line 14 from line 13)		15 00
Apportionment of Income for Entity with Multistate Activities 16. Check one of the following apportionment methods used, attach comp 16a Schedule E, from line 9. 16b Schedule E-7, from line 10 (for interstate transportation of the proved method).	· · · · · · · ·	9/
16d. Enter Indiana apportionment percentage, if applicable (round per	cent to two decimals)	16d • %
17. Indiana apportioned business income (multiply line 15 by percent If apportionment of income is not applicable, enter the total	t on line 16d)	17 00
Add Allocated and Previously Apportioned Income to Indiana		
Enter Indiana nonbusiness income or loss and Indiana non-unitar Schedule F, column D, line 11		18 00 19 00
19. Indiana adjusted gross income before net operating loss deduction	on (add lines 17 and 18)	
Deduct from Indiana Adjusted Gross Income		

20. Indiana NOL deduction. Enter as positive amount from column 3 of Schedule IT-20NOL(s) for each loss year.....

21. Taxable adjusted gross income (subtract line 20 from line 19 and carry positive result to line 22 on page 2 of return).......

	Calculation	En a O4	22	00
	Enter amount of Indiana adjusted gross Income subject to tax from			00
23.	Indiana adjusted gross income tax (multiply line 22 by tax rate; see Note: If using alternate tax rate calculation, attach completed Schero			
	Sales/use tax due from worksheet		24	00
	nrefundable Tax Liability Credits (enclose supporting documentation	,	254	
	College and University Contribution Credit (CC-20) page 4 of return		25b	00
	Indiana Research Expense Credit (IT-20REC)	26a. 822	26b	00
	Enterprise Zone Employment Expense Credit (EZ 2)	27a. 812	27b	00
28.	Enterprise Zone Loan Interest Credit (LIC)	28a. 814	28b	00
	er Nonrefundable Credits (see instructions)			
	Enter the total of certified credits claimed from Schedule IN-OCC an		29	00
		Code No. 30a	30b	00
		Code No. 31a	31b	00
	Total of nonrefundable tax liability credits (add lines 25b through 31b other restrictions may apply)		32	00
33.	Total taxes due (add lines 23 and 24 and then subtract line 32; cann	ot be less than zero)	33	00
	dit for Estimated Tax and Other Payments			
34.	Total quarterly estimated income tax paid (itemize quarterly IT-6/EFT		34	00
٥-	Qtr1Qtr 2Qtr 3Qtr 4		35	00
	Enter overpayment credit from tax year ending		36	
	Enter this year's extension payment			00
	Other payments (attach supporting evidence)		37	00
	EDGE credit (enter amount from line 19 of Schedule IN-EDGE)		39	00
	EDGE-R credit (enter amount from line 19 of Schedule IN-EDGE-R)		39	00
	Total payments and credits (add lines 34 through 39)		40	
	ance of Tax Due or Overpayment		41	00
	Balance of Tax Due: If line 33 is greater than line 40, enter the diffe			00
	Penalty for Underpayment of Income Tax from attached Schedule I		42	00
	Interest: If payment is made after the original due date, compute inte		43	00
44.	Late Penalty: If paying late, enter 10% of line 41; see instructions. If filed past due date; see instructions on page 24		44	00
45.	Total Amount Owed: Add lines 41 through 44. Make check payable to Ir	ndiana Department of Revenue. Pay in U.S. funds	45	00
46.	Overpayment: If the sum of lines 33, 42, 43, and 44 is less than line	40, enter the difference as an overpayment	46	00
47.	Refund: Enter portion of line 46 to be refunded		47	00
48.	Overpayment Credit: Amount of line 46 less line 47 to be applied to	the following year's estimated tax account	48	00
Und ules I au	tification of Signatures and Authorization Section ler penalties of perjury, I declare I have examined this return, including all accome and statements, and to the best of my knowledge and belief it is true, correct, thorize the Department to discuss my return with my personal resentative (see instructions)			
Pe	sonal Representative's Name (Print or Type)	PTIN	self-employed))
	ail Address			
Sig	nature of Corporate Officer Date	Telephone Number		
Pri	nt or Type Name of Corporate Officer Title	_		
		Address		
Sig	nature of Paid Preparer Date	City		
Pri	nt or Type Name of Paid Preparer	State	Zip Code	+ 4

If you owe tax, please mail your return to IN Department of Revenue, PO Box 7087, Indianapolis, IN 46207-7087. If you do **not** owe any tax, mail it to IN Department of Revenue, PO Box 7231, Indianapolis, IN 46207-7231.

