Check box if name changed.

| Number and Street | Indiana County or O.O.S. | Principal Business Activity Code |  |
| :--- | :--- | :--- | :--- |
| City | State | ZIP Code | Telephone Number |

$\square$ Initial Return Final Return In Bankruptcy $\square$ Insurance Co. $\square$ Farmer's Cooperative REMIC
K. Date of incorporation $\qquad$ in the state of $\qquad$
Sate of commercial domicile $\qquad$
N . Location of records if different from above address:
O. Check box if the corporation paid any quarterly estimated tax using different federal identification numbers $\square$
P. Check box if you file federal Form 1120 on a consolidated basis i
Q. I am filing on a combined basis, and there are material changes in circumstances since the last petition was filed.
R. 80\% or more of gross income is derived from making, acquiring, selling, or servicing loans or extensions of credit.

S. This is a consolidated return for adjusted gross income tax.
T. This return is filed on a combined basis.
$\boldsymbol{U}$. In determining taxable income, I deducted any intangible expenses or directly related intangible interest expenses paid to $=<50 \%$ owned affiliates.
V. I have on file a valid extension of time (federal Form 7004 or an electronic extension of time) to file my return.
$W$. This entity reports income from disregarded entities.

## \section*{Computation of Adjusted Gross Income Tax} <br> 1. Federal taxable income (before federal NOL

2. Net qualifying dividends deduction from federal Schedule C, Form 1120
3. Subtract line 2 from line 1

## Modifications for Adjusted Gross Income (see instructions)

4. Enter name of addback or deduction
5. Enter name of addback or deduction
6. Enter name of addback or deduction
7. Enter name of addback or deduction
8. Enter name of addback or deduction
9. Enter name of addback or deduction
10. Enter name of addback or deduction
$\qquad$
11. Subtotal (add/subtract lines 3 through 10; use a minus sign for negative amounts).

## Other Adjustments

12. Foreign source dividends (from worksheet) and other adjustments. Use a minus sign for deductions
13. Subtotal of income with adjustments (add lines 11 and 12)
14. Deduct: All source nonbusiness income or (loss) and non-unitary partnership distributions from IT-20 Schedule F, column C, line 10.
$\qquad$
$\qquad$

| Round all entries |  |  |
| :---: | :---: | :---: |
| 1 |  | 00 |
| 2 |  | 00 |
| 3 |  | 00 |
| 4 |  | 00 |
| 5 |  | 00 |
| 6 |  | 00 |
| 7 |  | 00 |
| 8 |  | 00 |
| 9 |  | 00 |
| 10 |  | 00 |
| 11 |  | 00 |
| 12 |  | 00 |
| 13 |  |  |
| 14 |  | 00 |
| 15 |  | 00 |
|  |  | 00 |
|  |  | 00 |
| $16 d$ |  | 00 |
| 17 |  |  |
| 18 |  |  |
| 19 |  |  |
| 20 |  |  |
| 21 |  | 00 |

## Apportionment of Income for Entity with Multistate Activities

15. Taxable business income (subtract line 14 from line 13).
16. Check one of the following apportionment methods used, attach completed schedule, and enter percentage on line 16 d $\square 16 a$ Schedule $E$, from line 9. $\square 16 \mathrm{~b}$ Schedule E-7, from line 10 (for interstate transportation). $\square 16 c$ Other approved method.
16d. Enter Indiana apportionment percentage, if applicable (round percent to two decimals).
17. Indiana apportioned business income (multiply line 15 by percent on line 16 d ) If apportionment of income is not applicable, enter the total amount from line 15.
Add Allocated and Previously Apportioned Income to Indiana
18. Enter Indiana nonbusiness income or loss and Indiana non-unitary partnership income or loss from IT-20 Schedule F, column D, line 11
19. Indiana adjusted gross income before net operating loss deduction (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).
Code No. __ _ _ Code No. Code No. Code No. Code No. _ _ _
$\qquad$
$\qquad$ Code No. _ _ -
$\qquad$ Code No. _ _ -- - -

## Tax Calculation

22. Enter amount of Indiana adjusted gross Income subject to tax from line 21 $\qquad$

| 22 | 00 |
| :---: | :---: |
| 23 | 00 |
| 24 | 00 |
| 25b | 00 |
| 26b | 00 |
| 27b | 00 |
| 28b | 00 |
| 29 | 00 |
| 30b | 00 |
| 31b | 00 |
| 32 | 00 |
| 33 | 00 |
| 34 | 00 |
| 35 | 00 |
| 36 | 00 |
| 37 | 00 |
| 38 | 00 |
| 39 | 00 |
| 40 | 00 |
| 41 | 00 |
| 42 | 00 |
| 43 | 00 |
| 44 | 00 |
| 45 | 00 |
| 46 | 00 |
| 47 | 00 |
| 48 | 00 |

23. Indiana adjusted gross income tax (multiply line 22 by tax rate; see instructions; cannot be less than zero). Note: If using alternate tax rate calculation, attach completed Schedule M and check box.
24. Sales/use tax due from worksheet

Nonrefundable Tax Liability Credits (enclose supporting documentation)
25. College and University Contribution Credit (CC-20) page 4 of return
26. Indiana Research Expense Credit (IT-20REC)
27. Enterprise Zone Employment Expense Credit (EZ 2)
28. Enterprise Zone Loan Interest Credit (LIC)

25a. 807.
26a. 822.
27a. 812
28a. 814
Other Nonrefundable Credits (see instructions)
29. Enter the total of certified credits claimed from Schedule IN-OCC and enclose this schedule with your return.
30. Enter name of credit $\qquad$ Code No. 30a $\qquad$
31. Enter name of credit $\qquad$ Code No. 31a. ___
32. Total of nonrefundable tax liability credits (add lines 25 b through 31 b; sum of credits applied may not exceed line 23 ; other restrictions may apply).
33. Total taxes due (add lines 23 and 24 and then subtract line 32; cannot be less than zero).

## Credit for Estimated Tax and Other Payments

34. Total quarterly estimated income tax paid (itemize quarterly IT-6/EFT payments below)
$\qquad$
35. Enter overpayment credit from tax year ending
36. Enter this year's extension payment
37. Other payments (attach supporting evidence)
38. EDGE credit (enter amount from line 19 of Schedule IN-EDGE)
39. EDGE-R credit (enter amount from line 19 of Schedule IN-EDGE-R)
40. Total payments and credits (add lines 34 through 39)

## Balance of Tax Due or Overpayment

41. Balance of Tax Due: If line 33 is greater than line 40, enter the difference as the net tax balance due
42. Penalty for Underpayment of Income Tax from attached Schedule IT-2220Check box if using annualization method
43. Interest: If payment is made after the original due date, compute interest. (Contact the Department for current interest rate)
44. Late Penalty: If paying late, enter $10 \%$ of line 41 ; see instructions. If lines 23 and 24 are zero, enter $\$ 10$ per day filed past due date; see instructions on page 24
45. Total Amount Owed: Add lines 41 through 44. Make check payable to Indiana Department of Revenue. Pay in U.S. funds.
46. Overpayment: If the sum of lines $33,42,43$, and 44 is less than line 40 , enter the difference as an overpayment
47. Refund: Enter portion of line 46 to be refunded $\qquad$
48. Overpayment Credit: Amount of line 46 less line 47 to be applied to the following year's estimated tax account $\qquad$

## Certification of Signatures and Authorization Section

Under penalties of perjury, I declare I have examined this return, including all accompanying sched-
ules 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) $\square$ Yes $\square$ No

| Paid Preparer's Email Address | EE |
| :--- | :--- |

## Personal Representative's Name (Print or Type)

## Email Address

| Signature of Corporate Officer | Date |
| :--- | :--- |
| Print or Type Name of Corporate Officer | Title |

## Telephone Number

## Address

City
Print or Type Name of Corporate Officer

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

PTIN $\square$

Print 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.

