

Indiana Department of Revenue  
**Indiana Nonprofit Organization Unrelated Business Income Tax Return**  
**Calendar Year Ending December 31, 2018 or**

Fiscal Year Beginning   **2018** and Ending

Check box if amended.

Check box if name changed.

|  |                           |                                     |                  |
|--|---------------------------|-------------------------------------|------------------|
| Name of Organization   |                           | Federal Identification Number (FID) |                  |
| Number and Street  | Enter 2-Digit County Code | Principal Business Activity Code    |                  |
| City   | State                     | ZIP Code                            | Telephone Number |
| <b>K</b> Check all boxes that apply: <input type="checkbox"/> Initial Return <input type="checkbox"/> Final Return <input type="checkbox"/> In Bankruptcy <input type="checkbox"/> Schedule M<br><b>L</b> Do you have on file a valid extension of time to file your return (federal Form 7004 or an electronic extension of time)? <input type="checkbox"/> Yes <input type="checkbox"/> No |                           |                                     |                  |

**Adjusted Gross Income Tax Calculation on Unrelated Business Income**

|   |    |  |    |
|---|----|--|----|
| 1. Unrelated business taxable income (before NOL deduction and specific deduction) from federal return Form 990T (enclose Form 990T); use minus sign for negative amounts ..... | 1  |  | 00 |
| 2. Specific deduction (generally \$1,000; see instructions) .....   | 2  |  | 00 |
| 3. Interest on U.S. government obligations on the federal return less related expenses .....  | 3  |  | 00 |
| 4. Deduction for qualified patents income .....   | 4  |  | 00 |
| 5. Enter total from lines 2 through 4 .....   | 5  |  | 00 |
| 6. Subtotal for unrelated business income (subtract line 5 from line 1).....  | 6  |  | 00 |
| 7. Indiana modifications (see instructions; use a minus sign to denote negative amounts) .....  | 7  |  | 00 |
| 8. Unrelated business income, as adjusted (add lines 6 and 7). (If not apportioning, enter same amount on line 10.).....  | 8  |  | 00 |
| 9. Enter Indiana apportionment percentage, if applicable, from line 9 of IT-20 Schedule E apportionment (enclose schedule) .....  | 9  |  | %  |
| 10. Unrelated business apportioned to Indiana (multiply line 8 by line 9; otherwise, enter line 8 amount)   | 10 |  | 00 |
| 11. Enter Indiana NOL deduction without specific deduction (enclose Schedule IT-20NOL; see instructions) .....  | 11 |  | 00 |
| 12. Taxable Indiana unrelated business income (subtract line 11 from line 10) .....   | 12 |  | 00 |
| 13. Taxable income from other forms (Form 1120-POL) .....   | 13 |  | 00 |
| 14. Subtotal (add lines 12 and 13) .....  | 14 |  | 00 |
| 15. Indiana tax on unrelated business income (multiply line 14 by tax rate; see instructions for line 15) ....  | 15 |  | 00 |
| 16. Sales/use tax on purchases subject to use tax from Sales/Use Tax Worksheet .....  | 16 |  | 00 |
| 17. Total tax due (add lines 15 and 16).....  | 17 |  | 00 |

**Credit for Estimated Tax and Other Payments**

|   |    |  |    |
|---|----|--|----|
| 18. Quarterly estimated tax paid: Qtr. 1 _____ Qtr. 2 _____ Qtr. 3 _____ Qtr. 4 _____ Enter total   | 18 |  | 00 |
| 19. Amount paid with extension .....  | 19 |  | 00 |
| 20. Amount of overpayment credit (from tax year ending _____) .....   | 20 |  | 00 |
| 21. EDGE credit. Enter the total EDGE credit amount claimed (line 19 on Schedule IN-EDGE).....  | 21 |  | 00 |
| 22. EDGE-R credit. Enter the total EDGE-R credit amount claimed (line 19 on Schedule IN-EDGE-R) ..  | 22 |  | 00 |
| 23. Enter the amount of other credit _____ Code No. _____ .....   | 23 |  | 00 |
| 24. Certified credits. Enter the total of certified credits claimed from Schedule IN-OCC and enclose this schedule with your return ..... | 24 |  | 00 |
| 25. Total credits (add lines 18-24) .....   | 25 |  | 00 |
| 26. Balance of tax due (line 17 minus line 25).....   | 26 |  | 00 |
| 27. Penalty for the underpayment of income tax. Attach Schedule IT-2220 .....   | 27 |  | 00 |
| <input type="checkbox"/> Check box if using annualization method  |    |  |    |
| 28. Interest: If payment is made after the original due date, compute interest.....   | 28 |  | 00 |
| 29. Penalty: If paid late, enter 10% of line 26; see instructions. If line 17 is zero, enter \$10 per day filed past due date.....        | 29 |  | 00 |
| 30. Total payment due (add lines 26-29). (Payment must be made in U.S. funds) PAY THIS AMOUNT ..  | 30 |  | 00 |
| 31. Total overpayment (line 25 minus lines 17 and 27-29) .....  | 31 |  | 00 |
| 32. Amount of line 31 to be refunded .....  | 32 |  | 00 |
| 33. Amount of line 31 to be applied to the following year's estimated tax account .....   | 33 |  | 00 |



**Additional Explanation or Adjustment**

| 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: \_\_\_\_\_

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

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

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

\_\_\_\_\_  
PTIN

\_\_\_\_\_  
Signature of Corporate Officer                      Date

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Print or Type Name of Corporate Officer      Title

\_\_\_\_\_  
Address

\_\_\_\_\_  
Signature of Paid Preparer                      Date

\_\_\_\_\_  
City

\_\_\_\_\_  
Print or Type Name of Paid Preparer

\_\_\_\_\_  
State    Zip Code + 4

**Please mail your forms to:  
Indiana Department of Revenue  
P.O. Box 7228  
Indianapolis, IN 46207-7228**



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