

Indiana Department of Revenue
Indiana Nonprofit Organization Unrelated Business Income Tax Return
Calendar Year Ending December 31, 2019 or

Fiscal Year Beginning **2019** and Ending

Check box if amended.

Check box if name changed.

Name of Organization		Federal Employer Identification Number	
Number and Street	2-Digit County Code	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

Adjusted Gross Income Tax Calculation on Unrelated Business Income

1. Unrelated business taxable income before NOL deduction from federal Form 990-T. Use a minus sign for negative amounts. Attach Form 990-T	1		00
2. Specific deduction (generally \$1,000; see instructions)	2		00
3. Subtract line 2 from line 1	3		00
Modifications (use a minus sign for negative amounts)			
4. Enter name of add-back or deduction _____ Code No. ____	4		00
5. Enter name of add-back or deduction _____ Code No. ____	5		00
6. Enter name of add-back or deduction _____ Code No. ____	6		00
7. Enter name of add-back or deduction _____ Code No. ____	7		00
8. Unrelated business income: add or subtract lines 3 through 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 income apportioned to Indiana (line 8 x line 9; otherwise, enter line 8 amount) ..	10		00
11. Enter Indiana Net Operating Loss deduction. Enclose Schedule IT-20NOL	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 estimated 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 (see instructions).....	28		00
29. Penalty: If paid late, enter the greater of \$5 or 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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