Form IT-20NP
State Form 148
(R19 / 8-20)

Indiana Department of Revenue
Indiana Nonprofit Organization Unrelated Business Income Tax Return
Calendar Year Ending December 31, 2020 or

Fiscal Year Beginning ☐ ☐ **2020** and Ending ☐ ☐ ☐

Check box if amended. ☐   Check box if name changed. ☐

Name of Organization			Federal Employer Identification Number
Number and Street		Principal Business Activity Code	Foreign Country 2-Character Code
City	State	ZIP Code	2-Digit County 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 ☐
M Check the box if entity has multiple unrelated trades or businesses (see instructions) ☐

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 apportioned to Indiana (multiply line 8 by 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 credits from the Offset Credits Schedule, line 2	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
☐ 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

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1. Offset Credits Schedule

a. Enter credit name _____ code no. _____ 1a _____.00

b. Enter credit name _____ code no. _____ 1b _____.00

c. Enter credit name _____ code no. _____ 1c _____.00

d. Enter credit name _____ code no. _____ 1d _____.00

e. Enter credit name _____ code no. _____ 1e _____.00

2. Add lines 1a through 1e. Enter total here and on Form IT-20NP, line 23 _____ 2 _____.00

Important: The total of lines 1a through 1e cannot be greater than the Indiana tax on unrelated business income as found on Form IT-20NP, line 15 (see instructions).

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

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

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