

Indiana Department of Revenue
Indiana S Corporation Income Tax Return
for Calendar Year Ending December 31, 2020

2020

or Other Tax Year Beginning 2020 and Ending

Check box if amended.

Check box if name changed.

Name of Corporation

Federal Employer Identification Number

Number and Street

Principal Business Activity Code

Foreign Country 2-Character Code

City

State

2-Digit County Code

ZIP Code

M. Year of initial Indiana return

Telephone Number

K. Date of incorporation

In the State of

L. State of commercial domicile

N. Accounting method: Cash

Accrual

Other

O. Date of election as S corporation

P. Check all boxes that apply to entity:

Initial Return

Final Return

In Bankruptcy

Composite Return

Schedule M

Q. Enter total number of shareholders:

W. Enter number of nonresident shareholders:

R. I have on file a valid extension of time to file my return (federal Form 7004 or an electronic extension of time).

S. The corporation filed as a C corporation for the prior tax period.

T. This corporation is a member of a partnership.

U. This entity reports income from disregarded entities.

V. Check box if reporting a credit on Schedule IT-20REC

Round all entries

Schedule A - S Corporation Adjusted Gross Income

1. Total net income (loss) from U.S. S corporation return, Form 1120S Schedule K (see instructions); use minus sign for negative amounts		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.	a. Enter name of addback or deduction (see instructions)	<input type="text"/>	Code. No.	<input type="text"/>	2a	<input type="text"/>	<input type="text"/>	<input type="text"/>
	b. Enter name of addback or deduction	<input type="text"/>	Code. No.	<input type="text"/>	2b	<input type="text"/>	<input type="text"/>	<input type="text"/>
	c. Enter name of addback or deduction	<input type="text"/>	Code. No.	<input type="text"/>	2c	<input type="text"/>	<input type="text"/>	<input type="text"/>
	d. Enter name of addback or deduction	<input type="text"/>	Code. No.	<input type="text"/>	2d	<input type="text"/>	<input type="text"/>	<input type="text"/>
	e. Enter name of addback or deduction	<input type="text"/>	Code. No.	<input type="text"/>	2e	<input type="text"/>	<input type="text"/>	<input type="text"/>
	f. Enter the total amount of addbacks and deductions from any additional sheets (use a minus sign for negative amount)			2f	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3.	Total S corporation income, as adjusted (add lines 1 through 2f)				3	<input type="text"/>	<input type="text"/>	<input type="text"/>
4.	Enter percentage for Indiana apportioned adjusted gross income from IT-20S Schedule E line 9				4	<input type="text"/>	<input type="text"/>	<input type="text"/>



Schedule B - Excess Net Passive Income & Built-In Gains

5. Excessive net passive income or LIFO recapture tax as reported on federal Form 1120S	5		.00
6. Tax from federal Schedule D as reported on federal Form 1120S	6		.00
7. Excess net passive income from federal worksheet	7		.00
8. Built-in gains from federal Schedule D (1120S)	8		.00
9. Add the amounts on lines 7 and 8	9		.00
10. Taxable income apportioned to Indiana (multiply line 9 by line 4) (if applicable)	10		.00
11. Corporate adjusted gross income tax rate (*see instructions for line 12)			<i>X tax rate</i>
12. Total income tax from Schedule B (multiply line 10 by percent on line 11 or enter amount from Schedule M)	12		.00

Summary of Calculations

13. Sales/use tax on purchases subject to use tax from Sales/Use Tax Worksheet	13		.00
14. Total composite tax from completed Schedule Composite (15F). Enclose schedule	14		.00
15. Total tax (add lines 12 - 14). If line 15 is zero, see line 24	15		.00
16. Total amount of pass-through withholding (enclose IN K-1 from the paying entity)	16		.00
17. Total composite withholding IT-6WTH payments (see instructions)	17		.00
18. Other payments/credits (enclose supporting documentation)	18		.00
19. EDGE credit. Enter the total EDGE credit amount claimed (line 19 on Schedule IN-EDGE)	19		.00
20. EDGE-R credit. Enter the total EDGE-R credit amount claimed (line 19 on Schedule IN-EDGE-R)	20		.00
21. Other certified credits. Enter the total credit amount claimed ("Total" line from Schedule IN-OCC)	21		.00
22. Subtotal (line 15 minus lines 16-21). If total is greater than zero, proceed to lines 23-25	22		.00
23. Interest: Enter total interest due; see instructions (contact the department for current interest rate)	23		.00
24. Penalty: If paying late, enter 10% of line 22; see instructions. If line 15 is zero, enter \$10 per day filed past due date	24		.00
25. Penalty: If failing to include all nonresident shareholders on composite return, enter \$500; see instructions	25		.00
26. Total Amount Due: Add lines 22-25. If less than zero, enter on line 27. Make check payable to: Indiana Department of Revenue. Make payment in U.S. funds	26		.00
27. Overpayment and Refund Amount: Line 16 plus lines 17-21, minus lines 15 and 23-25. No carryforward allowed.	27		.00



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.

Paid Preparer's Email Address

I authorize the Department to discuss my return with my personal representative (see instructions).

Y N

Personal Representative's Name (please print)

Email Address

Signature of Corporate Officer _____

Date

Print or Type Name of Corporate Officer

Title

If you owe tax, please mail your return to IN Department of Revenue, PO Box 7205, Indianapolis, IN 46207-7205.

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

Paid Preparer's Name

PTIN

Telephone Number

Address

City

State Zip Code+4

Paid Preparer's Signature _____

Date

If you do **not** owe any tax, mail it to IN Department of Revenue, PO Box 7147, Indianapolis, IN 46207-7147.

