

Indiana Department of Revenue
**Shareholder's/Partner's Share of Indiana Adjusted Gross
 Income, Deductions, Modifications, and Credits**

Tax Year Beginning 2020 and Ending

Name of S Corporation/Partnership Federal Employer Identification Number

Distributions - Provide Schedule IN K-1 to each shareholder/partner. Enclose Schedule IN K-1 with Form IT-20S/IT-65 return.

Part 1 – Shareholder/Partner's Identification Section

1. Shareholder/Partner Name Check if amended

2. Shareholder/Partner FEIN or Social Security Number 3. Shareholder/Partner Federal Pro Rata Percentage . %

4. If the partner is a disregarded entity (DE), enter the partner's:

a. Name b. FEIN

c. What type of entity is the partner?

5. Shareholder/Partner State of Residence or Commercial Domicile 6. Indiana County of Principal Employment 2-digit code

7. Payer's Name

8. Payer's FEIN

9. Amount of Distribution _____	9	<input style="width: 100%;" type="text"/>	.00
10. IN State Tax Withheld _____	10	<input style="width: 100%;" type="text"/>	.00
11. Indiana Adjusted Gross Income subject to county tax _____	11	<input style="width: 100%;" type="text"/>	.00
12. IN County Tax Withheld _____	12	<input style="width: 100%;" type="text"/>	.00

Part 2 - Pro Rata Share of Indiana Pass-through Tax Credits from S Corporation/Partnership

	Column A IT-20S/IT65 FEIN if Credit is from IN K-1	Column B Certification Year	Column C Certification/Project/PIN Number	Column D Tax Credit Code	Column E Amount Claimed
1.	<input style="width: 230px;" type="text"/>	<input style="width: 90px;" type="text"/>	<input style="width: 190px;" type="text"/>	<input style="width: 90px;" type="text"/>	<input style="width: 150px;" type="text"/> .00
2.	<input style="width: 230px;" type="text"/>	<input style="width: 90px;" type="text"/>	<input style="width: 190px;" type="text"/>	<input style="width: 90px;" type="text"/>	<input style="width: 150px;" type="text"/> .00
3.	<input style="width: 230px;" type="text"/>	<input style="width: 90px;" type="text"/>	<input style="width: 190px;" type="text"/>	<input style="width: 90px;" type="text"/>	<input style="width: 150px;" type="text"/> .00
4.	<input style="width: 230px;" type="text"/>	<input style="width: 90px;" type="text"/>	<input style="width: 190px;" type="text"/>	<input style="width: 90px;" type="text"/>	<input style="width: 150px;" type="text"/> .00

Pass-through entities with more than 24 IN K-1s must file electronically

Part 3 - Distributive Share Amount (use apportioned figures for nonresident shareholders/partners)

1. Ordinary business income (loss) _____	1		.00
2. Net rental real estate income (loss) _____	2		.00
3. Other net rental income (loss) _____	3		.00
4. Guaranteed payments (for IT-65 filers only; if filing IT-20S, skip to line 5) _____	4		.00
5. Interest income _____	5		.00
6. Ordinary dividends _____	6		.00
7. Royalties _____	7		.00
8. Net short-term capital gain (loss) _____	8		.00
9. Net long-term capital gain (loss) _____	9		.00
10. Net IRC Section 1231 gain (loss) _____	10		.00
11. Other income (loss) _____	11		.00
12. IRC Section 179 expense deduction _____	12		.00
13. a. Portion of expenses related to investment portfolio income, including investment interest expense and other (federal nonitemized) deductions _____	13a		.00
b. Other information from line 20 of federal K-1 related to investment interest and expenses not listed elsewhere _____	13b		.00
14. Total pro rata distributions (add lines 1 through 11; subtract lines 12, 13a, and 13b when applicable) _____	14		.00

Part 4 - State Modifications Add or subtract the following. Designate the distributive share amount of each modification for Indiana adjusted gross income from line 2 on the front of Form IT-20S/IT-65. For nonresidents, apply apportioned figures. (Use a minus sign to denote negative amounts.)

1. State income taxes deducted _____	1		.00
2. Net bonus depreciation allowance _____	2		.00
3. Excess IRC Section 179 deduction _____	3		.00
4. Interest on U.S. obligations _____	4		.00
5. Addback/Deduction _____ Code No. <input type="text"/>	5		.00
6. Addback/Deduction _____ Code No. <input type="text"/>	6		.00
7. Addback/Deduction _____ Code No. <input type="text"/>	7		.00
8. Addback/Deduction _____ Code No. <input type="text"/>	8		.00
9. Total distributive share of modifications (add lines 1 through 8) _____	9		.00
10. Add Part 3, line 14, to Part 4, line 9. Nonresident partners/shareholders should carry amount to Schedule Composite, Column B, or on Schedule Composite-COR, Column A _____ Adjusted Gross Income	10		.00

