

Indiana Department of Revenue  
**Indiana Nonprofit Organization Unrelated Business Income Tax Return**  
**Calendar Year Ending December 31, 2022 or**

Fiscal Year Beginning   **2022** 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                 |  |
| <p><b>K.</b> Check all boxes that apply: Initial Return <input type="checkbox"/> Final Return <input type="checkbox"/> In Bankruptcy <input type="checkbox"/></p> <p><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)? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><b>M.</b> Check the box if entity has multiple unrelated trades or businesses (see instructions) <input type="checkbox"/></p> |       |                                  |  |                                  |  |

**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 .....
  2. Non-unitary partnership income .....
  3. Specific deduction (generally \$1,000; see instructions) .....
  4. Subtract line 2 and line 3 from line 1 .....
- Modifications (use a minus sign for negative amounts)**
5. Enter name of add-back or deduction \_\_\_\_\_ Code No. \_\_\_\_\_
  6. Enter name of add-back or deduction \_\_\_\_\_ Code No. \_\_\_\_\_
  7. Enter name of add-back or deduction \_\_\_\_\_ Code No. \_\_\_\_\_
  8. Enter name of add-back or deduction \_\_\_\_\_ Code No. \_\_\_\_\_
  9. Unrelated business income: add or subtract lines 4 through 8. If not apportioning, enter same amount on line 11 .....
  10. Enter Indiana apportionment percentage, if applicable, from line 9 of IT-20 Schedule E apportionment (enclose schedule) .....
  11. Unrelated business apportioned to Indiana (multiply line 9 by line 10; otherwise, enter line 9 amount) .....
  12. Non-unitary partnership income from Indiana sources .....
  13. Enter Indiana Net Operating Loss deduction. Enclose Schedule IT-20NOL .....
  14. Taxable Indiana unrelated business income (add line 11 and line 12 and subtract line 13) .....
  15. Taxable income from other forms (Form 1120-POL) .....
  16. Subtotal (add lines 14 and 15).....
  17. Indiana tax on unrelated business income (multiply line 16 by tax rate; see instructions for line 17) ....
  18. Sales/use tax on purchases subject to use tax from Sales/Use Tax Worksheet .....
  19. Total tax due (add lines 17 and 18).....

|    |  |    |
|----|--|----|
| 1  |  | 00 |
| 2  |  | 00 |
| 3  |  | 00 |
| 4  |  | 00 |
| 5  |  | 00 |
| 6  |  | 00 |
| 7  |  | 00 |
| 8  |  | 00 |
| 9  |  | 00 |
| 10 |  | %  |
| 11 |  | 00 |
| 12 |  | 00 |
| 13 |  | 00 |
| 14 |  | 00 |
| 15 |  | 00 |
| 16 |  | 00 |
| 17 |  | 00 |
| 18 |  | 00 |
| 19 |  | 00 |
| 20 |  | 00 |
| 21 |  | 00 |
| 22 |  | 00 |
| 23 |  | 00 |
| 24 |  | 00 |
| 25 |  | 00 |
| 26 |  | 00 |
| 27 |  | 00 |
| 28 |  | 00 |
| 29 |  | 00 |
| 30 |  | 00 |
| 31 |  | 00 |
| 32 |  | 00 |

**Credit for Estimated Tax and Other Payments**

20. Quarterly estimated tax paid: Qtr. 1 \_\_\_\_\_ Qtr. 2 \_\_\_\_\_ Qtr. 3 \_\_\_\_\_ Qtr. 4 \_\_\_\_\_ Enter total
21. Amount paid with extension .....
22. Amount of overpayment credit (from tax year ending \_\_\_\_\_) .....
23. Pass-through withholding and other payments (include Schedule IN K-1) .....
24. EDGE credit. Enter the total EDGE credit amount claimed (line 19 on Schedule IN-EDGE).....
25. EDGE-R credit. Enter the total EDGE-R credit amount claimed (line 19 on Schedule IN-EDGE-R) ..
26. Enter name of offset credit \_\_\_\_\_ Code No. \_\_\_\_\_
27. Enter name of offset credit \_\_\_\_\_ Code No. \_\_\_\_\_
28. Enter name of offset credit \_\_\_\_\_ Code No. \_\_\_\_\_
29. Enter name of offset credit \_\_\_\_\_ Code No. \_\_\_\_\_
30. Enter name of offset credit \_\_\_\_\_ Code No. \_\_\_\_\_
31. Certified credits. Enter the total of certified credits claimed from Schedule IN-OCC and enclose this schedule with your return .....
32. Total credits (add lines 20-31) .....



|   |    |  |    |
|---|----|--|----|
| 33. Balance of tax due (line 19 minus line 32).....   | 33 |  | 00 |
| 34. Penalty for the underpayment of income tax. Attach Schedule IT-2220 .....   | 34 |  |    |
| <input type="checkbox"/> Check box if using annualization method .....  |    |  |    |
| 35. Interest: If payment is made after the original due date, compute interest.....   | 35 |  | 00 |
| 36. Penalty: If paid late, enter 10% of line 33; see instructions. If line 19 is zero, enter \$10 per day filed<br>past due date..... | 36 |  | 00 |
| 37. Total payment due (add lines 33-36). (Payment must be made in U.S. funds) PAY THIS AMOUNT ..                                      | 37 |  | 00 |
| 38. Total overpayment (line 32 minus lines 19 and 34-36) .....  | 38 |  | 00 |
| 39. Amount of line 38 to be refunded .....  | 39 |  | 00 |
| 40. Amount of line 38 to be applied to the following year's estimated tax account .....   | 40 |  | 00 |

\_\_\_\_\_  
**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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