## Indiana Department of Revenue Allocation of Non-Business Income and Indiana Non-Unitary Partnership Income

For	Tav	Voor	Begin	nina
гu	Iax	rear	Degin	ming

2022 and Ending



Name as shown on return

Federal Employer Identification Number

Complete all applicable sections. See separate instructions for IT-20 Schedule F in income tax booklet. Attach additional sheets if necessary. Identify each item of income. Indicate the amount of related non-business expenses (other than state income taxes) for each income source. For every line with an entry, subtract column B from column A and enter the net amount in column C. Also enter the net amount in column D if the income is attributable to Indiana. Use a minus sign to denote negative amounts. Round all entries.

Column AA	Column BB	Column A	Column B	Column C	Column D	
(1) Dividends (not from DISC or Excess after federal and state foreign source dividends ded	e Owned	Total Amount	Related Expenses	Net Amount All Sources	Net Amount Indiana Source	
Source						
		00	00	00	00	
		00	00	00	00	
		00	00	00	00	
		00	00	00	00	
		00	00	00	00	
		00	00	00	00	
		00	00	00	00	
		00	00	00	00	
Carry forward subtotals from additional sheets		00	00	00	00	
Total Dividends, Expenses, and Net Amounts		00	00	1C 00	1D 00	
(2) Interest (Do not include interest	est from U.S. government obl	igations.)		· · ·		
Source and Type	Short / Long Term					
		00	00	00	00	
		00	00	00	00	
		00	00	00	00	
		00	00	00	00	
		00	00	00	00	
		00	00	00	00	
Carry forward subtotals from additional sheets		00	00	00	00	
Total Interest, Expenses, and	Net Amounts	00	00	2C 00	2D 00	
(3) Net Capital Gains or Losse	s from Sale or Exchange of	Personal Property an	d Real Estate (Indica	te if tangible or intangi	ble property.)	
Source and Type	Gross Proceeds					
	00	00	00	00	00	
	00	00	00	00	00	
	00	00	00	00	00	
	00	00	00	00	00	
	00	00	00	00	00	
	00	00	00	00	00	
	00	00	00	00	00	
Carry forward subtotals from additional sheets		00	00	00	00	
Total Net Gains, Expenses, a	00	00	3C 00	3D 00		

## IT-20 Schedule F

(continued)

Column AA	Column BB	Column A		Column B	Column C	Co	lumn D
(4) Rents and Royalties from Tangible Personal Property and Real Estate	Former or Current Business Use? (Yes/No)	Gross Amount	Related Expenses	Net Amount All Sources		Net Amount Indiana Source	
Source							
		C	0	00	00		00
		C	0	00	0.0		00
		C	0	00	0.0		00
			0	00	0.0		00
			0	00	0.0		00
Carry forward subtotals from addition	al sheets		0	00	0.0		00
Total Rents / Royalties, Expenses, ar	nd Net Amounts	C	0	00	4C 0 0	4D	00
(5) Patents, Copyrights, and Royalties	from Intangible Prop	perty					
Source							
		C	0	00	0.0		00
		C	0	00	0.0		00
			0	00	0.0		00
		C	0	00	00		00
		C	0	00	0.0		00
Carry forward subtotals from addition	al sheets	C	0	00	0.0		00
Total Patents / Royalties, Expenses,	and Net Amounts	C	0	00	5C 0 C	5D	00
(6) Other (Non-Business Income)		1		L.			!
Source and Type							
		C	0	00	0.0		00
		C	0	00	00		00
		C	0	00	00		00
		C	0	00	0.0		00
		C	0	00	0.0		00
Carry forward subtotals from addition	al sheets	C	0	00	0.0		00
Total Other Income, Expenses, and N	Net Amounts	C	0	00	6C 0 C		00
(7) Total Non-Business Income (add subtotals in column A)	7A	C	0			lu di a	ina IN K-1
(8) Total Related Expenses (add s	ubtotals in colum	n B, 8	3B			Distribu	tive Share of
lines (1) through (6))				00	Federal K-1 Distributive Share		ome from h-Unitary/
(9) Distributive Share Income from		therships and	Tiere		of Income from		Partnership
	mn AA			Column BB	Non-Unitary/Tiered		cluding
Name of Partnership (List previously app	ortioned/allocated par	tnership distributio	ons.)	LLC or LLP	Partnership(s)		ifications)
					0.0		00
					00		00
					0 0 0		00
Carry forward subtotals from additional sheets							00
Total Federal Non-Unitary Partnershi	•		o India	ana	9C 0 0	9D	00
(10) Total Net Non-Business and N (add subtotals in column C, lines Carry total of line 10C to line 14	s 1C through 6C plu			10C	0 0		
(11) Total Net Non-Business and Non-Unitary Partnership Income from Indiana Sources (add subtotals in column D, lines 1D through 6D plus line 9D) <i>Carry total of line 11D to line 18 of Form IT-20.</i>						5	0 0