Form IT-20S
State Form 10814
(R22 / 8-23)

Indiana Department of Revenue
Indiana S Corporation Income Tax Return
for Calendar Year Ending December 31, 2023

2023

or Other Tax Year Beginning ☐ ☐ 2023 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

Telephone Number

K. Date of incorporation

In the State of

L. State of commercial domicile

M. Year of initial Indiana return

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 ☐ PTET Return ☐

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 | 1 | .00

2. a. Enter name of addback or deduction (see instructions) ☐ Code. No. ☐ | 2a | .00

   b. Enter name of addback or deduction ☐ Code. No. ☐ | 2b | .00

   c. Enter name of addback or deduction ☐ Code. No. ☐ | 2c | .00

   d. Enter name of addback or deduction ☐ Code. No. ☐ | 2d | .00

   e. Enter name of addback or deduction ☐ Code. No. ☐ | 2e | .00

   f. Enter the total amount of addbacks and deductions from any additional sheets (use a minus sign for negative amount) | 2f | .00

3. Total S corporation income, as adjusted (add lines 1 through 2f) | 3 | .00

4. Enter percentage for Indiana apportioned adjusted gross income from IT-20S Schedule E line 9 | 4 | . %

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

5. LIFO recapture income (see instructions)   **5** _____ . 00

6. Excess net passive income from federal worksheet   **6** _____ . 00

7. Built-in gains from federal Schedule D (1120S)   **7** _____ . 00

8. Add the amounts on lines 5 through 7   **8** _____ . 00

9. Taxable income apportioned to Indiana (multiply line 8 by line 4) (if applicable)   **9** _____ . 00

10. Pre-conversion Indiana net operating loss (see instructions)   **10** _____ . 00

11. Taxable income after loss. Line 9 minus line 10   **11** _____ . 00

12. Corporate adjusted gross income tax rate (*see instructions for line 12)   *X tax rate*

13. Total income tax from Schedule B (multiply line 11 by percent on line 12)   **13** _____ . 00

Summary of Calculations

14. Sales/use tax on purchases subject to use tax from Sales/Use Tax Worksheet   **14** _____ . 00

15. Total composite tax from completed Schedule Composite (15G). Enclose schedule   **15** _____ . 00

16. Total pass through entity tax from Schedule PTET. Enclose schedule   **16** _____ . 00

17. Total tax (add lines 13-16). If line 17 is zero, see line 26   **17** _____ . 00

18. Total amount of pass-through withholding and PTET (enclose IN K-1 from the paying entity)   **18** _____ . 00

19. Total composite withholding IT-6WTH payments (see instructions)   **19** _____ . 00

20. Other payments/credits (enclose supporting documentation)   **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. Other certified credits. Enter the total credit amount claimed ("Total" line from Schedule IN-OCC)   **23** _____ . 00

24. Subtotal (line 17 minus lines 18-23). If total is greater than zero, proceed to lines 25-26   **24** _____ . 00

25. Interest: Enter total interest due; see instructions (contact the department for current interest rate)   **25** _____ . 00

26. Penalty: If paying late, enter 10% of line 24; see instructions. If line 17 is zero, enter $10 per day filed past due date   **26** _____ . 00

27. Total Amount Due: Add lines 24-26. If less than zero, enter on line 28. Make check payable to: **Indiana Department of Revenue.** Make payment in U.S. funds   **27** _____ . 00

28. Overpayment and Refund Amount: Line 18 plus lines 19-23, minus lines 17 and 25-26. No carryforward allowed.   **28** _____ . 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.

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