Form IT-20NP
State Form 148
(R23 / 8-24)

Indiana Department of Revenue
Indiana Nonprofit Organization Unrelated Business Income Tax Return
for Calendar Year Ending December 31, 2024

or Fiscal Year Beginning [ ] [ ] 2024 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

A. Check all boxes that apply: Initial Return [ ] Final Return [ ] In Bankruptcy [ ]
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 [ ] No [ ]
C. Check the box if entity has multiple unrelated trades or businesses (see instructions). [ ]

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	1	00
2.	Non-unitary partnership income	2	00
3.	Specific deduction (generally $1,000; see instructions)	3	00
4.	Subtract line 2 and line 3 from line 1	4	00

Modifications (use a minus sign for negative amounts)

5.	Enter name of add-back or deduction _____ Code No. ____	5	00
6.	Enter name of add-back or deduction _____ Code No. ____	6	00
7.	Enter name of add-back or deduction _____ Code No. ____	7	00
8.	Enter name of add-back or deduction _____ Code No. ____	8	00
9.	Unrelated business income: add or subtract lines 4 through 8. If not apportioning, enter same amount on line 11	9	00
10.	Enter Indiana apportionment percentage, if applicable, from line 9 of IT-20 Schedule E apportionment (enclose schedule)	10	. %
11.	Unrelated business apportioned to Indiana (multiply line 9 by line 10; otherwise, enter line 9 amount)	11	00
12.	Non-unitary partnership income from Indiana sources	12	00
13.	Enter Indiana Net Operating Loss deduction. Enclose Schedule IT-20NOL	13	00
14.	Taxable Indiana unrelated business income (add line 11 and line 12 and subtract line 13)	14	00
15.	Taxable income from other forms (Form 1120-POL)	15	00
16.	Subtotal (add lines 14 and 15)	16	00
17.	Indiana tax on unrelated business income (multiply line 16 by tax rate; see instructions for line 17)	17	00
18.	Sales/Use Tax Due	18	00
19.	Total tax due (add lines 17 and 18)	19	00

Credit for Estimated Tax and Other Payments

20.	Quarterly estimated tax paid: Qtr. 1 ____ Qtr. 2 ____ Qtr. 3 ____ Qtr. 4 ____ Enter total	20	00
21.	Amount paid with extension	21	00
22.	Amount of overpayment credit (from tax year ending ____)	22	00
23.	Pass-through withholding and other payments (include Schedule IN K-1)	23	00
24.	EDGE credit. Enter the total EDGE credit amount claimed (line 19 on Schedule IN-EDGE)	24	00
25.	EDGE-R credit. Enter the total EDGE-R credit amount claimed (line 19 on Schedule IN-EDGE-R)	25	00
26.	Enter name of offset credit _____ Code No. ____	26	00
27.	Enter name of offset credit _____ Code No. ____	27	00
28.	Enter name of offset credit _____ Code No. ____	28	00
29.	Enter name of offset credit _____ Code No. ____	29	00
30.	Enter name of offset credit _____ Code No. ____	30	00
31.	Certified credits. Enter the total of certified credits claimed from Schedule IN-OCC and enclose this schedule with your return	31	00
32.	Total credits (add lines 20-31)	32	00

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33.	Balance of tax due (line 19 minus line 32) _____	33	00
34.	Penalty for the underpayment of income tax. Attach Schedule IT-2220.		
	☐ Check box if using annualization method _____	34	00
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 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)

Email Address

_____
Signature of Corporate Officer   Date

_____
Print or Type Name of Corporate Officer   Title

_____
Signature of Paid Preparer   Date

_____
Print or Type Name of Paid Preparer

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

PTIN _____

_____
Telephone Number

_____
Address

_____
City

_____
State   ZIP Code + 4

Please mail your return to: Indiana Department of Revenue, PO Box 7228, Indianapolis, IN 46207-7228.

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