

Indiana Nonprofit Organization Unrelated Business Income Tax Return  
for Calendar Year Ending December 31, 2025

or Fiscal Year Beginning

2025 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 <input type="checkbox"/> Final Return <input type="checkbox"/> In Bankruptcy <input type="checkbox"/> 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"/> C. Check the box if entity has multiple unrelated trades or businesses (see instructions). <input type="checkbox"/>				

**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 due \_\_\_\_\_

19. Total tax due (add lines 17 and 18) \_\_\_\_\_

**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) \_\_\_\_\_

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



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33. Balance of tax due (line 19 minus line 32) \_\_\_\_\_

34. Penalty for the underpayment of income tax. Attach Schedule IT-2220.  
 Check box if using annualization method \_\_\_\_\_

35. Interest: If payment is made after the original due date, compute interest \_\_\_\_\_

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 \_\_\_\_\_

37. Total payment due (add lines 33-36). (Payment must be made in U.S. funds) PAY THIS AMOUNT \_\_\_\_\_

38. Total overpayment (line 32 minus lines 19 and 34-36) \_\_\_\_\_

39. Amount of line 38 to be refunded \_\_\_\_\_

40. Amount of line 38 to be applied to the following year's estimated tax account \_\_\_\_\_

33	00
34	00
35	00
36	00
37	00
38	00
39	00
40	00

Personal Representative's Name (Print or Type) \_\_\_\_\_

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

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



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