

or Other Tax Year Beginning 2025 and Ending

Check box if amended. <input type="checkbox"/>		Check box if amendment is due to a federal audit. <input type="checkbox"/>		Check box if name changed. <input type="checkbox"/>	
Name of Corporation		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 Insurance Co. Cooperative/IC-DISC REMIC

B. Date of incorporation _____ in the state of _____

C. State of commercial domicile _____

D. Year of initial Indiana return _____

E. Location of records if different from above address: _____

F. Check box if the corporation paid any quarterly estimated tax using different federal employer identification numbers.

G. Check box if you file federal Form 1120 on a consolidated basis.

H. I am filing on a combined basis, and there are material changes in circumstances since the last petition was filed.

I. 80% or more of gross income is derived from making, acquiring, selling, or servicing loans or extensions of credit.

J. This is a consolidated return for adjusted gross income tax.

K. This return is filed on a combined basis.

L. In determining taxable income, I deducted any intangible expenses or directly related intangible interest expenses paid to ≥ 50% owned affiliates.

M. I have on file a valid extension of time (federal Form 7004 or an electronic extension of time) to file my return.

N. This entity reports income from disregarded entities.

Computation of Adjusted Gross Income Tax

1. Federal taxable income (before federal NOL and special deductions); use a minus sign for negative amounts _____

2. Net qualifying dividends deduction from federal Schedule C, Form 1120 _____

3. Subtract line 2 from line 1 _____

Round all entries

1		00
2		00
3		00
4		00
5		00
6		00
7		00
8		00
9		00
10		00
11		00
12		00
13		00
14		00
15		00
16d	.	%
17		00
18		00
19		00
20		00
21		00

Modifications for Adjusted Gross Income (see instructions)

4. Enter name of addback or deduction

5. Enter name of addback or deduction

6. Enter name of addback or deduction

7. Enter name of addback or deduction

8. Enter name of addback or deduction

9. Enter name of addback or deduction

10. Enter name of addback or deduction

11. Subtotal (add/subtract lines 3 through 10; use a minus sign for negative amounts) _____

Code #
Code #
Code #
Code #
Code #
Code #
Code #

Other Adjustments

12. Foreign source dividends (enclose Schedule IT-20FSD; enter as a positive amount) _____

13. Subtotal of income with adjustments (subtract line 12 from line 11) _____

14. Deduct: All source nonbusiness income or (loss) and non-unitary partnership distributions from IT-20 Schedule F, column C, line 10 _____

15. Taxable business income (subtract line 14 from line 13) _____

Apportionment of Income for Entity with Multistate Activities

16. Check one of the following apportionment methods used, attach completed schedule, and enter percentage on line 16d.

16a. Schedule E, from line 9.

16b. Schedule E-7, from line 10 (for interstate transportation).

16c. Other approved method.

16d. Enter Indiana apportionment percentage, if applicable (round percent to two decimals) _____

17. Indiana apportioned business income (multiply line 15 by percent on line 16d) _____

If apportionment of income is not applicable, enter the total amount from line 15.

Add Allocated and Previously Apportioned Income to Indiana

18. Enter Indiana nonbusiness income or loss and Indiana non-unitary partnership income or loss from IT-20 Schedule F, column D, line 11 _____

19. Indiana adjusted gross income before net operating loss deduction (add lines 17 and 18) _____

Deduct from Indiana Adjusted Gross Income

20. Indiana NOL deduction. Enter as positive amount from column B of Schedule IT-20NOL(s) for each loss year _____

21. Taxable adjusted gross income (subtract line 20 from line 19 and carry positive result to line 22 on page 2 of return) _____



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Tax Calculation

22. Enter amount of Indiana adjusted gross income subject to tax from line 21 _____
 23. Indiana adjusted gross income tax (multiply line 22 by tax rate; see instructions; cannot be less than zero) _____
 24. Sales/Use Tax Due _____

22	00
23	00
24	00
25b	00
26b	00
27b	00
28b	00
29	00
30b	00
31b	00
32	00
33	00
34	00
35	00
36	00
37	00
38	00
39	00
40	00
41	00
42	00
43	00
44	00
45	00
46	00
47	00
48	00

Nonrefundable Tax Liability Credits (enclose supporting documentation)

25. College and University Contribution Credit (CC-40) 25a. (807) _____
 26. Indiana Research Expense Credit (IT-20REC) 26a. (822) _____
 27. Enterprise Zone Employment Expense Credit (EZ 2) 27a. (812) _____
 28. Enterprise Zone Loan Interest Credit (LIC) 28a. (814) _____

Other Nonrefundable Credits (see instructions)

29. Enter the total of certified credits claimed from Schedule IN-OCC and enclose this schedule with your return _____
 30. Enter name of credit _____ 30a. Code # _____
 31. Enter name of credit _____ 31a. Code # _____
 32. Total of nonrefundable tax liability credits (add lines 25b through 31b; sum of credits applied may not exceed line 23; other restrictions may apply) _____
 33. Total taxes due (add lines 23 and 24 and then subtract line 32; cannot be less than zero) _____

Credit for Estimated Tax, Other Payments, and Refundable Credits

34. Total quarterly estimated income tax paid (itemize quarterly IT-6/EFT payments below)
 Quarter 1 _____ Quarter 2 _____ Quarter 3 _____ Quarter 4 _____
 35. Enter overpayment credit from tax year ending _____
 36. Enter this year's extension payment _____
 37. Other payments, credits (attach supporting evidence) _____
 38. EDGE credit (enter amount from line 19 of Schedule IN-EDGE) _____
 39. EDGE-R credit (enter amount from line 19 of Schedule IN-EDGE-R) _____
 40. Total payments and credits (add lines 34 through 39) _____

Balance of Tax Due or Overpayment

41. **Balance of Tax Due:** If line 33 is greater than line 40, enter the difference as the net tax balance due _____
 42. Penalty for Underpayment of Income Tax from attached Schedule IT-2220 Check box if using annualization method
 43. Interest: If payment is made after the original due date, compute interest. (Contact the Department for current interest rate)
 44. Late Penalty: If paying late, enter 10% of line 41; see instructions. If lines 23 and 24 are zero, enter \$10 per day filed past due date; see instructions on page 24 _____
 45. **Total Amount Owed:** Add lines 41 through 44. Make check payable to Indiana Department of Revenue. Pay in U.S. funds
 46. Overpayment: If the sum of lines 33, 42, 43, and 44 is less than line 40, enter the difference as an overpayment _____
 47. Refund: Enter portion of line 46 to be refunded _____
 48. Overpayment Credit: Amount of line 46 less line 47 to be applied to the following year's estimated tax account _____

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). Yes No

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

PTIN

Personal Representative's Name (Print or Type)

Email Address

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

If you owe tax, please mail your return to: Indiana Department of Revenue, PO Box 7087, Indianapolis, IN 46207-7087.

If you do not owe any tax, mail it to: Indiana Department of Revenue, PO Box 7231, Indianapolis, IN 46207-7231.



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