

Indiana Department of Revenue
Indiana S Corporation Income Tax Return
for Calendar Year Ending December 31, 2025**2025**

or Other Tax Year Beginning

2025 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

ZIP Code

2-Digit County Code

Telephone Number

A. Date of incorporation _____ In the State of _____

B. State of commercial domicile _____

C. Year of initial Indiana return _____

D. Accounting method: Cash ☐ Accrual ☐ Other ☐

E. Date of election as S Corporation _____

F. Check all boxes that apply to entity:

Initial Return ☐Final Return ☐In Bankruptcy ☐Composite Return ☐PTET Return ☐

G. Enter total number of shareholders: _____ Enter number of nonresident shareholders: _____

H. I have on file a valid extension of time to file my return (federal Form 7004 or an electronic extension of time). ☐I. This corporation filed as a C Corporation for the prior tax period. ☐J. This corporation is a member of a partnership. ☐K. This entity reports income from disregarded entities. ☐L. Check box if reporting a credit on Schedule IT-20REC. ☐**Schedule A - S Corporation Adjusted Gross Income****Round all entries**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
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2. a. Enter name of addback or deduction (see instructions) Code #

2a		.00
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b. Enter name of addback or deduction Code #

2b		.00
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c. Enter name of addback or deduction Code #

2c		.00
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d. Enter name of addback or deduction Code #

2d		.00
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e. Enter name of addback or deduction Code #

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

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

3		.00
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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) _____		<i>Multiply by tax rate</i>	
13. Total income tax from Schedule B (multiply line 11 by percent on line 12) _____	13		.00

Summary of Calculations

14. Sales/Use Tax Due _____	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 through 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 through 23). If total is greater than zero, proceed to lines 25 through 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 through 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 through 23, minus lines 17 and 25 through 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).

Yes ☐ No ☐

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 Indiana 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 Indiana Department of Revenue, PO Box 7147, Indianapolis, IN 46207-7147.



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