



**Indiana Department of Revenue**  
**Amended Corporation Income Tax Return**

**Form IT-20X**

SF 438 Revised 9-00

For Calendar Year Ending \_\_\_\_\_  
or Other Tax Year

Beginning Month \_\_\_\_\_, Year \_\_\_\_\_ and Ending Month \_\_\_\_\_, Year \_\_\_\_\_ (Do Not Write Above)

Name of Corporation		Federal Identification Number
Number and Street	County	Indiana Taxpayer Identification Number
City or Post Office	State	Zip Code
		Corporate Telephone Number ( )

- a. Is a federal amended return being filed? ..... Yes  No
- b. Is the corporation currently under examination by the Indiana Department of Revenue? ..... Yes  No   
If yes, indicate years \_\_\_\_\_
- c. Is this the first amended return for this tax year? ..... Yes  No
- d. Date of incorporation \_\_\_\_\_ in state of \_\_\_\_\_
- e. Are you in a bankruptcy proceeding? ..... Yes  No
- f. List years and **attach copies of federal waivers** of the statute of limitations and dates on which waivers expire: \_\_\_\_\_
- g. Is the company under examination by the Internal Revenue Service? ..... Yes  No   
If yes, state years: \_\_\_\_\_

*Attach corrected state and federal schedules supporting these changes. Explain change in Part IV on reverse side of the form.*

**Part I - Summary of Tax Calculations**

	A As Reported or Last Determined	B Amount of Change Explain on Part IV	C Correct Amount
1. Gross income tax (attach schedule if corrected) .....			01
2. Adjusted gross income .....			02
3. Adjusted gross income tax - multiply line 2 by the applicable rate..			03
4. Subtract the greater of lines 1 or 3 from line 2 and enter difference			04
5. Supplemental net income tax - multiply line 4 by the applicable rate			05
6. Total income tax - greater of lines 1 or 3, plus line 5 .....			06
7. Sales/use and other taxes .....			07
8. Total tax due - add lines 6 and 7 .....			08

**Part II - Credits and Payments**

9. Amount of estimated tax paid (including extension payment).....			09
10. Gross income tax paid on real estate sales (attach additional receipts)			10
11. College and University Credit (attach schedule if corrected) .....			11
12. Other credits (attach an explanation if changed from original claim)			12
13. Amount previously paid with the original return .....			13
14. Amount paid on prior amended return .....			14
15. Amount paid for audit adjustment .....			15
16. Total credits - add lines 9 through 15 .....			16

**LESS:**

17. Amount previously refunded (include amounts credited to IT-6 estimated account) .....			17
18. Amount of all penalty and interest previously paid .....			18
19. Net credits - subtract lines 17 and 18 from line 16 column C .....			19

**Part III - Remittance Due or Refund (see instructions)**

20. Balance due (If line 8 is greater than 19, enter difference) .....			20
21. Penalty (10% of line 20 or \$5.00, whichever is greater) .....			21
22. Interest (see instructions) .....			22
23. Total remittance due - add lines 20, 21 and 22 .....		<b>PAY THIS AMOUNT</b> ◆	23
24. Total overpayment (If line 19 is greater than line 8, enter the difference).....	24		
25. Amount of line 24 to be refunded.....	25		
26. Amount of line 24 to be applied to the current estimated income tax account for year ending: .....			26

◆ Make checks payable to the **Indiana Department of Revenue** and mail to: **100 North Senate Avenue, Indianapolis, Indiana 46204-2253.**

**NOTE:** If the corporation is undergoing a bankruptcy proceeding, mail to: **Indiana Department of Revenue, Compliance Division, Bankruptcy Section, Indiana Government Center North, 100 N. Senate Avenue, Indianapolis, Indiana, 46204-2253.**

*Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete. I authorize the Department to discuss my return with my tax preparer. Yes  No*

Signature of Corporate Officer	Date	Print or Type Name	Title
Name	Preparer's FID, SSN, or PTIN Number		Check One <input type="checkbox"/> Federal I.D. Number
Street Address	Daytime Telephone Number		<input type="checkbox"/> Social Security Number <input type="checkbox"/> PTIN Number
City	State	Zip+4	Preparer's Signature

# Instructions for Form IT-20X

(Revised 9/00)

## Who Should File Form IT-20X

This form should be filed by a corporation amending a previously filed Indiana Corporation Income Tax Return: (Form IT-20, or IT-20SC). **To amend a previously filed Form IT-65, IT-20G, IT-20S, FIT-20, or IT-20NP, a corrected copy of the original form must be filed with "AMENDED" marked clearly at the top of the form.**

**Note:** If the corporation is undergoing a bankruptcy proceeding, mail this amended return to the Indiana Department of Revenue, Compliance Division, Bankruptcy Section, Indiana Government Center North, 100 N. Senate Ave., Indianapolis, Indiana, 46204-2253, telephone (317) 233-3158.

If this form is being filed as a result of a Federal Revenue Agent's Report, the change must be documented by attaching copies of the Revenue Agent's Report and the appropriate federal forms. If an audit has been conducted, copies of the audit report should also be attached. Payment of any balance due, plus interest, must accompany the amended return. A ten (10) percent penalty will be added if the remittance is not paid within 120 days.

**Reminder:** Indiana Code 6-3-4-6 requires taxpayers to notify the Department within 120 days of any modification made to a federal income tax return.

Under Indiana Code 6-8.1-9-1 a taxpayer has six (6) months from the date of modification by the Internal Revenue Service to file a claim for refund with the Department. Any overpayment resulting from modification of federal income tax liability must be claimed within the latter of three (3) years from the due date of the return, date of payment, or within six (6) months of notification of change by the Internal Revenue Service.

Copies of all federal waivers that apply to your amended return must be attached. An agreement with the Department to extend the statute of limitations for assessment also extends the period for filing a claim for refund.

## Completing the Form

Taxpayers should refer to the instructions for the corporation income tax return, and related schedules, of the tax year being amended. Copies of certain prior year returns may be obtained by contacting the Department of Revenue in writing.

Place your nine digit Federal Identification Number in the box at the upper right-hand corner of the form. Next enter your assigned Indiana **Taxpayer Identification Number** if you are a registered collection agent for either sales or withholding tax. Complete all other applicable questions.

## Part I - Summary of Tax Calculations

Complete lines 1 through 8 of columns A, B, and C. If the amounts reflected in column A are the result of an Indiana audit, **please attach audit Form AD-30**. Any changes reflected in column B **must** be documented.

If filing because of an I.R.C. Section 172 NOL deduction, the Indiana portion from the loss year available for use as a deduction is:

1. The federal taxable portion (Section 63) income from Form 1120 **without** regard to any federal net operating loss deduction(s), plus:
2. The state income taxes, real estate, and personal property taxes (for tax periods 1998 and before), and charitable contributions deducted on the federal return, minus:
3. Interest earned on U.S. Government Obligations.
4. Foreign gross up.
5. Subtotal of items 1 through 4, multiplied by:  
The Indiana apportionment percentage of the loss year.

The available Indiana net operating loss is subject to the same carry-back and carryover provisions as required by the Internal Revenue Code.

Net operating loss carry-back should be documented by attaching Schedule IT-20NOL. Please refer to instructions in the schedule for the treatment of net operating loss deductions.

## Part II - Credits and Payments

If a change is indicated in column B, lines 9 through 15, provide a complete explanation on Part IV below and attach any schedules, statements, or canceled

checks which support such change. Note that a change of adjusted gross income tax (column C, line 3) may affect the amount of allowable College Credit on line 11 and other credits on line 12. Generally, the total credit entered on lines 11 and 12 cannot exceed the amount of tax entered on line 3 of column C.

## Part III - Remittance Due or Refund

### Remittance Due:

**Line 20** - If line 8 is greater than line 19 enter the difference as the balance due on line 20.

**Line 21** - If an amended return is submitted after the due date of the original return, including valid extensions, penalty must be computed and entered on line 21. The penalty is ten (10) percent of the balance due, or \$5, whichever is greater. A late penalty of \$10 per day may apply to zero tax liability returns delinquenty filed.

**Line 22** - Indiana law does not provide for the waiver of interest. **Interest must be computed on the balance due.** Use the interest rate table below to properly compute the amount of interest for line 22.

**Line 23** - Add balance due, penalty and interest to equal total remittance due. Pay this amount.

### Refund Due:

**Line 24** - If line 19 is greater than line 8, subtract line 8 from line 19 and enter overpayment.

**Line 25** - Enter the portion of the overpayment from line 24 to be refunded.

When a refund is due, and if applicable, the Department will compute any interest due according to I.C. 6-8.1-9-2(c). An overpayment of tax that is not refunded within ninety (90) days after:

1. The date the tax payment was due;
2. The date the tax was paid; or
3. The date the refund claim is filed, whichever is latest, accrues interest from the latter of the tax payment's due date or the date paid, at the rate established under I.C. 6-8.1-10-1.

The statute of limitations for refund claims is three years from the due date of the return, or three years from the date the overpayment occurred, whichever is later. Extensions of time to file extend the due date of the return. Quarterly payments are considered to be made on the due date of the annual return.

**Line 26** - Enter that portion of line 24 to be applied to your current estimated tax account and the year to which the overpayment is to be applied. The total of lines 25 and 26 must equal the amount shown on line 24.

**Note:** If your overpayment is reduced due to an error on the tax return or an adjustment by the Department, the amount to be refunded (line 25) will be corrected before any changes are made to the amount on line 26.

### Table of Interest Rates Charged Per Annum:

1/1/82 to 12/31/82.....	17%	1/1/89 to 12/31/91.....	10%
1/1/83 to 12/31/83.....	13%	1/1/92 to 12/31/92.....	8%
1/1/84 to 12/31/85.....	12%	1/1/93 to 12/31/94.....	7%
1/1/86 to 12/31/86.....	10%	1/1/95 to 12/31/95.....	6%
1/1/87 to 12/31/87.....	8%	1/1/96 to 12/31/00.....	7%
1/1/88 to 12/31/88.....	9%		

Interest rates on assessments are determined annually on November 1st for each upcoming year.

For further information, call (317) 615-2662 or write:

**Indiana Department of Revenue  
Returns Processing Center  
Corporate Income Tax Section  
100 North Senate Avenue  
Indianapolis, Indiana 46204-2253**

**Part IV**-Please provide a concise explanation of change(s) below. Attach additional sheets along with the corrected schedules and any other documentation.