Form
IT-20
State Form 44275
(R8/8-10)

Indiana Department of Revenue

Indiana Corporate Adjusted Gross Income Tax Return

For Calendar Year Ending December 31, 2010 or Other Tax Year

Beginning ____ ____ 2010 and Ending ____ ____ ____

2010

Check box if name changed. ☐

Name of Corporation			Federal Identification Number
Number and Street	Indiana County or O.O.S.		Principal
City	State	ZIP Code	Telephone Number

J. *Check all boxes that apply:* ☐ Initial Return ☐ Final Return ☐ In Bankruptcy ☐ Insurance Co. ☐ Farmer's Cooperative ☐ REMIC

K. Date of incorporation _____ in the state of _____

L. State of commercial domicile _____

M. Year of initial Indiana return _____

N. Location of records if different from above address:

_____

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

P. Check box if you file federal Form 1120 on a consoildated basis ☐

Q. If filing on a combined basis, are there any material changes in circumstances since the last petition was filed? ☐ Y ☐ N

R. Is 80% or more of your gross income derived from making, acquiring, selling, or servicing loans or extensions of credit? ☐ Y ☐ N

S. Is this a consolidated return for adjusted gross income tax? ☐ Y ☐ N

T. Is this return filed on a combined basis? ☐ Y ☐ N

U. In determining taxable income, did you deduct any intangible expenses or directly related intangible interest expenses paid to 50% owned affiliates? ☐ Y ☐ N

V. Do you have on file a valid extension of time (federal Form 7004 or an electronic extension of time) to file your return? ☐ Y ☐ N

Round all entries

Computation of Adjusted Gross Income Tax			
1. Federal taxable income (before federal NOL and special deductions); use a minus sign for negative amounts	1		00
2. Net qualifying dividends deduction from federal Schedule C, Form 1120	2		00
3. **Subtract** line 2 from line 1	3		00
Modifications for Adjusted Gross Income (see instructions on page 16)			
4. Enter name of addback or deduction _____ Code No. __ __ __	4		00
5. Enter name of addback or deduction _____ Code No. __ __ __	5		00
6. Enter name of addback or deduction _____ Code No. __ __ __	6		00
7. Enter name of addback or deduction _____ Code No. __ __ __	7		00
8. Enter name of addback or deduction _____ Code No. __ __ __	8		00
9. Enter name of addback or deduction _____ Code No. __ __ __	9		00
10. Enter name of addback or deduction _____ Code No. __ __ __	10		00
11. Subtotal (add/subtract lines 3 through 10; use a minus sign for negative amounts)	11		00
Other Adjustments			
12. Foreign source dividends (from worksheet on page 4) and other adjustments. Use a minus sign for deductions	12		00
13. Subtotal of income with adjustments (add lines 11 and 12)	13		00
14. Deduct: All source nonbusiness income or (loss) and non-unitary partnership distributions from IT-20 Schedule F, column C, line 10	14		00
15. Taxable business income (subtract line 14 from line 13)	15		00
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 4c. ☐ 16b Schedule E-7, from line 30 (for interstate transportation). ☐ 16c Other approved method (including domestic insurance companies).			
16d. Enter Indiana apportionment percentage, if applicable (round percent to two decimals)	16d	.	%
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.*	17		00
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	18		00
19. Indiana adjusted gross income before net operating loss deduction (add lines 17 and 18)	19		
Deduct from Indiana Adjusted Gross Income			
20. Indiana NOL deduction. Enter as positive amount from column 4 of Schedule IT-20NOL(s) for each loss year	20		00
21. Taxable adjusted gross income (subtract line 20 from line 19 and carry positive result to line 22 on page 2 of return)	21		00

09910111594

Tax Calculation

22. Enter amount of Indiana adjusted gross Income subject to tax from line 21	22		00
23. Indiana adjusted gross income tax (multiply line 22 by 8.5% [0.085]; result may not be less than zero) *Note:* If using alternate tax rate calculation, attach completed Schedule M and check box. ☐	23		00
24. Sales/use tax due from worksheet on page 40	24		00
Nonrefundable Tax Liability Credits (attach all supporting documentation)			
25. College and University Contribution Credit (CC-20) page 4 of return 25a. 807	25b		00
26. Indiana Research Expense Credit (IT-20REC) 26a. 822	26b		00
27. Enterprise Zone Employment Expense Credit (EZ 2) 27a. 812	27b		00
28. Enterprise Zone Loan Interest Credit (LIC) 28a. 814	28b		00
Other Nonrefundable Credits (see instructions on page 21)			
29. Enter name of credit _____ Code No. 29a. __ __ __	29b		00
30. Enter name of credit _____ Code No. 30a. __ __ __	30b		00
31. Enter name of credit _____ Code No. 31a. __ __ __	31b		00
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)	32		00
33. Total taxes due (add lines 23 and 24 and then subtract line 32; cannot be less than zero)	33		00
Credit for Estimated Tax and Other Payments			
34. Total quarterly estimated income tax paid (itemize quarterly IT-6/EFT payments below) Qtr1_____ Qtr 2_____ Qtr 3 _____ Qtr 4_____	34		00
35. Enter overpayment credit from tax year ending _____	35		00
36. Enter this year's extension payment	36		00
37. Other payments/EDGE credit (attach supporting evidence)	37		00
38. Media production credit	38		00
39. Total payments and credits (add lines 34 through 38)	39		00
Balance of Tax Due or Overpayment			
40. **Balance of Tax Due:** If line 33 is greater than line 39, enter the difference as the net tax balance due	40		00
41. Penalty for Underpayment of Income Tax from attached Schedule IT-2220 ☐ Check box if using annualization method	41		00
42. Interest: If payment is made after the original due date, compute interest. (Contact the Department for current interest rate)	42		00
43. Late Penalty: If paying late, enter 10% of line 40; see instructions. If lines 23 and 24 are zero, enter $10 per day filed past due date; see instructions on page 22	43		00
44. **Total Amount Owed:** Add lines 40 through 43. Make check payable to Indiana Department of Revenue. Pay in U.S. funds	44		00
45. Overpayment: If the sum of lines 33, 41, 42, and 43 is less than line 39, enter the difference as an overpayment	45		00
46. Refund: Enter portion of line 45 to be refunded	46		00
47. Overpayment Credit: Amount of line 45 less line 46 to be applied to the following year's estimated tax account	47		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.

I authorize the Department to discuss my return with my personal representative (see page 23) ☐**Yes** ☐**No**

▶ _____

Signature of Corporate Officer Date

_____

Print or Type Name of Corporate Officer Title

_____

Personal Representative's Name (Print or Type)

Telephone Number_____

Address_____

City_____

State_____ Zip Code + 4_____

Company's E-mail Address	EE	

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

_____

Check One: ☐ Federal ID Number ☐ PTIN **OR** ☐ Social Security Number

_____

Telephone Number_____

Address_____

City_____

State_____ Zip Code + 4_____

▶ _____

Paid Preparer's Signature Date

Please mail forms to:
Indiana Department of Revenue
100 N. Senate Ave.
Indianapolis, IN 46204-2253

09910121594