

Fiscal Year Beginning

2010

and Ending

Check box if amended. ☐Check box if name changed. ☐

Name of Organization		Federal Identification Number (FID)	
Number and Street		Indiana County or O.O.S.	Principal Business Activity Code
City	State	ZIP Code	Telephone Number ()

K Check all boxes that apply: ☐ Initial Return ☐ Final Return ☐ In Bankruptcy ☐ Schedule M

L Do you have on file a valid extension of time to file your return (federal Form 7004 or an electronic extension of time)? ☐ Yes ☐ No

Due Date: 15th day of the fifth month following close of the tax year.

Adjusted Gross Income Tax Calculation on Unrelated Business Income**Round all entries**

1. Unrelated business taxable income (before NOL) deduction and specific deduction from federal return Form 990T (attach Form 990T); use minus sign for negative amounts..... 2. Specific deduction (generally \$1,000; see instructions) 3. Interest on U.S. government obligations on the federal return less related expenses 4. Deduction for qualified patents income..... 5. Enter total from lines 2 through 4 6. Subtotal for unrelated business income (subtract line 5 from line 1)..... 7. Indiana modifications. See instructions. (Use a minus sign to denote negative amounts.) 8. Unrelated business income, as adjusted (add lines 6 and 7). (If not apportioning, enter same amount on line 10.)..... 9. Enter Indiana apportionment percentage, if applicable, from line 4(c) of IT-20 Schedule E apportionment (attach schedule)..... 10. Unrelated business apportioned to Indiana (multiply line 8 by line 9; otherwise, enter line 8 amount)..... 11. Enter Indiana NOL deduction without specific deduction (attach Schedule IT-20NOL; see instructions) 12. Taxable Indiana unrelated business income (subtract line 11 from line 10) 13. Indiana tax on unrelated business income (multiply line 12 by 8.5% (.085)). See instructions for line 13. 14. Sales/use tax on purchases subject to use tax from Sales/Use Tax Worksheet 15. Total tax due (add lines 13 and 14)..... Total Tax ▶	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="text-align: center;">1</td><td style="text-align: center;">00</td></tr> <tr><td style="text-align: center;">2</td><td style="text-align: center;">00</td></tr> <tr><td style="text-align: center;">3</td><td style="text-align: center;">00</td></tr> <tr><td style="text-align: center;">4</td><td style="text-align: center;">00</td></tr> <tr><td style="text-align: center;">5</td><td style="text-align: center;">00</td></tr> <tr><td style="text-align: center;">6</td><td style="text-align: center;">00</td></tr> <tr><td style="text-align: center;">7</td><td style="text-align: center;">00</td></tr> <tr><td style="text-align: center;">8</td><td style="text-align: center;">00</td></tr> <tr><td style="text-align: center;">9</td><td style="text-align: center;">00</td></tr> <tr><td style="text-align: center;">10</td><td style="text-align: center;">00</td></tr> <tr><td style="text-align: center;">11</td><td style="text-align: center;">00</td></tr> <tr><td style="text-align: center;">12</td><td style="text-align: center;">00</td></tr> <tr><td style="text-align: center;">13</td><td style="text-align: center;">00</td></tr> <tr><td style="text-align: center;">14</td><td style="text-align: center;">00</td></tr> <tr><td style="text-align: center;">15</td><td style="text-align: center;">00</td></tr> <tr><td style="text-align: center;">16</td><td style="text-align: center;">00</td></tr> <tr><td style="text-align: center;">17</td><td style="text-align: center;">00</td></tr> <tr><td style="text-align: center;">18</td><td style="text-align: center;">00</td></tr> <tr><td style="text-align: center;">19b</td><td style="text-align: center;">00</td></tr> <tr><td style="text-align: center;">20</td><td style="text-align: center;">00</td></tr> <tr><td style="text-align: center;">21</td><td style="text-align: center;">00</td></tr> <tr><td style="text-align: center;">22</td><td style="text-align: center;">00</td></tr> <tr><td style="text-align: center;">23</td><td style="text-align: center;">00</td></tr> <tr><td style="text-align: center;">24</td><td style="text-align: center;">00</td></tr> <tr><td style="text-align: center;">25</td><td style="text-align: center;">00</td></tr> <tr><td style="text-align: center;">26</td><td style="text-align: center;">00</td></tr> <tr><td style="text-align: center;">27</td><td style="text-align: center;">00</td></tr> <tr><td style="text-align: center;">28</td><td style="text-align: center;">00</td></tr> </table>	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	16	00	17	00	18	00	19b	00	20	00	21	00	22	00	23	00	24	00	25	00	26	00	27	00	28	00
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Credit for Estimated Tax and Other Payments

16. Quarterly estimated tax paid: Qtr. 1 _____ Qtr. 2 _____ Qtr. 3 _____ Qtr. 4 _____ Enter total

17. Amount paid with extension

18. Amount of overpayment credit (from tax year ending _____).....

19. Enter name of other credit _____ Code No. 19a _____

20. Total credits (add lines 16, 17, 18, and 19b) **Total Credits ▶**

21. Balance of tax due (line 15 minus 20; if line 20 is greater than line 15, proceed to lines 22, 23, and 26)

22. Penalty for the underpayment of income tax. Attach Schedule IT-2220

☐ Check box if using annualization method

23. Interest: If payment is made after the original due date, compute interest.....

24. Penalty: If paid late, enter 10% of line 21; see instructions. If line 15 is zero, enter \$10 per day filed past due date.....

25. Total payment due (add lines 21 through 24). (Payment must be made in U.S. funds) **PAY THIS AMOUNT ▶**

26. Total overpayment (line 20 minus lines 15, 22-24).....

27. Amount of line 26 to be refunded

28. Amount of line 26 to be applied to the following year's estimated tax account.....

You must go to the certification and authorization section on page 2 to complete this return.

20510111594

Indiana Department of Revenue
Indiana Nonprofit Organization Unrelated Business Income

Additional Explanation or Adjustment

State Form 49189
(R8/8-09)

Line (a)	Explanation (b)	Amount (c)	

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 10) ☐ Yes ☐ No

Organization's E-mail address EE

►
 Signature of Officer _____ Date _____
 Print or Type Name of Officer _____ Title _____

Personal Representative's Name (Print or Type)

Telephone Number _____
 Address _____
 City _____
 State _____ ZIP Code + 4 _____

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

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

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Telephone Number _____

Address _____

City _____

State _____ ZIP Code + 4 _____

► Paid Preparer's Signature _____ Date _____

Sales/Use Tax Worksheet

List all purchases made during 2010 from out-of-state companies.

Column A Description of personal property purchased from out-of-state retailer	Column B Date of Purchase(s)	Column C Purchase Price
Magazine subscriptions:		
Mail order purchases:		
Internet purchases:		
Other purchases:		
1. Total purchase price of property subject to the sales/use tax	1C	
2. Sales/use tax: Multiply line 1 by .07 (7%)	2C	
3. Sales tax previously paid on the above items (up to 7% per item)	3C	
4. Total amount due: Subtract line 3 from line 2. Carry to Form IT-20NP, line 14. If the amount is negative, enter zero and put no entry on line 14 of the IT-20NP.....	4C	

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



20510121594

Schedule E

Form IT-20/20S/20NP/IT-65

State Form 49105

(R9 / 8-10)

For Tax Year Beginning

**Indiana Department of Revenue
Apportionment of Income for Indiana**

2010 and Ending

Federal Identification Number

Each filing entity having income from sources both within and outside Indiana must complete a three-factor apportionment schedule except financial institutions and certain insurance companies that use a single receipts factor. Interstate transportation entities must use Schedule E-7. Combined unitary filers must use the apportioning method (relative formula percentage) as outlined in Information Bulletin #12 and Tax Policy Directive #6. Omit cents; percents should be rounded two decimal places; read apportionment instructions.

**Part I - Indiana Apportionment of
Adjusted Gross Income**

1. Property Factor - Average value of owned property from the beginning and the end of the tax year. (Value of and pro rata share of real and tangible personal property at original cost.)

- (a) Property reported on federal return (average for tax year)
- (b) Fully depreciated assets still in use at cost (average value for tax year) ..
- (c) Inventories, including work in progress (average value for tax year)
- (d) Other tangible personal property (average value for tax year)
- (e) Rented property (8 times the annual net rental)

Total Property Values: Add lines 1(a) through 1(e)

2. Payroll Factor - Wages, salaries, commissions, and other compensation of employees and pro rata share of payroll reportable on the return.

Total Payroll Value:

3. Sales/Receipts Factor (less returns and allowances) - Include all non-exempt apportioned gross business income. Do not use non-unitary partnership income of previously apportioned income that must be separately reported as allocated income.

Sales delivered or shipped to Indiana:

- (a) Shipped from within Indiana
- (b) Shipped from outside Indiana

Sales shipped from Indiana to:

- (c) The United States government
- (d) Purchasers in a state where the taxpayer is not subject to income tax (under P.L. 86-272)
- (e) Interest & other receipts from extending credit attributed to Indiana
- (f) Other gross business receipts not previously apportioned

Total Receipts: Add column A receipts lines 3(a) through 3(f) and enter in line 3A. Enter all receipts in line 3B of column B

4. Summary - Apportionment of income for Indiana for tax years beginning in 2010

(a) **Receipts Percentage** for factor 3 above: Divide 3A by 3B, enter result here:

■ % Multiply result by 18

(b) **Total Percents:** Add percentages entered in boxes 1C, 2C, and 4a of column C. Enter total

(c) **Indiana Apportionment Percentage:** Divide line 4b by 20 if all three factors are present. Enter here and carry to apportionment line on the tax return

Note: If either the property or payroll factor for column B is absent, divide line 4b by 19.

If the receipts factor (3B) is absent, you must **divide line 4b by 2. See instructions.**

Part II - Business/Other Income Questionnaire

1. List all business locations where the taxpayer has operations or partnership interests and indicate type of activities. This section must be completed - attach additional sheets if necessary.

(a) Location City and State	(b) Nature of Business Activity at Location	(c) Accepts Orders?		(d) Registered to Do Business?		(e) Files Returns in State?		Property in State			
		Yes	No	Yes	No	Yes	No	(f) Leased?		(g) Owned?	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No

2. Briefly describe the nature of Indiana business activities, including the exact title and principal business activity of any partnership in which the taxpayer has an interest:

3. Indicate any partnership in which you have a unitary or general partnership relationship:

4. Briefly describe the nature of activities of sales personnel operating and soliciting business in Indiana:

5. Do Indiana receipts for line 3A include all sales shipped from Indiana to (1) the U.S. government; or (2) locations where this taxpayer's only activity in the state of the purchaser consists of the mere solicitation of orders? ☐ Y ☐ N If no, please explain:

6. List the source of any directly allocated income from partnerships, estates, and trusts not in the taxpayer's apportioned tax base:



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