

FormIT20s (+)

ReturnHeaderState(+)

Form IT-20S

State Form 10814
(R20 / 8-21)Indiana Department of Revenue
Indiana S Corporation Income Tax Return

for Calendar Year Ending December 31, 2021

2021

TaxYr

ReturnType

TaxPeriodBeginDt

TaxPeriodEndDt

ReturnFormHeader (+)

or Other Tax Year Beginning 2021 and Ending

AmendedReturnIndicator

NameChangeIndicator

Filer (+)

Check box if amended.

Check box if name changed.

Name of Corporation

BusinessName (+)

BusinessNameLine1Txt

BusinessNameLine2Txt

Federal Employer Identification Number

EIN

Number and Street

USAddress (+)

ForeignAddress (+)

Principal Business Activity Code

Foreign Country 2-Character Code

AddressLine1Txt

AddressLine2Txt

NAICSCode

CountryCd

City

State

2-Digit County Code

ZIP Code

CityNm

StateAbbreviation

ProvinceOrStateNm

BusinessLocationCountyCd

ZIPCd

ForeignPostalCd

Telephone Number

K. Date of incorporation

In the State of

L. State of commercial domicile

M. Year of initial

Indiana return

BusinessPhoneNum

DateOfIncorporation

StateOfIncorporation

StateOfDomicile

YearFirstFiledInState

N. Accounting method: Cash

AccountingMethod

Other

O. Date of election as S corporation

DateOfElectionSCorp

P. Check all boxes that apply to entity:

InitialReturnIndicator

FinalReturnIndicator

BankruptcyIndicator

CompositeIndicator

ScheduleMIndicator

Initial Return

Final Return

In Bankruptcy

Composite Return

Schedule M

TotalNumberOfPartnerSharehldr

NbrOfNonResPartnerSharehldr

Q. Enter total number of shareholders:

W. Enter number of nonresident shareholders:

ExtensionToFiled

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

FiledAsCCorpLastYear

S. The corporation filed as a C corporation for the prior tax period.

CorpMemberOfPartnership

T. This corporation is a member of a partnership.

EntRptsIncomeDisregardedEnt

U. This entity reports income from disregarded entities.

V. Check box if reporting a credit on Schedule IT-20REC

Round all entries

Schedule **ScheduleA (+)** Adjusted Gross Income

1. Total net income (loss) from U.S. S corporation return, Form 1120S Schedule K (see instructions); use minus sign for negative amounts

INAddbackDeduction (+)

TotNetIncmAmt

2. a. Enter name of addback or deduction (see instructions)

Code

Amount

- b. Enter name of addback or deduction

Code. No.

2b

- c. Enter name of addback or deduction

Code. No.

2c

- d. Enter name of addback or deduction

Code. No.

2d

- e. Enter name of addback or deduction

Code. No.

2e

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

AdditionalINAddbacksDeductions

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

StateGrossIncome

4. Enter percentage for Indiana apportioned adjusted gross income from IT-20S Schedule E line 9

ApportionmentSchPcnt

%

Light Blue = Return Form Header (DOR)
Orange = Return Header State (TIGERS)
Bright Yellow = IT-20S form fields
(+) = Complex types which break out further



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Schedule B - Excess Net Passive Income & Built-In Gains

- | | | |
|---|--------------------------------|------------|
| 5. LIFO recapture income (see instructions) | LIFO Reserve Recapture | 0.00 |
| 6. Excess net passive income from federal worksheet | Excess Net Passive Income | 0.00 |
| 7. Built-in gains from federal Schedule D (1120S) | Taxable Portion Built In Gains | 0.00 |
| 8. Add the amounts on lines 5 through 7 | 8 | 0.00 |
| 9. Taxable income apportioned to Indiana (multiply line 8 by line 4) (if applicable) | Income Apportioned State | 0.00 |
| 10. Pre-conversion Indiana Net Operating Loss (see instructions) | Taxable Income Indiana | 0.00 |
| 11. Taxable income after loss. Line 9 minus line 10 | Taxable Income After Loss | 0.00 |
| 12. Corporate adjusted gross income tax rate (*see instructions for line 12) | | X tax rate |
| 13. Total income tax from Schedule B (multiply line 11 by percent on line 12 or enter amount from Schedule M) | Sub Tot Amt Tax | 0.00 |

Summary of Calculations**SummaryOfCalculations (+)**

- | | | |
|---|-------------------------------|------|
| 14. Sales/use tax on purchases subject to use tax from Sales/Use Tax Worksheet | State Use Tax | 0.00 |
| 15. Total composite tax from completed Schedule Composite (15F). Enclose schedule | Composite Tot Amt Tax | 0.00 |
| 16. Total tax (add lines 13-15). If line 16 is zero, see line 25 | Total Amt Tax | 0.00 |
| 17. Total amount of pass-through withholding (enclose IN K-1 from the paying entity) | Withholding Credits Amt | 0.00 |
| 18. Total composite withholding IT-6WTH payments (see instructions) | Comp Withholding Credits Amt | 0.00 |
| 19. Other payments/credits (enclose supporting documentation) | Other Payment Credits Amt | 0.00 |
| 20. EDGE credit. Enter the total EDGE credit amount claimed (line 19 on Schedule IN-EDGE) | Tot EDGE Credit From Sch Amt | 0.00 |
| 21. EDGE-R credit. Enter the total EDGE-R credit amount claimed (line 19 on Schedule IN-EDGE-R) | Tot EDGER Credit From Sch Amt | 0.00 |
| 22. Other certified credits. Enter the total credit amount claimed ("Total" line from Schedule IN-OCC) | Tot OCC Credit From Sch Amt | 0.00 |
| 23. Subtotal (line 16 minus lines 17-22). If total is greater than zero, proceed to lines 24-26 | State Taxable Income | 0.00 |
| 24. Interest: Enter total interest due; see instructions (contact the department for current interest rate) | Interest Due | 0.00 |
| 25. Penalty: If paying late, enter 10% of line 23; see instructions. If line 16 is zero, enter \$10 per day filed past due date | Penalty | 0.00 |
| 26. Penalty: If failing to include all nonresident shareholders on composite return, enter \$500; see instructions | Penalty Incomplete Comp | 0.00 |
| 27. Total Amount Due: Add lines 23-26. If less than zero, enter on line 28. Make check payable to: Indiana Department of Revenue. Make payment in U.S. funds | Total Due Amt | 0.00 |
| 28. Overpayment and Refund Amount: Line 17 plus lines 18-22, minus lines 16 and 24-26. No carryforward allowed. | Overpayment Refunded | 0.00 |



Certification of Signatures and Authorization Section

Under penalties of perjury, I declare I have examined this return, including attachments, if any, and the statements, and to the best of my knowledge and belief it is true, correct, and complete.

PaidPreparerInformationGrp(+)

Paid Preparer's
EmailAddressTxt

I authorize the Department to discuss my return with my
AuthorizeDiscuss
ative (see instructions).

PersonalRep (+)

PersonalRepName (+)

IndividualName (+)

Personal Representative's Name (please print)

FirstName MiddleInitial LastName NameSuffix

BusinessName

Email
Address

EmailAddressTxt

Signature of

Corporate Officer

BusinessRepresentative(+)

Date

SignatureDt

PersonName (+)

Name of Corporate Officer

FirstName MiddleInitial LastName NameSuffix

PersonTitleTxt

If you owe tax, please mail your return to IN Department of
Revenue, PO Box 7205, Indianapolis, IN 46207-7205.

PreparerFirmName (+) e (or yours if self-employed)

BusinessNameLine1Txt BusinessNameLine2Txt

Paid Preparer's Name

PreparerPersonNm

PTIN

PhoneNum

ForeignPhoneNum

PreparerUSAddress (+)

PreparerForeignAddress (+)

AddressLine1Txt

AddressLine2Txt

CityNm

City

StateAbbreviationCd

ZIPCd

State

ProvinceOrStateNm

CountryCd

ForeignPostalCd

Paid Preparer's Signature

Date

SignatureDt

If you do **not** owe any tax, mail it to IN Department of Revenue,
PO Box 7147, Indianapolis, IN 46207-7147.

