17 20 234567890123 Indiana Corporate Adjus	sted	Gross in	come T	ax Ret	urn 34	30709	2U Z 3	TJU/	JJU
State Form 44275 For Calendar Year Ending D		DD-	1 or Other	r lax Yea	ar	_			
Beginning 2021	I and	Ending				_			
DD			кк					B1	
Check box if amended Check box if amendment is	due to	a federal	audit		Chec	k box if n	ame ch		
Name of Corporation					F-ecl	eral Employer	Ideritificat	ion Number	г
В					A				
Number and Street	Pr	incipal Business	Activity Code		Fore	eign Country 2	-Characte	r Code	
City State ZIP Code		2-Dig	git County Code	e	Tele	phorie Numbe	er		
E F G	J				1				
I Charle all has see that purply lastice Datum III. Final Pature III.	In Dani	ou untou (13	Ingurana	Co I II	Coorer	otivo/IC DI	ISC	Б ВЕМ	
J. Check all boxes that apply: Initial Return Final Return 2 I		80% or mo						3 REWIN	
K. Date of incorporation in the state of L. State of commercial domicile		acquiring,					O .	1	
M. Year of initial Indiana return	S.	This is a co							
N. Location of records if different from above address:		This return						1	
Check box if the corporation paid any quarterly estimated tax	U.	In determin	ning taxable	income,	I deducte	d any intar	ngible		
using different federal employer identification numbers 1		expenses o	or directly re	lated inta			9		
P. Check box if you file federal Form 1120 on a consolicated basis	1	to ≥ 50% ov						1	
Q. I am filing on a combined basis, and there are material changes in	V.	I have on fil 7004 or an			,			1	
circumstances since the last petition was filed 1	W	This entity i						1	
Computation of Adjusted Gross Income Tax						R	ound a	ii entri) S
Federal taxable income (before federal NOL and special deduction	T I I					1			0.0
Net qualifying dividends deduction from federal Schedule C, Form						2			00
3. Subtract line 2 from line 1						3			00
Modifications for Adjusted Gross Income (see instructions) 4. Enter name of addback or deduction	+++		C	ode No.		4			00
Enter name of addback or deduction				ode No.		5			0.0
6. Enter name of addback or deduction				ode No		6			00
7. Enter name of addback or deduction			С	ode No		7			0.0
Enter name of addback or deduction				ode No		9			0.0
Enter name of addback or deduction Enter name of addback or deduction				ode No		10			00
				ode No		11			00
11. Subtotal (add/subtract lines 3 through 10; use a minus sign for neg Other Adjustments	jauve a	mounts)							
12. Foreign source dividends (enclose Schedule IT-20FSD; enter as a	positiv	e amount)				12			00
13. Subtotal of income with adjustments (subtract line 12 from line 11)						13			00
 Deduct: All source nonbusiness income or (loss) and non-unitary Schedule F, column C, line 10. 						14			OC
Schedule F, column C, line 10						15			00
Apportionment of Income for Entity with Multistate Activities									
16. Check one of the following apportionment methods used, attach complete	eted sc	hedule, and e	enter percer	tage on lir	ne 16d		+		#
☐ 16a Schedule E, from line 9. ☐ 16b Schedule E-7, from line 10 (for interstate transportation	n)						+		H
☐ 16c Other approved method.	1/-								#
16d. Enter Indiana apportionment percentage, if applicable (round percentage)	ent to t	wo decimals	s)			16c	•		%
17. Indiana apportioned business income (multiply line 15 by percent of						17			00
If apportionment of income is not applicable, enter the total a Add Allocated and Previously Apportioned income to Indiana	arnouni	rrom line 15	D						
18. Enter Indiana nonbusiness income or loss and Indiana non-unitary	partne	rship incom	e or loss fro	om IT-20					
Schedule F, column D, line 11						18			00
19. Indiana adjusted gross income before net operating loss deduction	ւ (add I	ines 17 and	18)			19	++++		0.0
Deduct from Indiana Adjusted Gross Income 20. Indiana NOL deduction. Enter as positive amount from column B of Sch	ne dula	T-20NOL(6)	for each loss	: Vear		20			00
 Incliana NOL deduction. Enter as positive amount from column 8 of Scr Taxable adjusted gross income (subtract line 20 from line 19 and carry 						21			0.0
Carrend Section (Section 19 19 19 19 19 19 19 19 19 19 19 19 19	, 20011		J. J.	5. 2 51 10					100
1,28011 80110 10110 10110 10110									
	992111	1594							

01				
0000	000001111111111122222222233333333333444	44444445555555555666666	666677777777	777888888
1234	5 6 17 20 0 1 2 3 4 5 6 7 8 9 0 1 2 3 2021 7 In alana Coffio 7 at 0 Adj	usted Grossolineom é taxarutura 3 4 5	678901234567	789012345
04				
05	Tax Calculation 22. Enter amount of Indiana adjusted gross Income subject to tax from lir	ne 91	22.	
06	23. Indiana adjusted gross income tax (multiply line 22 by tax rate, see in		23	00
07	Note: If using alternate tax rate calculation, attach completed Schedu			
08	24. Sales/use tax due from worksheet		24	00
09	Nonrefundable Tax Liability Credits (enclose supporting documentation))		
10		25a. 807	25b	00
11		26a. 822	26b	00
12		27a. 812	27b	00
13		28a. 814	28b	00
14	Other Nonrefundable Credits (see instructions) 29. Enter the total of certified credits claimed from Schedule IN-OCC and	analoga this canadula with your raturn	29	00
15		ode No. 30a.	30b	00
16		ode No. 31a.	31b	00
18	32. Total of nonrefundable tax liability credits (add lines 25b through 31b;		O I D	
19	other restrictions may apply)		32	00
20	33. Total taxes due (add lines 23 and 24 and then subtract line 32; cannot	be less than zero)	33	00
21	Credit for Estimated Tax, Other Payments, and Refundable Credits			
22	34. Total quarterly estimated income tax paid (itemize quarterly IT-6/EFT p	payments below)	34	0.0
23	Qtr1 Qtr2 Qtr3 Qtr4	+	35	00
24	S5. Enter overpayment credit from tax year ending a S6. Enter this year's extension payment		36	00
25	37. Other payments, credits (attach supporting evidence)		37	00
26	Strief payments, credits (attach supporting evidence)		38	00
27	39. EDGE-R credit (enter amount from line 19 of Schedule IN-EDGE-R)		39	00
28	40. Total payments and credits (add lines 34 through 39)			
29	Balance of Tax Due or Overpayment		40	00
30	41. Balance of Tax Due: If line 33 is greater than line 40, enter the difference	ence as the net tax balance due	41	00
31	42. Penalty for Underpayment of Income Tax from attached Schedule IT-	2220 Check box if using annualization method	42	00
32	43. Interest: If payment is made after the original due date, compute interest	est. (Contact the Department for current interest rate)		
33	44. Late Penalty: If paying late, enter 10% of line 41; see instructions. If line		43	00
34	filed past due date; see instructions on page 24		44	00
35	45. Total Amount Owed: Add lines 41 through 44. Make check payable to Inci		45	00
36	46. Overpayment: If the sum of lines 33, 42, 43, and 44 is less than line 40		46	00
37 38	47. Refund: Enter portion of line 46 to be refunded			00
39	48. Overpayment Credit: Amount of line 46 less line 47 to be applied to the	e following year's estimated tax account	48	
40	Certification of Signatures and Authorization Section Under penalties of perjury, I declare I have examined this return, including all accompa	appling school		
41	ules and statements, and to the best of my knowledge and belief it is true, correct, ar	nd complete.		
42	I authorize the Department to discuss my return with my personal	Paid Preparer's Ernail Address		
43	representative (see instructions) Yes 🖂 1 No 🖸 2	Talu Tispaisi a Linaii Audiesa de		
44	00	FF		
45	Personal Representative's Name (Print or Type)	Paid Preparer: Firm's Name (or yours if s	elf-employed)	
46				
47	RR Email Address	PTIN		
48		NN		
49	Company of Company Officer			
50	Signature of Corporate Officer Date	PP		
51	<u>LL</u>	Telephone Number		
52	Print or Type Name of Corporate Officer Title	G\$		
53		Address		
54				
55	Signature of Paid Preparer Date	City		+++++
56 57	Date Date	City		
58	ZZ		JJ	
59	Print or Type Name of Paid Preparer	State	Zip Code + 4	
60	If you owe tax, please mail your return to IN Departme			++++++
61	If you do not owe any tax, mail it to IN Department	of Revenue, PO Box 7231, Indianapolis, IN 4	6207-7231.	
62				
63		21121594		
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65				