

Indiana Department of Revenue
Indiana Nonprofit Organization Unrelated Business Income Tax Return
Calendar Year Ending December 31, 2021 or

Fiscal Year Beginning **2021** and Ending

Check box if amended.

Check box if name changed.

Name of Organization			Federal Employer Identification Number		
Number and Street		Principal Business Activity Code		Foreign Country 2-Character Code	
City	State	ZIP Code	2-Digit County Code	Telephone Number	
<p>K. Check all boxes that apply: Initial Return <input type="checkbox"/> Final Return <input type="checkbox"/> In Bankruptcy <input type="checkbox"/> Schedule M <input type="checkbox"/></p> <p>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 <input type="checkbox"/> No <input type="checkbox"/></p> <p>M. Check the box if entity has multiple unrelated trades or businesses (see instructions) <input type="checkbox"/></p>					

Adjusted Gross Income Tax Calculation on Unrelated Business Income

1. Unrelated business taxable income before NOL deduction from federal Form 990-T.
 Use a minus sign for negative amounts. Attach Form 990-T
 2. Non-unitary partnership income
 3. Specific deduction (generally \$1,000; see instructions)
 4. Subtract line 2 and line 3 from line 1
- Modifications (use a minus sign for negative amounts)**
5. Enter name of add-back or deduction _____ Code No. ____
 6. Enter name of add-back or deduction _____ Code No. ____
 7. Enter name of add-back or deduction _____ Code No. ____
 8. Enter name of add-back or deduction _____ Code No. ____
 9. Unrelated business income: add or subtract lines 4 through 8. If not apportioning, enter same amount on line 11
 10. Enter Indiana apportionment percentage, if applicable, from line 9 of IT-20 Schedule E apportionment (enclose schedule)
 11. Unrelated business apportioned to Indiana (multiply line 9 by line 10; otherwise, enter line 9 amount)
 12. Non-unitary partnership income from Indiana sources
 13. Enter Indiana Net Operating Loss deduction. Enclose Schedule IT-20NOL
 14. Taxable Indiana unrelated business income (add line 11 and line 12 and subtract line 13)
 15. Taxable income from other forms (Form 1120-POL)
 16. Subtotal (add lines 14 and 15)
 17. Indiana tax on unrelated business income (multiply line 16 by tax rate; see instructions for line 17)
 18. Sales/use tax on purchases subject to use tax from Sales/Use Tax Worksheet
 19. Total tax due (add lines 17 and 18)

1		00
2		00
3		00
4		00
5		00
6		00
7		00
8		00
9		00
10		%
11		00
12		00
13		00
14		00
15		00
16		00
17		00
18		00
19		00
20		00
21		00
22		00
23		00
24		00
25		00
26		00
27		00
28		00
29		00
30		00
31		00
32		00

Credit for Estimated Tax and Other Payments

20. Quarterly estimated tax paid: Qtr. 1 _____ Qtr. 2 _____ Qtr. 3 _____ Qtr. 4 _____ Enter total
21. Amount paid with extension
22. Amount of overpayment credit (from tax year ending _____)
23. Pass-through withholding and other payments (include Schedule IN K-1)
24. EDGE credit. Enter the total EDGE credit amount claimed (line 19 on Schedule IN-EDGE)
25. EDGE-R credit. Enter the total EDGE-R credit amount claimed (line 19 on Schedule IN-EDGE-R) ..
26. Enter name of offset credit _____ Code No. ____
27. Enter name of offset credit _____ Code No. ____
28. Enter name of offset credit _____ Code No. ____
29. Enter name of offset credit _____ Code No. ____
30. Enter name of offset credit _____ Code No. ____
31. Certified credits. Enter the total of certified credits claimed from Schedule IN-OCC and enclose this schedule with your return
32. Total credits (add lines 20-31)



