| Form IT-20<br>State Form 44275<br>(R21 / 8-23)   |                               |                         | d Gross Income Tax Re<br>ber 31, 2023 or Other Tax Ye |                          |                  |
|--|-------------------------------|-------------------------|---|--------------------------|------------------|
| (1/21/0/23)  | Tor Caleridar                 |                         |   | 541                      |                  |
|  | Beginning                     | 2023 and                | d ending  |                          |                  |
| Check box if amended   | Check box if                  | amendment is due        | to a federal audit                                    | Check box if name ch     | nanged           |
| Name of Corporation  |                               |                         |   | Federal Employer Identi  | ification Number |
| Number and Street  |                               | Dri                     | ncipal Business Activity Code                         | Foreign Country 2-Char   | racter Code      |
| Number and Street  |                               |                         |   | Toleigh Country 2-Chai   | racter Code      |
| City   | State                         | ZIP Code                | 2-Digit County Code                                   | Telephone Number         |                  |
|  |                               |                         |   |                          |                  |
| J. Check all boxes that appl   |                               |                         | hkruptcy Insurance Co.                                | Cooperative/IC-DISC      |                  |
| K. Date of incorporation   | in the state of               |                         | R. 80% or more of gross incom                         |                          | acquiring,       |
| L. State of commercial domicile selling, or servicing loans or extensions of credit  |                               |                         |   |                          | o toy            |
| M. Year of initial Indiana return S. This is a consolidated return for adjusted gross income tax N. Location of records if different from above address: T. This return is filed on a combined basis |                               |                         |   |                          |                  |
| TT. LOGGIOTI OT TOGGIOGIT GITT   | oronic from above address.    |                         | U. In determining taxable incon                       |                          | ble expenses     |
| O. Check box if the corpora  | tion paid any quarterly esti  | mated tax using         | or directly related intangible                        |                          |                  |
|  | er identification numbers     |                         | affiliates.   |                          |                  |
|  | eral Form 1120 on a conso     |                         | V. I have on file a valid extension                   |                          | 004 or an        |
|  | basis, and there are materia  | al changes in           | electronic extension of time)                         | 1       [                |                  |
| circumstances since the  | last petition was filed.      |                         | W. This entity reports income from                    | om disregarded entities. |                  |
| Computation of Adjusted  | Gross Income Tax              |                         |   | Round                    | All Entries      |
| Federal taxable income   | e (before federal NOL and     | special deductions); u  | ise a minus sign for negative amo                     | ounts 1                  | 00               |
| 2. Net qualifying dividend   | s deduction from federal S    | chedule C, Form 1120    | D   | 2                        | 0.0              |
|  | ne 1                          |                         |   |                          | 00               |
| Modifications for Adjusted   |                               | ructions)               |   |                          |                  |
| 4. Enter name of addbac  |                               |                         | Code No.  |                          | 00               |
| <ul><li>5. Enter name of addbac</li><li>6. Enter name of addbac</li></ul>  |                               |                         | Code No.  |                          | 00               |
| 7. Enter name of addback   |                               |                         | Code No.  |                          | 00               |
| Enter name of addback     Enter name of addback  |                               |                         | Code No.  |                          | 00               |
| 9. Enter name of addback   | k or deduction                |                         | Code No.  |                          | 00               |
| 10. Enter name of addbac   | k or deduction                |                         | Code No.  | 10                       | 00               |
| 11. Subtotal (add/subtract   | lines 3 through 10; use a n   | ninus sign for negative | e amounts)  | 11                       | 00               |
| Other Adjustments  |                               |                         |   |                          |                  |
|  |                               |                         | itive amount)   |                          | 00               |
|  |                               |                         | nership distributions from IT-20                      | 13                       | 00               |
|  |                               |                         | iersnip distributions from 11-20                      | 14                       | 00               |
|  |                               |                         |   |                          | 00               |
| Apportionment of Income  |                               |                         |   |                          |                  |
| 16. Check one of the follow  | ing apportionment methods     | used, attach completed  | d schedule, and enter percentage o                    | on line 16d              |                  |
| 16a Schedule E,  |                               |                         |   |                          |                  |
|  | 7, from line 10 (for intersta | te transportation).     |   |                          |                  |
| 16c Other appro  |                               |                         | a true de sime de la                                  | 404                      | . %              |
|  |                               |                         | o two decimals)                                       |                          | <del></del>      |
|  | ome is not applicable, ente   |                         | ne 16d)<br>m line 15                                  | 11/                      | 00               |
| Add Allocated and Previo   |                               |                         |   |                          |                  |
|  |                               |                         | tnership income or loss from IT-20                    | 0                        |                  |
|  |                               |                         |   |                          | 00               |
| 19. Indiana adjusted gross   | income before net operati     | ng loss deduction (ad   | d lines 17 and 18)                                    | 19                       | 00               |
| Deduct from Indiana Adju   |                               |                         |   |                          |                  |
|  |                               |                         | nedule IT-20NOL(s) for each loss                      |                          | 0.0              |
| 21. Taxable adjusted gross   | income (subtract line 20 fro  | om line 19 and carry p  | ositive result to line 22 on page 2                   | of return). 21           | 00               |
|  |                               |                         |   |                          |                  |

| 01       |  |   |                         |              |
|----------|--|---|-------------------------|--------------|
|          | 0000001111111111222222222233333333334444444444   |   |                         |              |
| 04       | 567890123456789012345678901234567890123456789012   | 23456789012345  | 06/890123               | 456/89012345 |
| 05       |  |   |                         |              |
| 06       |  |   |                         |              |
| 07       | 22. Enter amount of Indiana adjusted gross Income subject to tax from line 21  |   | 22                      | 00           |
| 08       | 23. Indiana adjusted gross income tax (multiply line 22 by tax rate; see instructions; cannot be   |   | 23                      | 00           |
| 09       | 24. Sales/use tax due from worksheet   |   | 24                      | 00           |
| 10       | Nonrefundable Tax Liability Credits (enclose supporting documentation)   |   |                         |              |
| 11       |  |   | 25b                     | 00           |
| 12       |  |   | 26b                     | 00           |
| 13       |  |   | 27b<br>28b              | 00           |
| 14<br>15 | 28. Enterprise Zone Loan Interest Credit (LIC) 28a. 814  Other Nonrefundable Credits (see instructions)  |   | 200                     | 00           |
| 16       | 29. Enter the total of certified credits claimed from Schedule IN-OCC and enclose this sched   | ule with your return  | 29                      | 00           |
| 17       | 30. Enter name of credit Code No. 30a.   |   | 30                      | 00           |
| 18       | 31. Enter name of credit Code No. 31a.   |   | 31                      | 00           |
| 19       | 32. Total of nonrefundable tax liability credits (add lines 25b through 31b; sum of credits appl   | lied may not exceed   |                         |              |
| 20       | line 23; other restrictions may apply)   |   | 32                      | 00           |
| 21       | 33. Total taxes due (add lines 23 and 24 and then subtract line 32; cannot be less than zero)  |   | 33                      | 00           |
| 22       | Credit for Estimated Tax, Other Payments, and Refundable Credits   |   |                         |              |
| 23       | 34. Total quarterly estimated income tax paid (itemize quarterly IT-6/EFT payments below)  |   | 34                      | 00           |
| 24       |  |   | 35                      |              |
| 25<br>26 | So. Enter overpayment credit from tax year ending  |   | 36                      | 00           |
| 27       | 37. Other payments, credits (attach supporting evidence)   |   | 37                      | 00           |
| 28       | 38. EDGE credit (enter amount from line 19 of Schedule IN-EDGE)  |   | 38                      | 00           |
| 29       |  |   | 39                      | 00           |
| 30       | 40. Total payments and credits (add lines 34 through 39)   | 40  | 00                      |              |
| 31       | Balance of Tax Due or Overpayment  |   |                         |              |
| 32       | 41. Balance of Tax Due: If line 33 is greater than line 40, enter the difference as the net tax  |   | 41                      | 00           |
| 33       | 42. Penalty for Underpayment of Income Tax from attached Schedule IT-2220 Check box is   | 42  | 00                      |              |
| 34       | 43. Interest: If payment is made after the original due date, compute interest. (Contact the Department of the Contact t | 43  | 00                      |              |
| 35       | 44. Late Penalty: If paying late, enter 10% of line 41; see instructions. If lines 23 and 24 are   |   | 44                      |              |
| 36       | filed past due date; see instructions on page 24   |   | 44 45                   | 00           |
| 38       |  |   | 46                      | 00           |
| 39       |  |   | 47                      | 00           |
| 40       | 48. Overpayment Credit: Amount of line 46 less line 47 to be applied to the following year's ear   |   | 48                      | 00           |
| 41       |  |   |                         |              |
| 42       | Certification of Signatures and Authorization Section  | Preparer's Email Address  |                         |              |
| 43       | Under penalties of perjury, I declare I have examined this return, including all accompanying schedules  | Preparer S Email Address  |                         |              |
| 44       | and statements, and to the best of my knowledge and belief it is true, correct, and complete.  |   |                         |              |
| 45       | I authorize the Department to discuss my return with my personal   |   |                         |              |
| 46       | representative (see instructions)  Yes No  |   |                         |              |
| 47<br>48 | Paid Preparer:   | Firm's Name (or yours if self-e                                 | mploved)                |              |
| 49       |  |   |                         |              |
| 50       |  |   |                         |              |
| 51       | Email Address  |   |                         |              |
| 52       |  |   |                         |              |
| 53       | Signature of Corporate Officer Date Telephone Number   | per   |                         |              |
| 54       |  |   |                         |              |
| 55       |  |   |                         |              |
| 56       |  |   |                         |              |
| 57       | Signature of Paid Preparer Date City   |   |                         |              |
| 58       |  |   | ZIP Code +              | - 4          |
| 59       |  | 2-11 7007 1-11-11   |                         | 7            |
| 60       | If you owe tax, please mail your return to IN Department of Revenue, PO B  If you do <b>not</b> owe any tax, mail it to IN Department of Revenue, PO Box   | iox / uo / , indianapolis, IN 4<br>3 7231, Indianapolis. IN 462 | 10201-1081.<br>07-7231. |              |
| 61<br>62 |  |   |                         |              |
| 63       |  | /II <b>- I - I - I - I - I - I - I - I - I </b>                 |                         |              |
| 64       | 09923121694  |   |                         |              |
| 65       |  |   |                         |              |
| 66       |  |   |                         |              |