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Form IT-20
State Form 44275
(R22 / 8-24)

Indiana Department of Revenue

Indiana Corporate Adjusted Gross Income Tax Return
for Calendar Year Ending December 31, 2024

2024

or Other Tax Year Beginning 2024 and Ending

Check box if amended. Check box if amendment is due to a federal audit. Check box if name changed.

| | | | | | |
|---------------------|-------|----------|----------------------------------|--|----------------------------------|
| Name of Corporation | | | | 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 | |

- A. Check all boxes that apply: Initial Return Final Return In Bankruptcy Insurance Co. Cooperative/IC-DISC REMIC
- B. Date of incorporation _____ in the state of _____
- C. State of commercial domicile _____
- D. Year of initial Indiana return _____
- E. Location of records if different from above address: _____
- F. Check box if the corporation paid any quarterly estimated tax using different federal employer identification numbers.
- G. Check box if you file federal Form 1120 on a consolidated basis.
- H. I am filing on a combined basis, and there are material changes in circumstances since the last petition was filed.
- I. 80% or more of gross income is derived from making, acquiring, selling, or servicing loans or extensions of credit.
- J. This is a consolidated return for adjusted gross income tax.
- K. This return is filed on a combined basis.
- L. In determining taxable income, I deducted any intangible expenses or directly related intangible interest expenses paid to ≥ 50% owned affiliates.
- M. I have on file a valid extension of time (federal Form 7004 or an electronic extension of time) to file my return.
- N. This entity reports income from disregarded entities.

Computation of Adjusted Gross Income Tax

Round all entries

| | | |
|--|---|----|
| 1. Federal taxable income (before federal NOL and special deductions); use a minus sign for negative amounts | 1 | 00 |
| 2. Net qualifying dividends deduction from federal Schedule C, Form 1120 | 2 | 00 |
| 3. Subtract line 2 from line 1 | 3 | 00 |

Modifications for Adjusted Gross Income (see instructions)

| | Code No. | | |
|---|----------|----|----|
| 4. Enter name of addback or deduction | | 4 | 00 |
| 5. Enter name of addback or deduction | | 5 | 00 |
| 6. Enter name of addback or deduction | | 6 | 00 |
| 7. Enter name of addback or deduction | | 7 | 00 |
| 8. Enter name of addback or deduction | | 8 | 00 |
| 9. Enter name of addback or deduction | | 9 | 00 |
| 10. Enter name of addback or deduction | | 10 | 00 |
| 11. Subtotal (add/subtract lines 3 through 10; use a minus sign for negative amounts) | | 11 | 00 |

Other Adjustments

| | | |
|--|----|----|
| 12. Foreign source dividends (enclose Schedule IT-20FSD; enter as a positive amount) | 12 | 00 |
| 13. Subtotal of income with adjustments (subtract line 12 from line 11) | 13 | 00 |
| 14. Deduct: All source nonbusiness income or (loss) and non-unitary partnership distributions from IT-20 Schedule F, column C, line 10 | 14 | 00 |
| 15. Taxable business income (subtract line 14 from line 13) | 15 | 00 |

Apportionment of Income for Entity with Multistate Activities

| | | | |
|--|-----|---|----|
| 16. Check one of the following apportionment methods used, attach completed schedule, and enter percentage on line 16d. <input type="checkbox"/> 16a. Schedule E, from line 9. <input type="checkbox"/> 16b. Schedule E-7, from line 10 (for interstate transportation). <input type="checkbox"/> 16c. Other approved method. | | | |
| 16d. Enter Indiana apportionment percentage, if applicable (round percent to two decimals) | 16d | . | % |
| 17. Indiana apportioned business income (multiply line 15 by percent on line 16d) <i>If apportionment of income is not applicable, enter the total amount from line 15.</i> | 17 | | 00 |

Add Allocated and Previously Apportioned Income to Indiana

| | | |
|--|----|----|
| 18. Enter Indiana nonbusiness income or loss and Indiana non-unitary partnership income or loss from IT-20 Schedule F, column D, line 11 | 18 | 00 |
| 19. Indiana adjusted gross income before net operating loss deduction (add lines 17 and 18) | 19 | 00 |

Deduct from Indiana Adjusted Gross Income

| | | |
|--|----|----|
| 20. Indiana NOL deduction. Enter as positive amount from column B of Schedule IT-20NOL(s) for each loss year | 20 | 00 |
| 21. Taxable adjusted gross income (subtract line 20 from line 19 and carry positive result to line 22 on page 2 of return) | 21 | 00 |



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Tax Calculation

| | | | |
|---|--|-----|----|
| 22. | Enter amount of Indiana adjusted gross Income subject to tax from line 21 _____ | 22 | 00 |
| 23. | Indiana adjusted gross income tax (multiply line 22 by tax rate; see instructions; cannot be less than zero) _____ | 23 | 00 |
| 24. | Sales/Use Tax Due _____ | 24 | 00 |
| Nonrefundable Tax Liability Credits (enclose supporting documentation) | | | |
| 25. | College and University Contribution Credit (CC-40) _____ 25a. 807 _____ | 25b | 00 |
| 26. | Indiana Research Expense Credit (IT-20REC) _____ 26a. 822 _____ | 26b | 00 |
| 27. | Enterprise Zone Employment Expense Credit (EZ 2) _____ 27a. 812 _____ | 27b | 00 |
| 28. | Enterprise Zone Loan Interest Credit (LIC) _____ 28a. 814 _____ | 28b | 00 |
| Other Nonrefundable Credits (see instructions) | | | |
| 29. | Enter the total of certified credits claimed from Schedule IN-OCC and enclose this schedule with your return _____ | 29 | 00 |
| 30. | Enter name of credit _____ 30a. Code No. _____ | 30b | 00 |
| 31. | Enter name of credit _____ 31a. Code No. _____ | 31b | 00 |
| 32. | Total of nonrefundable tax liability credits (add lines 25b through 31b; sum of credits applied may not exceed line 23; other restrictions may apply) _____ | 32 | 00 |
| 33. | Total taxes due (add lines 23 and 24 and then subtract line 32; cannot be less than zero) _____ | 33 | 00 |
| Credit for Estimated Tax, Other Payments, and Refundable Credits | | | |
| 34. | Total quarterly estimated income tax paid (itemize quarterly IT-6/EFT payments below) _____ | 34 | 00 |
| | Qtr 1 _____ Qtr 2 _____ Qtr 3 _____ Qtr 4 _____ | | |
| 35. | Enter overpayment credit from tax year ending _____ | 35 | 00 |
| 36. | Enter this year's extension payment _____ | 36 | 00 |
| 37. | Other payments, credits (attach supporting evidence) _____ | 37 | 00 |
| 38. | EDGE credit (enter amount from line 19 of Schedule IN-EDGE) _____ | 38 | 00 |
| 39. | EDGE-R credit (enter amount from line 19 of Schedule IN-EDGE-R) _____ | 39 | 00 |
| 40. | Total payments and credits (add lines 34 through 39) _____ | 40 | 00 |
| Balance of Tax Due or Overpayment | | | |
| 41. | Balance of Tax Due: If line 33 is greater than line 40, enter the difference as the net tax balance due _____ | 41 | 00 |
| 42. | Penalty for Underpayment of Income Tax from attached Schedule IT-2220 <input type="checkbox"/> Check box if using annualization method | 42 | 00 |
| 43. | Interest: If payment is made after the original due date, compute interest. (Contact the Department for current interest rate) | 43 | 00 |
| 44. | Late Penalty: If paying late, enter 10% of line 41; see instructions. If lines 23 and 24 are zero, enter \$10 per day filed past due date; see instructions on page 24 _____ | 44 | 00 |
| 45. | Total Amount Owed: Add lines 41 through 44. Make check payable to Indiana Department of Revenue. Pay in U.S. funds | 45 | 00 |
| 46. | Overpayment: If the sum of lines 33, 42, 43, and 44 is less than line 40, enter the difference as an overpayment _____ | 46 | 00 |
| 47. | Refund: Enter portion of line 46 to be refunded _____ | 47 | 00 |
| 48. | Overpayment Credit: Amount of line 46 less line 47 to be applied to the following year's estimated tax account _____ | 48 | 00 |

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.

Paid Preparer's Email Address _____

I authorize the Department to discuss my return with my personal representative (see instructions). Yes No

Personal Representative's Name (Print or Type) _____

Email Address _____

Signature of Corporate Officer _____ Date _____

Print or Type Name of Corporate Officer _____ Title _____

Signature of Paid Preparer _____ Date _____

Print or Type Name of Paid Preparer _____

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

PTIN _____

Telephone Number _____

Address _____

City _____

State _____ ZIP Code + 4 _____

If you owe tax, please mail your return to: Indiana Department of Revenue, PO Box 7087, Indianapolis, IN 46207-7087.
If you do not owe any tax, mail it to: Indiana Department of Revenue, PO Box 7231, Indianapolis, IN 46207-7231.



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