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Form IT-20NP

Indiana Department of Revenue

State Form 148 (R23 / 8-24)

Indiana Nonprofit Organization Unrelated Business Income Tax Return

for Calendar Year Ending December 31, 2024

or Fiscal Year Beginning [ ] [ ] 2024 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, A. Check all boxes that apply: Initial Return [ ] Final Return [ ] In Bankruptcy [ ] B. Do you have on file a valid extension of time to file your return...? Yes [ ] No [ ] C. Check the box if entity has multiple unrelated trades or businesses (see instructions). [ ]

Adjusted Gross Income Tax Calculation on Unrelated Business Income

Table with 3 columns: Line number, Description, Amount. Lines 1-19 covering Unrelated business taxable income, modifications, and total tax due.

Credit for Estimated Tax and Other Payments

Table with 3 columns: Line number, Description, Amount. Lines 20-32 covering quarterly estimated tax, overpayment credit, and other payments.



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04					
05	33.	Balance of tax due (line 19 minus line 32) _____	33		00
06	34.	Penalty for the underpayment of income tax. Attach Schedule IT-2220.			
07		<input type="checkbox"/> Check box if using annualization method _____	34		00
08	35.	Interest: If payment is made after the original due date, compute interest _____	35		00
09	36.	Penalty: If paid late, enter 10% of line 33; see instructions.			
10		If line 19 is zero, enter \$10 per day filed past due date _____	36		00
11	37.	Total payment due (add lines 33-36). (Payment must be made in U.S. funds) PAY THIS AMOUNT _____	37		00
12	38.	Total overpayment (line 32 minus lines 19 and 34-36) _____	38		00
13	39.	Amount of line 38 to be refunded _____	39		00
14	40.	Amount of line 38 to be applied to the following year's estimated tax account _____	40		00

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24			<b>Paid Preparer: Firm's Name</b> (or yours if self-employed)
25	<b>Personal Representative's Name (Print or Type)</b>		
26			PTIN <input type="text"/>
27	Email Address		
28			
29	Signature of Corporate Officer	Date	Telephone Number
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31	Print or Type Name of Corporate Officer	Title	Address
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33	Signature of Paid Preparer	Date	City
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35	Print or Type Name of Paid Preparer	State	ZIP Code + 4

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37 Please mail your return to: Indiana Department of Revenue, PO Box 7228, Indianapolis, IN 46207-7228.

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