Form IT-20NP

32. Total credits (add lines 20-31)

Indiana Department of Revenue

State Form 148 (R23 / 8-24)

Indiana Nonprofit Organization Unrelated Business Income Tax Return

	for	r Cale <u>ndar</u>	Year Ending D	ecember 3 <u>1, 20</u>)24		
	or Fiscal Year Begir	nning	2024	and Ending			
Che	ck box if amended.				Ch	eck box if na	me changed.
Nar	ne of Organization				Federal Em	ployer Identific	ation Number
			T				
Nur	nber and Street		Principal Business	Activity Code	Foreign Co	untry 2-Charac	ier Code
City		State	ZIP Code	2-Digit County Co	de T	elephone Numl	per
Α.	Check all boxes that apply: Initial Re	eturn 🗌	Final Return	In Bankrupt	су 🗌		
B.	Do you have on file a valid extension of t	me to file yo	ur return (federal F	orm 7004 or an el	ectronic exte	ension of time)	? Yes No 🗌
C.	Check the box if entity has multiple unre	elated trades	s or businesses (s	ee instructions). 🛚			
	usted Gross Income Tax Calculation of Unrelated business taxable income be						
1.	Use a minus sign for negative amounts					1	00
2.	Non-unitary partnership income	s. Allacii Fui	111 990-1			_ 2	00
3.	Specific deduction (generally \$1,000; s	aa instructio	one)			3	00
4.	Subtract line 2 and line 3 from line 1	CC IIISII UCII				_ <u> </u>	00
	lifications (use a minus sign for nega	tive amoun	ts)				
5.	Enter name of add-back or deduction	arro arrioarr	10)	Code	No	5	00
6.	Enter name of add-back or deduction			Code		6	00
7.	Enter name of add-back or deduction			Code	No.	7	00
8.	Enter name of add-back or deduction			Code		8	00
9.	Unrelated business income: add or sub	otract lines 4	through 8. If not a				
	same amount on line 11		J	77		9	00
10.	Enter Indiana apportionment percentage	ge, if applica	ble, from line 9 of	IT-20 Schedule E			
	apportionment (enclose schedule)					10	. %
11.	Unrelated business apportioned to India	ana (multiply	line 9 by line 10; o	therwise, enter lin	e 9 amount)	_ 11	00
	Non-unitary partnership income from Ir					12	0.0
13.	Enter Indiana Net Operating Loss dedu	uction. Enclo	ose Schedule IT-20	ONOL		13	00
	Taxable Indiana unrelated business ind					14	00
	Taxable income from other forms (Form	n 1120-POL)			15	00
	Subtotal (add lines 14 and 15)					16	0.0
	Indiana tax on unrelated business inco	me (multiply	/ line 16 by tax rate	e; see instructions	for line 17)		0.0
	Sales/Use Tax Due					18	0.0
	Total tax due (add lines 17 and 18)					_ 19	0.0
	dit for Estimated Tax and Other Paym		Ot 2	Ot . 4	l -	00	
	Quarterly estimated tax paid: Qtr. 1	Qtr. 2	Qtr. 3	Qtr. 4	Enter total		0.0
	Amount paid with extension	v voor ondir	200			21 22	00
	Amount of overpayment credit (from ta Pass-through withholding and other pa					23	00
	EDGE credit. Enter the total EDGE cre	• ,		,	GE)	24	00
	EDGE-R credit. Enter the total EDGE-I		•			25	00
	Enter name of offset credit	t orount arms	odin oldiniod (iino	Code		26	00
	Enter name of offset credit			Code		27	00
	Enter name of offset credit			Code		28	00
	Enter name of offset credit			Code		29	00
	Enter name of offset credit			Code		30	00
	Certified credits. Enter the total of certi	fied credits	claimed from Sche	dule IN-OCC and	enclose this	s	
	schedule with your return					31	00
32.	Total credits (add lines 20-31)					32	00

Ema	Paid Preparer: Firm's Name (or yours sonal Representative's Name (Print or Type) PIIN Telephone Number t or Type Name of Corporate Officer Title Address	if self-emp	ployed)
Ema	sonal Representative's Name (Print or Type) PTIN All Address	if self-emp	ployed)
Ema	sonal Representative's Name (Print or Type) PTIN All Address	if self-emp	ployed)
	sonal Representative's Name (Print or Type)	if self-emp	ployed)
Per	sonal Representative's Name (Print or Type)	if self-emp	oloyed)
_		if self-emp	oloyed)
10.	, and an entire of the see applied to the following your o commuted tax account.		
	Amount of line 38 to be refunded	40	00
38. 30	Assessment of the cooking dead	38	00
37.	Total payment due (add lines 33-36). (Payment must be made in U.S. funds) PAY THIS AMOUNT	37	00
	If line 19 is zero, enter \$10 per day filed past due date	36	0.0
36.	Penalty: If paid late, enter 10% of line 33; see instructions.		
35.	Interest: If payment is made after the original due date, compute interest	35	00
~ -	Check box if using annualization method	34	00
	Penalty for the underpayment of income tax. Attach Schedule IT-2220.	-	
34.	Balance of tax due (line 19 minus line 32)	33	0 0

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

Print or Type Name of Paid Preparer

State

ZIP Code + 4