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Form IT-20S

State Form 10814
(R23 / 8-24)

Indiana Department of Revenue

Indiana S Corporation Income Tax Return
for Calendar Year Ending December 31, 2024

2024

or Other Tax Year Beginning 99 99 2024 and Ending 99 99 9999

Check box if amended.

Check box if name changed.

Name of Corporation

Federal Employer Identification Number

XX

9999999999

Number and Street

Principal Business Activity Code

Foreign Country 2-Character Code

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

99999999

XX

City

State

ZIP Code

2-Digit County Code

Telephone Number

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

XX

99999999

XX

9999999999

A. Date of incorporation 99999999 In the State of XX

B. State of commercial domicile XX

C. Year of initial Indiana return 9999

D. Accounting method: Cash Accrual Other

E. Date of election as S Corporation 99999999

F. Check all boxes that apply to entity:

Initial Return Final Return In Bankruptcy Composite Return PTET Return

G. Enter total number of shareholders: 9999 Enter number of nonresident shareholders: 9999

H. I have on file a valid extension of time to file my return (federal Form 7004 or an electronic extension of time).

I. This corporation filed as a C Corporation for the prior tax period.

J. This corporation is a member of a partnership.

K. This entity reports income from disregarded entities.

L. Check box if reporting a credit on Schedule IT-20REC.

Schedule A - S Corporation Adjusted Gross Income

Round all entries

1. Total net income (loss) from U.S. S corporation return, Form 1120S Schedule K (see instructions); use minus sign for negative amounts	1	999999999999	.00
2. a. Enter name of addback or deduction (see instructions) XXXXXXXX Code No. 999	2a	999999999999	.00
b. Enter name of addback or deduction XXXXXXXXXXXXXXXXXXXX Code No. 999	2b	999999999999	.00
c. Enter name of addback or deduction XXXXXXXXXXXXXXXXXXXX Code No. 999	2c	999999999999	.00
d. Enter name of addback or deduction XXXXXXXXXXXXXXXXXXXX Code No. 999	2d	999999999999	.00
e. Enter name of addback or deduction XXXXXXXXXXXXXXXXXXXX Code No. 999	2e	999999999999	.00
f. Enter the total amount of addbacks and deductions from any additional sheets (use a minus sign for negative amount)	2f	999999999999	.00
3. Total S corporation income, as adjusted (add lines 1 through 2f)	3	999999999999	.00
4. Enter percentage for Indiana apportioned adjusted gross income from IT-20S Schedule E line 9	4	999.99	%



11724111694

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 (please print)

Email Address

Signature of Corporate Officer _____

Date

Print or Type Name of Corporate Officer

Title

If you owe tax, please mail your return to IN Department of Revenue, PO Box 7205, Indianapolis, IN 46207-7205.

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

Paid Preparer's Name

PTIN

Telephone Number

Address

City

State ZIP Code+4

Paid Preparer's Signature _____

Date

If you do **not** owe any tax, mail it to IN Department of Revenue, PO Box 7147, Indianapolis, IN 46207-7147.

