

Form IT-20NP

State Form 148
(R24 / 8-25)

Indiana Department of Revenue

Indiana Nonprofit Organization Unrelated Business Income Tax Return

for Calendar Year Ending December 31, 2025

or Fiscal Year Beginning

2025 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 <input type="checkbox"/> Final Return <input type="checkbox"/> In Bankruptcy <input type="checkbox"/>					
B. Do you have on file a valid extension of time to file your return (federal Form 7004 or an electronic extension of time)? Yes <input type="checkbox"/> No <input type="checkbox"/>					
C. Check the box if entity has multiple unrelated trades or businesses (see instructions). <input type="checkbox"/>					

Adjusted Gross Income Tax Calculation on Unrelated Business Income

1. Unrelated business taxable income before NOL deduction from federal Form 990-T. Use a minus sign for negative amounts. Attach Form 990-T	1	00
2. Non-unitary partnership income	2	00
3. Specific deduction (generally \$1,000; see instructions)	3	00
4. Subtract line 2 and line 3 from line 1	4	00
Modifications (use a minus sign for negative amounts)		
5. Enter name of add-back or deduction	Code No.	5 00
6. Enter name of add-back or deduction	Code No.	6 00
7. Enter name of add-back or deduction	Code No.	7 00
8. Enter name of add-back or deduction	Code No.	8 00
9. Unrelated business income: add or subtract lines 4 through 8. If not apportioning, enter same amount on line 11	9	00
10. Enter Indiana apportionment percentage, if applicable, from line 9 of IT-20 Schedule E apportionment (enclose schedule)	10	%
11. Unrelated business apportioned to Indiana (multiply line 9 by line 10; otherwise, enter line 9 amount)	11	00
12. Non-unitary partnership income from Indiana sources	12	00
13. Enter Indiana net operating loss deduction. Enclose Schedule IT-20NOL	13	00
14. Taxable Indiana unrelated business income (add line 11 and line 12 and subtract line 13)	14	00
15. Taxable income from other forms (Form 1120-POL)	15	00
16. Subtotal (add lines 14 and 15)	16	00
17. Indiana tax on unrelated business income (multiply line 16 by tax rate; see instructions for line 17)	17	00
18. Sales/use tax due	18	00
19. Total tax due (add lines 17 and 18)	19	00

Credit for Estimated Tax and Other Payments

20. Quarterly estimated tax paid: Qtr 1 Qtr 2 Qtr 3 Qtr 4 Enter total	20	00
21. Amount paid with extension	21	00
22. Amount of overpayment credit (from tax year ending)	22	00
23. Pass-through withholding and other payments (include Schedule IN K-1)	23	00
24. EDGE credit. Enter the total EDGE credit amount claimed (line 19 on Schedule IN-EDGE)	24	00
25. EDGE-R credit. Enter the total EDGE-R credit amount claimed (line 19 on Schedule IN-EDGE-R)	25	00
26. Enter name of offset credit	Code No.	26 00
27. Enter name of offset credit	Code No.	27 00
28. Enter name of offset credit	Code No.	28 00
29. Enter name of offset credit	Code No.	29 00
30. Enter name of offset credit	Code No.	30 00
31. Certified credits. Enter the total of certified credits claimed from Schedule IN-OCC and enclose this schedule with your return	31	00
32. Total credits (add lines 20-31)	32	00



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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

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

