Form IT-20NP

32. Total credits (add lines 20-31)

Indiana Department of Revenue

State Form 148 (R24 / 8-25)

Indiana Nonprofit Organization Unrelated Business Income Tax Return

for Calendar Year Ending December 31, 2025 2025 and Ending or Fiscal Year Beginning 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 Initial Return Final Return A. Check all boxes that apply: In Bankruptcy ___ C. Check the box if entity has multiple unrelated trades or businesses (see instructions). Adjusted Gross Income Tax Calculation on Unrelated Business Income Unrelated business taxable income before NOL deduction from federal Form 990-T. 00 Use a minus sign for negative amounts. Attach Form 990-T 2 00 2. Non-unitary partnership income 00 Specific deduction (generally \$1,000; see instructions) 3 Subtract line 2 and line 3 from line 1 4 00 4. Modifications (use a minus sign for negative amounts) 00 Enter name of add-back or deduction Code No. 5 Enter name of add-back or deduction Code No. 00 6 7. Enter name of add-back or deduction Code No. 7 00 Enter name of add-back or deduction Code No. 8 00 8. Unrelated business income: add or subtract lines 4 through 8. If not apportioning, enter 9. 9 00 same amount on line 11 10. Enter Indiana apportionment percentage, if applicable, from line 9 of IT-20 Schedule E % apportionment (enclose schedule) 10 Unrelated business apportioned to Indiana (multiply line 9 by line 10; otherwise, enter line 9 amount) 11 00 00 12. Non-unitary partnership income from Indiana sources 12 13. Enter Indiana net operating loss deduction. Enclose Schedule IT-20NOL 00 13 00 14. Taxable Indiana unrelated business income (add line 11 and line 12 and subtract line 13) 14 15. Taxable income from other forms (Form 1120-POL) 15 00 00 16. Subtotal (add lines 14 and 15) 16 17. Indiana tax on unrelated business income (multiply line 16 by tax rate; see instructions for line 17) 17 00 00 18 18. Sales/use tax due Total tax due (add lines 17 and 18) 19 00 **Credit for Estimated Tax and Other Payments** 20. Quarterly estimated tax paid: 00 Qtr 1 Qtr 2 Qtr 3 Qtr 4 Enter total 20 00 21. Amount paid with extension 21 22. Amount of overpayment credit (from tax year ending 22 00 00 23. Pass-through withholding and other payments (include Schedule IN K-1) 23 24. EDGE credit. Enter the total EDGE credit amount claimed (line 19 on Schedule IN-EDGE) 00 24 25. EDGE-R credit. Enter the total EDGE-R credit amount claimed (line 19 on Schedule IN-EDGE-R) 00 25 26. Enter name of offset credit Code No. 26 00 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 30. Enter name of offset credit 00 Code No. 30 31. Certified credits. Enter the total of certified credits claimed from Schedule IN-OCC and enclose this 00 schedule with your return 31 00

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22	Palance of tay due (line 10 minus line	22)		33	00
	33. Balance of tax due (line 19 minus line 32)				00
34. Penalty for the underpayment of income tax. Attach Schedule IT-2220.			24	0.0	
0.5	Check box if using annualization method			34	00
35.	Interest: If payment is made after the original due date, compute interest			35	00
36.	, , , , , , , , , , , , , , , , , , , ,				
	If line 19 is zero, enter \$10 per day file	•		36	0.0
37.				37	0.0
38.				38	0.0
39.				39	0.0
40.	Amount of line 38 to be applied to the following year's estimated tax account			40	0 0
			Paid Preparer: Firm's Name (or yours	if self-emplo	yed)
Personal Representative's Name (Print or Type) Email Address				·	
			PTIN		
<u>C:</u>	atura of Company and Officer	Data	Talanhana Nimekan		
Sign	ature of Corporate Officer	Date	Telephone Number		
Print or Type Name of Corporate Officer Title			Address		
Sign	ature of Paid Preparer	Date	City		

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