

Indiana Department of Revenue  
**Indiana Nonprofit Organization Unrelated Business Income Tax Return**  
**Calendar Year Ending December 31, 2022 or**

Fiscal Year Beginning   **2022** 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	
<p><b>K.</b> Check all boxes that apply: Initial Return <input type="checkbox"/> Final Return <input type="checkbox"/> In Bankruptcy <input type="checkbox"/></p> <p><b>L.</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"/></p> <p><b>M.</b> Check the box if entity has multiple unrelated trades or businesses (see instructions) <input type="checkbox"/></p>					

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

1		00
2		00
3		00
4		00
5		00
6		00
7		00
8		00
9		00
10		%
11		00
12		00
13		00
14		00
15		00
16		00
17		00
18		00
19		00
20		00
21		00
22		00
23		00
24		00
25		00
26		00
27		00
28		00
29		00
30		00
31		00
32		00

**Credit for Estimated Tax and Other Payments**

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



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

\_\_\_\_\_  
**Personal Representative's Name (Print or Type)**

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

\_\_\_\_\_  
Personal Representative's Email Address

\_\_\_\_\_  
PTIN

\_\_\_\_\_  
Signature of Corporate Officer                                  Date

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Print or Type Name of Corporate Officer                  Title

\_\_\_\_\_  
Address

\_\_\_\_\_  
Signature of Paid Preparer    Date

\_\_\_\_\_  
City

\_\_\_\_\_  
Print or Type Name of Paid Preparer

\_\_\_\_\_  
State    ZIP Code + 4

**Please mail your forms to:  
Indiana Department of Revenue  
P.O. Box 7228  
Indianapolis, IN 46207-7228**

