Form
IT-20
State Form 44275
(R10 / 8-12)

Indiana Department of Revenue
Indiana Corporate Adjusted Gross Income Tax Return
For Calendar Year Ending December 31, 2012 or Other Tax Year
Beginning _____ 2012 and Ending _____

2012
Page **1**

Check box if name changed. ☐

Name of Corporation	Federal Identification Number
Number and Street	Indiana County or O.O.S. / Principal Business Activity Code
City State ZIP Code	Telephone Number

J. *Check all boxes that apply:* ☐ Initial Return ☐ Final Return ☐ In Bankruptcy ☐ Insurance Co. ☐ Farmer's Cooperative ☐ REMIC

K. Date of incorporation _____ in the state of _____
L. State of commercial domicile _____
M. Year of initial Indiana return _____
N. Location of records if different from above address:
_____

O. Check box if the corporation paid any quarterly estimated tax using different federal identification numbers ☐

P. Check box if you file federal Form 1120 on a consolidated basis ☐

Q. If filing on a combined basis, are there any material changes in circumstances since the last petition was filed? ☐Y ☐N

R. Is 80% or more of your gross income derived from making, acquiring, selling, or servicing loans or extensions of credit? ☐Y ☐N

S. Is this a consolidated return for adjusted gross income tax? ☐Y ☐N

T. Is this return filed on a combined basis? ☐Y ☐N

U. In determining taxable income, did you deduct any intangible expenses or directly related intangible interest expenses paid to =<50% owned affiliates? ☐Y ☐N

V. Do you have on file a valid extension of time (federal Form 7004 or an electronic extension of time) to file your return? ☐Y ☐N

Computation of Adjusted Gross Income Tax
Round all entries

1. Federal taxable income (before federal NOL and special deductions); use a minus sign for negative amounts	1	00
2. Net qualifying dividends deduction from federal Schedule C, Form 1120	2	00
3. **Subtract** line 2 from line 1	3	00

Modifications for Adjusted Gross Income (see instructions on page XX)

4. Enter name of addback or deduction _____ Code No. __ __ __	4	00
5. Enter name of addback or deduction _____ Code No. __ __ __	5	00
6. Enter name of addback or deduction _____ Code No. __ __ __	6	00
7. Enter name of addback or deduction _____ Code No. __ __ __	7	00
8. Enter name of addback or deduction _____ Code No. __ __ __	8	00
9. Enter name of addback or deduction _____ Code No. __ __ __	9	00
10. Enter name of addback or deduction _____ Code No. __ __ __	10	00
11. Subtotal (add/subtract lines 3 through 10; use a minus sign for negative amounts)	11	00

Other Adjustments

12. Foreign source dividends (from worksheet on page XX) and other adjustments. Use a minus sign for deductions	12	00
13. Subtotal of income with adjustments (add lines 11 and 12)	13	00
14. Deduct: All source nonbusiness income or (loss) and non-unitary partnership distributions from IT-20 Schedule F, column C, line 10	14	00
15. Taxable business income (subtract line 14 from line 13)	15	00

Apportionment of Income for Entity with Multistate Activities
16. Check one of the following apportionment methods used, attach completed schedule, and enter percentage on line 16d
    ☐ 16a Schedule E, from line 9.
    ☐ 16b Schedule E-7, from line 10 (for interstate transportation).
    ☐ 16c Other approved method.

16d. Enter Indiana apportionment percentage, if applicable (round percent to two decimals)	16d •	%
17. Indiana apportioned business income (multiply line 15 by percent on line 16d)	17	00

If apportionment of income is not applicable, enter the total amount from line 15.

Add Allocated and Previously Apportioned Income to Indiana

18. Enter Indiana nonbusiness income or loss and Indiana non-unitary partnership income or loss from IT-20 Schedule F, column D, line 11	18	00
19. Indiana adjusted gross income before net operating loss deduction (add lines 17 and 18)	19	00

Deduct from Indiana Adjusted Gross Income

20. Indiana NOL deduction. Enter as positive amount from column 4 of Schedule IT-20NOL(s) for each loss year	20	00
21. Taxable adjusted gross income (subtract line 20 from line 19 and carry positive result to line 22 on page 2 of return)	21	00

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Tax Calculation

22. Enter amount of Indiana adjusted gross Income subject to tax from line 21..............................	22	00
23. Indiana adjusted gross income tax (multiply line 22 by tax rate; see instructions; cannot be less than zero)..............	23	00
Note: If using alternate tax rate calculation, attach completed Schedule M and check box. ☐		
24. Sales/use tax due from worksheet on page XX	24	00

Nonrefundable Tax Liability Credits (attach all supporting documentation)

25. College and University Contribution Credit (CC-20) page 4 of return	25a. 807..........	25b	00
26. Indiana Research Expense Credit (IT-20REC)	26a. 822..........	26b	00
27. Enterprise Zone Employment Expense Credit (EZ 2)	27a. 812..........	27b	00
28. Enterprise Zone Loan Interest Credit (LIC)	28a. 814..........	28b	00

Other Nonrefundable Credits (see instructions on page 22)

29. Enter name of credit_____	Code No. 29a. __ __ __	29b	00
30. Enter name of credit_____	Code No. 30a. __ __ __	30b	00
31. Enter name of credit_____	Code No. 31a. __ __ __	31b	00
32. Total of nonrefundable tax liability credits (add lines 25b through 31b; sum of credits applied may not exceed line 23; other restrictions may apply)		32	00
33. Total taxes due (add lines 23 and 24 and then subtract line 32; cannot be less than zero)...		33	00

Credit for Estimated Tax and Other Payments

34. Total quarterly estimated income tax paid (itemize quarterly IT-6/EFT payments below)	34	00
Qtr1_____ Qtr 2_____ Qtr 3 _____ Qtr 4_____		
35. Enter overpayment credit from tax year ending _____	35	00
36. Enter this year's extension payment	36	00
37. Other payments/EDGE credit (attach supporting evidence)	37	00
38. Total payments and credits (add lines 34 through 37)...	38	00

Balance of Tax Due or Overpayment

39. **Balance of Tax Due:** If line 33 is greater than line 38, enter the difference as the net tax balance due	39	
40. Penalty for Underpayment of Income Tax from attached Schedule IT-2220 ☐ Check box if using annualization method	40	00
41. Interest: If payment is made after the original due date, compute interest. (Contact the Department for current interest rate)	41	00
42. Late Penalty: If paying late, enter 10% of line 39; see instructions. If lines 23 and 24 are zero, enter $10 per day filed past due date; see instructions on page XX	42	00
43. **Total Amount Owed:** Add lines 39 through 42. Make check payable to Indiana Department of Revenue. Pay in U.S. funds..............	43	00
44. Overpayment: If the sum of lines 33, 40, 41, and 42 is less than line 38, enter the difference as an overpayment	44	00
45. Refund: Enter portion of line 44 to be refunded	45	00
46. Overpayment Credit: Amount of line 44 less line 45 to be applied to the following year's estimated tax account	46	00

Certification of Signatures and Authorization Section

Under penalties of perjury, I declare I have examined this return, including all accompanying sched-
ules and statements, and to the best of my knowledge and belief it is true, correct, and complete.

**I authorize the Department to discuss my return with my personal
representative (see page XX)**　　　☐Yes　☐No

▶ _____
Signature of Corporate Officer　　　　　　Date

_____
Print or Type Name of Corporate Officer　　　Title

_____
Personal Representative's Name (Print or Type)

Telephone Number_____

Address_____

City_____

State_____ Zip Code + 4 _____

Company's E-mail Address	EE	

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

_____

PTIN
☐_____

Telephone Number_____

Address_____

City_____

State_____ Zip Code + 4 _____

▶ _____
Paid Preparer's Signature　　　　　　Date

If you owe tax, please mail your return to IN Department of Revenue, PO Box 7087, Indianapolis, IN 46207-7087.
If you do **not** owe any tax, mail it to IN Department of Revenue, PO Box 7231, Indianapolis, IN 46207-7231.

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