

Form **IT-20S**

State Form 10814 (R11 / 8-12)

Indiana Department of Revenue
Indiana S Corporation Income Tax Return

for Calendar Year Ending December 31, 2012

2012

or Other Tax Year Beginning

2012 and Ending

Check box if amended.

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

- K. Date of incorporation _____ in the State of _____
- L. State of commercial domicile _____
- M. Year of initial Indiana return _____
- N. Accounting method: Cash
 Accrual
 Other
- O. Date of election as S corporation _____
- P. Check all that apply to entity: Initial Return Final Return In Bankruptcy
 Composite Return Schedule M
- Q. Enter total number of shareholders:
 Enter number of nonresident shareholders:
- R. Do you have on file a valid extension of time to file your return?
 (federal Form 7004 or an electronic extension of time) Y N
- S. Did the corporation file as a C corporation for the prior tax period? Y N
- T. Is this corporation a member of any partnerships? Y N

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, lines 1 through line 10, less line 11 and a portion of line 12 related to investment income (see instructions); use minus sign for negative amounts.....	1	00
2a. Enter name of addback or deduction (see instructions) _____ Code No. ___ _ _	2a	00
2b. Enter name of addback or deduction _____ Code No. ___ _ _	2b	00
2c. Enter name of addback or deduction _____ Code No. ___ _ _	2c	00
2d. Enter name of addback or deduction _____ Code No. ___ _ _	2d	00
2e. Enter name of addback or deduction _____ Code No. ___ _ _	2e	00
2f. Enter the total amount of addbacks and deductions from any additional sheets (use a minus sign for negative amounts)	2f	00
3. Total S corporation income, as adjusted (add lines 1 through 2f)	3	00
4. Enter percentage for Indiana apportioned adjusted gross income from IT-20S Schedule E line 9	4	%

Schedule B - Excess Net Passive Income & Built-In Gains

5. Excessive net passive income or LIFO recapture tax as reported on federal Form 1120S, line 22a.....	5	00
6. Tax from federal Schedule D as reported on federal Form 1120S, line 22b.....	6	00
7. Excess net passive income from federal worksheet	7	00
8. Built-in gains from federal Schedule D (1120S).....	8	00
9. Add the amounts on lines 7 and 8.....	9	00
10. Taxable income apportioned to Indiana (multiply line 9 by line 4) (if applicable).....	10	00
11. Corporate adjusted gross income tax rate (*see instructions for line 12).....	11	X 8.5%*
12. Total income tax from Schedule B (multiply line 10 by percent on line 11 or enter amount from Schedule M).....	12	00
Summary of Calculations		
13. Sales/use tax on purchases subject to use tax from Sales/Use Tax Worksheet	13	00
14. Total composite tax from completed Schedule IT-20SCOMP (15G). Attach schedule	14	00
15. Total tax (add lines 12 - 14). Enter here and carry to page 2, line 16. If line 15 is zero, see line 21	15	00



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Summary of Calculations continued

16. Enter total tax shown from front page of this return	16		00
17. Total amount of withholding (attach WH-18 statement(s) for composite members).....	17		00
18. Other payments/credits belonging to the corporation (attach documentation)	18		00
19 Subtotal (line 16 minus lines 17 and 18). If total is greater than zero, proceed to lines 20, 21, and 22	19		00
20. Interest: Enter total interest due; see instructions (contact the Department for current interest rate)	20		00
21. Penalty: If paying late, enter 10% of line 19; see instructions. If line 16 is zero, enter \$10 per day filed past due date ..	21		00
22. Penalty: If failing to include all nonresident shareholders on composite return, enter \$500; see instructions	22		00
23. Total Amount Due: Add lines 19 - 22. If less than zero, enter on line 24. Make check payable to: Indiana Department of Revenue. Make payment in U.S. funds	23		00
24. Overpayment: Line 17 plus line 18, minus lines 16, 20 through 22.....	24		00
25. Refund: Amount from line 24. No carryforward allowed. Enter as a positive figure	25		00

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.

I authorize the Department to discuss my return with my personal representative (see page XX) Y N

Corporation's E-mail Address	
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Signature of Corporate Officer _____ Date _____

Print or Type Name of Corporate Officer _____ Title _____

Personal Representative's Name (Print or Type) _____

Telephone _____

Address _____

City _____

State _____ Zip Code + 4 _____

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 7205, Indianapolis, IN 46207-7205.
 If you do **not** owe any tax, mail it to IN Department of Revenue, PO Box 7147, Indianapolis, IN 46207-7147.

