

Indiana Department of Revenue
Indiana Corporate Adjusted Gross Income Tax Return
for Calendar Year Ending December 31, 2024

2024

or Other Tax Year Beginning 2024 and Ending

Check box if amended. Check box if amendment is due to a federal audit. Check box if name changed.

Name of Corporation				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 Final Return In Bankruptcy Insurance Co. Cooperative/IC-DISC REMIC
- B. Date of incorporation _____ in the state of _____
- C. State of commercial domicile _____
- D. Year of initial Indiana return _____
- E. Location of records if different from above address: _____
- F. Check box if the corporation paid any quarterly estimated tax using different federal employer identification numbers.
- G. Check box if you file federal Form 1120 on a consolidated basis.
- H. I am filing on a combined basis, and there are material changes in circumstances since the last petition was filed.
- I. 80% or more of gross income is derived from making, acquiring, selling, or servicing loans or extensions of credit.
- J. This is a consolidated return for adjusted gross income tax.
- K. This return is filed on a combined basis.
- L. In determining taxable income, I deducted any intangible expenses or directly related intangible interest expenses paid to ≥ 50% owned affiliates.
- M. I have on file a valid extension of time (federal Form 7004 or an electronic extension of time) to file my return.
- N. This entity reports income from disregarded entities.

Computation of Adjusted Gross Income Tax

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

Round all entries

Modifications for Adjusted Gross Income (see instructions)

- | | | | |
|---|----------------------|----------|----------------------|
| 4. Enter name of addback or deduction | <input type="text"/> | Code No. | <input type="text"/> |
| 5. Enter name of addback or deduction | <input type="text"/> | Code No. | <input type="text"/> |
| 6. Enter name of addback or deduction | <input type="text"/> | Code No. | <input type="text"/> |
| 7. Enter name of addback or deduction | <input type="text"/> | Code No. | <input type="text"/> |
| 8. Enter name of addback or deduction | <input type="text"/> | Code No. | <input type="text"/> |
| 9. Enter name of addback or deduction | <input type="text"/> | Code No. | <input type="text"/> |
| 10. Enter name of addback or deduction | <input type="text"/> | Code No. | <input type="text"/> |
| 11. Subtotal (add/subtract lines 3 through 10; use a minus sign for negative amounts) | _____ | | |

1		00
2		00
3		00
4		00
5		00
6		00
7		00
8		00
9		00
10		00
11		00
12		00
13		00
14		00
15		00
16d	.	%
17		00
18		00
19		00
20		00
21		00

Other Adjustments

12. Foreign source dividends (enclose Schedule IT-20FSD; enter as a positive amount) _____
13. Subtotal of income with adjustments (subtract line 12 from line 11) _____
14. Deduct: All source nonbusiness income or (loss) and non-unitary partnership distributions from IT-20 Schedule F, column C, line 10 _____
15. Taxable business income (subtract line 14 from line 13) _____

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) _____
17. Indiana apportioned business income (multiply line 15 by percent on line 16d) _____
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 _____
19. Indiana adjusted gross income before net operating loss deduction (add lines 17 and 18) _____

Deduct from Indiana Adjusted Gross Income

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



Tax Calculation

- 22. Enter amount of Indiana adjusted gross Income subject to tax from line 21 _____
- 23. Indiana adjusted gross income tax (multiply line 22 by tax rate; see instructions; cannot be less than zero) _____
- 24. Sales/Use Tax Due _____

22		00
23		00
24		00

Nonrefundable Tax Liability Credits (enclose supporting documentation)

- 25. College and University Contribution Credit (CC-40) 25a. 807 _____
- 26. Indiana Research Expense Credit (IT-20REC) 26a. 822 _____
- 27. Enterprise Zone Employment Expense Credit (EZ 2) 27a. 812 _____
- 28. Enterprise Zone Loan Interest Credit (LIC) 28a. 814 _____

25b		00
26b		00
27b		00
28b		00

Other Nonrefundable Credits (see instructions)

- 29. Enter the total of certified credits claimed from Schedule IN-OCC and enclose this schedule with your return _____
- 30. Enter name of credit _____ 30a. Code No. _____
- 31. Enter name of credit _____ 31a. Code No. _____
- 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) _____
- 33. Total taxes due (add lines 23 and 24 and then subtract line 32; cannot be less than zero) _____

29		00
30b		00
31b		00
32		00
33		00

Credit for Estimated Tax, Other Payments, and Refundable Credits

- 34. Total quarterly estimated income tax paid (itemize quarterly IT-6/EFT payments below) _____
Qtr 1 _____ Qtr 2 _____ Qtr 3 _____ Qtr 4 _____
- 35. Enter overpayment credit from tax year ending _____
- 36. Enter this year's extension payment _____
- 37. Other payments, credits (attach supporting evidence) _____
- 38. EDGE credit (enter amount from line 19 of Schedule IN-EDGE) _____
- 39. EDGE-R credit (enter amount from line 19 of Schedule IN-EDGE-R) _____
- 40. Total payments and credits (add lines 34 through 39) _____

34		00
35		00
36		00
37		00
38		00
39		00
40		00

Balance of Tax Due or Overpayment

- 41. **Balance of Tax Due:** If line 33 is greater than line 40, enter the difference as the net tax balance due _____
- 42. Penalty for Underpayment of Income Tax from attached Schedule IT-2220 Check box if using annualization method
- 43. Interest: If payment is made after the original due date, compute interest. (Contact the Department for current interest rate)
- 44. Late Penalty: If paying late, enter 10% of line 41; see instructions. If lines 23 and 24 are zero, enter \$10 per day filed past due date; see instructions on page 24 _____
- 45. **Total Amount Owed:** Add lines 41 through 44. Make check payable to Indiana Department of Revenue. Pay in U.S. funds
- 46. Overpayment: If the sum of lines 33, 42, 43, and 44 is less than line 40, enter the difference as an overpayment _____
- 47. Refund: Enter portion of line 46 to be refunded _____
- 48. Overpayment Credit: Amount of line 46 less line 47 to be applied to the following year's estimated tax account _____

41		00
42		00
43		00
44		00
45		00
46		00
47		00
48		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 instructions). Yes No

Paid Preparer's Email Address

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

If you owe tax, please mail your return to: Indiana Department of Revenue, PO Box 7087, Indianapolis, IN 46207-7087.

If you do not owe any tax, mail it to: Indiana Department of Revenue, PO Box 7231, Indianapolis, IN 46207-7231.



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