

Form **IT-20S**

State Form 10814 (R13 / 8-14)

Indiana Department of Revenue
Indiana S Corporation Income Tax Return

for Calendar Year Ending December 31, 2014

2014

or Other Tax Year Beginning

2014 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 Other Accrual
- O. Date of election as S corporation _____
- U. This entity reports income from disregarded entities Y
- 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. I have on file a valid extension of time to file my return (federal Form 7004 or an electronic extension of time) Y
- S. The corporation filed as a C corporation for the prior tax period Y
- T. This corporation is a member of a partnership Y

Schedule A - S Corporation Adjusted Gross Income

Round all entries

- 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.....
- Enter name of addback or deduction (see instructions) _____ Code No. _ _ _
- Enter name of addback or deduction _____ Code No. _ _ _
- Enter name of addback or deduction _____ Code No. _ _ _
- Enter name of addback or deduction _____ Code No. _ _ _
- Enter name of addback or deduction _____ Code No. _ _ _
- Enter the total amount of addbacks and deductions from any additional sheets (use a minus sign for negative amounts)
- Total S corporation income, as adjusted (add lines 1 through 2f)
- Enter percentage for Indiana apportioned adjusted gross income from IT-20S Schedule E line 9

1		00
2a		00
2b		00
2c		00
2d		00
2e		00
2f		00
3		00
4		%
5		00
6		00
7		00
8		00
9		00
10		00
11		X tax rate
12		00
13		00
14		00
15		00

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

- Excessive net passive income or LIFO recapture tax as reported on federal Form 1120S, line 22a.....
- Tax from federal Schedule D as reported on federal Form 1120S, line 22b.....
- Excess net passive income from federal worksheet
- Built-in gains from federal Schedule D (1120S).....
- Add the amounts on lines 7 and 8.....
- Taxable income apportioned to Indiana (multiply line 9 by line 4) (if applicable).....
- Corporate adjusted gross income tax rate (*see instructions for line 12).....
- Total income tax from Schedule B (multiply line 10 by percent on line 11 or enter amount from Schedule M).....
- Sales/use tax on purchases subject to use tax from Sales/Use Tax Worksheet
- Total composite tax from completed Schedule IT-20SCOMP (15F). Enclose schedule
- Total tax (add lines 12 - 14). Enter here and carry to page 2, line 16. If line 15 is zero, see line 25.....

Summary of Calculations



11714111594

Worksheet for S Corporation Distributive Share Income, Deductions, and Credits

Use this worksheet to compute the entry for line 1 of Form IT-20S and to assist in computing amounts reportable on or for Schedule IN K-1. Enter the total distributive share of income from each item reportable on Form 1120S, Schedule K. Do not complete column B and C entry lines unless the corporation received distributive share or tiered income from other entities.

	A. S Corporation Income All Sources	B. Distributions from Partnerships/ Estates/Trusts	C. Distributions Attributed to Indiana
Distributive Share Amounts:			
S Corporation's Distributive Share of Items			
1. Ordinary business income (loss)		Enter below for line 13B total distributive share income received by the corporation from all non-unitary partnerships, estates, and trusts. Enter for line 14B an amount equal to required state modifications for Indiana Adjusted Gross Income. (See page 7 for instructions.)	Enter below for line 13C total distributive share income received by the corporation from partnerships, estates and trusts that were derived from or allocated to Indiana. Enter on line 14C an amount equal to the Indiana modifications for Adjusted Gross Income attributed to Indiana.
2. Net rental real estate income (loss)			
3. Other net rental income (loss)			
4. Interest income			
5a. Ordinary dividends			
6. Royalties			
7. Net short-term capital gain (loss)			
8. Net long-term capital gain (loss)			
9. Net IRC Section 1231 gain (loss)			
10. Other income (loss)			
Less allowable deductions for state tax purposes:			
11. IRC Section 179 expense deduction			
12A. Portion of expenses related to investment portfolio income, including investment interest expense and other (federal non-itemized) deductions			
12B. Other information from line 17 of federal K-1 related to investment interest and expenses not listed elsewhere		↓	↓
13. Carry total on line 13A to Form IT-20S line 1 on front page of return	13A	13B	13 C
14. Total of Indiana state modifications to distributive share income (see line 2, Form IT-20S)		14B	14 C
15. Net Indiana adjusted gross income distributions from partnerships, estates, and trusts (add lines 13C and 14C)			15 C
16. Enter amount of Indiana pass-through credits attributed from partnerships, estates, and trusts, if any			16 C

Sales/Use Tax Worksheet

List all purchases made during 2014 from out-of-state companies.

Column A Description of personal property purchased from out-of-state retailer	Column B Date of Purchase(s)	Column C Purchase Price
Magazine subscriptions:		
Mail order purchases:		
Internet purchases:		
Other purchases:		
1. Total purchase price of property subject to the sales/use tax		1
2. Sales/use tax: Multiply line 1 by .07 (7%)		2
3. Sales tax previously paid on the above items (up to 7% per item)		3
4. Total amount due: Subtract line 3 from line 2. Carry to Form IT-20S, line 13. If the amount is negative, enter zero and put no entry on line 13 of the IT-20S		4

Schedule E

Form IT-20/20S/20NP/IT-65

State Form 49105

(R13 / 8-14)

For Tax Year Beginning

Name as shown on return

**Indiana Department of Revenue
Apportionment of Income for Indiana**

2014 and Ending

Federal Identification Number

Each filing entity having income from sources both within and outside Indiana must complete an apportionment schedule except financial institutions and certain insurance companies that use a single receipts factor. Interstate transportation entities must use Schedule E-7. Combined unitary filers must use the apportioning method (relative formula percentage) as outlined in Information Bulletin #12 and Tax Policy Directive #6. Omit cents; percents should be rounded two decimal places; read apportionment instructions.

Part I - Indiana Apportionment of Adjusted Gross Income

Sales/Receipts (less returns and allowances)

Include all non-exempt apportioned gross business income. Do not use non-unitary partnership income of previously apportioned income that must be separately reported as allocated income.

	Column A Total Within Indiana	Column B Total Within and Outside Indiana	Column C Indiana Percentage
Sales delivered or shipped to Indiana:			
1. Shipped from within Indiana.....	00		
2. Shipped from outside Indiana.....	00		
Sales shipped from Indiana to:			
3. The United States government.....	00		
4. Purchasers in a state where the taxpayer is not subject to income tax (under P.L. 86-272).....	00		
Other:			
5. Interest & other receipts from extending credit attributed to Indiana.....	00		
6. Other gross business receipts not previously apportioned.....	00		
7. Direct premiums and annuities received for insurance upon property or risks in Indiana.....	00		
8. Total Receipts: Add column A receipts lines on 1A through 7A and enter in line 8A. Enter all receipts on line 8B.....	00	00	

Apportionment of income for Indiana:

9. **Apportionment Percentage:** Divide line 8A by line 8B (insert as percent, not decimal)..... 9 . %

Part II - Business/Other Income Questionnaire

1. List all business locations where the taxpayer has operations or partnership interests and indicate type of activities. This section must be completed - attach additional sheets if necessary.

(a) Location City and State	(b) Nature of Business Activity at Location	(c) Accepts Orders?		(d) Registered to Do Business?		(e) Files Returns in State?		Property in State			
		Yes	No	Yes	No	Yes	No	(f) Leased?		(g) Owned?	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No

2. Briefly describe the nature of Indiana business activities, including the exact title and principal business activity of any partnership in which the taxpayer has an interest:

3. Indicate any partnership in which you have a unitary or general partnership relationship:

4. Briefly describe the nature of activities of sales personnel operating and soliciting business in Indiana:

5. Do Indiana receipts for line 3A include all sales shipped from Indiana to (1) the U.S. government; or (2) locations where this taxpayer's only activity in the state of the purchaser consists of the mere solicitation of orders? Y N If no, please explain:

6. List the source of any directly allocated income from partnerships, estates, and trusts not in the taxpayer's apportioned tax base:



Schedule IT-20SCOMP

State Form 49188
(R13 / 8-14)

Indiana Department of Revenue

Name of S Corporation	Federal Identification Number
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Shareholders' Composite Indiana Adjusted Gross Income Tax Return

S Corporation's Tax Year **2014** or Other Year Beginning 2014 and Ending

See instructions. Enclose with Form IT-20S. Use additional sheets if necessary.

For any shareholder who has opted out of the composite return or is excluded from it, please check the box in Column G (see instructions).

	Enter Pro Rata Share		Composite Adjusted Gross Income Tax			Total Tax	Excluded from Composite
	A	B	C	D	E	F	G
	Apportioned distributive income attributed to Indiana from IN K-1, line 14	Indiana modifications from IN K-1, line 27	Adjusted gross income (Add A + B)	State tax multiply C x 3.4% (cannot be less than zero)	County tax multiply C by nonresident county tax rate (if applicable)	Enter share-holder's tax liability (D + E)	Check box if excluded from composite
Name							
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
13. Subtotals for columns D, E, and F							
14. Carryover totals from additional sheets							
15. Total tax (13F + 14F).....							

Carry total tax and credits from line 15F to Summary of Calculations.

Enter total tax on Form IT-20S, line 14.



IT-20S/IT-65 2014 Schedule IN K-1

State Form 49181 (R14 / 8-14)

Indiana Department of Revenue

Shareholder's/Partner's Share of Indiana Adjusted Gross Income, Deductions, Modifications, and Credits

Tax Year Beginning 2014 and Ending

Name of S Corporation/Partnership	Federal Identification Number
<p>Distributions - Provide IN K-1 to each shareholder/partner. Enclose IN K-1 with IT-20S/IT-65 return. For information on the acceptable electronic data file format, visit the department's website at www.in.gov/dor/3772.htm. Pro rata amounts for lines 1 through 26 of any nonresident shareholder/partner must be multiplied by the Indiana apportionment percent, if applicable, from IT-20S/IT-65, line 4.</p>	
<p>Part 1 – Shareholder/Partner's Identification Section</p>	
<p>(a) If shareholder/partner is an individual (please print clearly) Last Name: _____ First Name: _____ a1 _____ a2 _____ a3</p>	Social Security Number:
<p>(b) If shareholder/partner is an other entity (please print clearly) Name: _____ b1 _____ b2</p>	Federal Identification Number:
<p>(c) Shareholder/partner's state of residence or commercial domicile..... c1</p>	
<p>(d) Indiana tax withheld for nonresident shareholder/partner (on WH-18 or IT-6WTH)..... d Enter federal ID number of the entity remitting withholding _____</p>	00
<p>(e) Shareholder/partner's federal pro rata percentage e</p>	%
<p>(f) Shareholder/partner's tax as computed on IT-20SCOMP/IT-65COMP Column F..... f</p>	00
<p>Part 2 - Distributive Share Amount (use apportioned figures for nonresident shareholders/partners)</p>	
1. Ordinary business income (loss).....	00
2. Net rental real estate income (loss)	00
3. Other net rental income (loss).....	00
4. Guaranteed payments (for IT-65 filers only; if filing IT-20S, skip to line 5)	00
5. Interest income.....	00
6. Ordinary dividends	00
7. Royalties	00
8. Net short-term capital gain (loss)	00
9. Net long-term capital gain (loss)	00
10. Net IRC Section 1231 gain (loss)	00
11. Other income (loss)	00
12. IRC Section 179 expense deduction.....	00
13a. Portion of expenses related to investment portfolio income, including investment interest expense and other (federal nonitemized) deductions.....	00
13b. Other information from line 20 of federal K-1 related to investment interest and expenses not listed elsewhere	00
14. Total pro rata distributions (Add lines 1 through 11; subtract lines 12, 13a, and 13b when applicable.)	00

Continued on next page ►

Part 3 - State Modifications Add or subtract the following. Designate the distributive share amount of each modification for Indiana adjusted gross income from line 2 on the front of Form IT-20S/IT-65. For nonresidents, apply apportioned figures. (Use a minus sign to denote negative amounts.)			
15. State income taxes deducted.....		00	
16. Net bonus depreciation allowance.....		00	
17. Excess IRC Section 179 deduction.....		00	
18. Interest on U.S. obligations.....		00	
19. Addback/Deduction _____ Code: _____		00	
20. Addback/Deduction _____ Code: _____		00	
21. Addback/Deduction _____ Code: _____		00	
22. Addback/Deduction _____ Code: _____		00	
23. Addback/Deduction _____ Code: _____		00	
24. Addback/Deduction _____ Code: _____		00	
25. Addback/Deduction _____ Code: _____		00	
26. Addback/Deduction _____ Code: _____		00	
27. Total distributive share of modifications (add lines 15 through 26 and carry total to Column B on Schedule IT-20SCOMP/IT-65COMP).....		00	
Part 4 - Pro Rata Share of Indiana Pass-through Tax Credits from S Corporation/Partnership			
28. Enter the name of the tax credit program, its three-digit ID code, and the dollar amount. Add all amounts on line 28 and enter that total on line 19 of the IT-20S or line 10 of the IT-65. (Enter all EDGE/EDGE-R credits and certified credits from Schedule IN-OCC on lines 29-31.)			
Name of Credit:	ID Code:		
a _____	b _____	c	00
d _____	e _____	f	00
29. EDGE credit. See instructions. Add the amounts on line 29 and enter them on line 20 of the IT-20S or line 11 of the IT-65. Enter the IEDC project number below.			
a _____	b _____	00	
c _____	d _____	00	
30. EDGE-R credit. See instructions. Add the amounts on line 30 and enter them on line 21 of the IT-20S or line 12 of the IT-65. Enter the IEDC project number below.			
a _____	b _____	00	
c _____	d _____	00	
31. For any other certified credits, enter the three-digit ID code, the certification ID from Schedule IN-OCC, and the dollar amount of the distributive share for each credit. Add the amounts on line 31 and enter them on line 22 of the IT-20S or line 13 of the IT-65.			
ID Code:	Certification Number:	Certification Year	
a _____	b _____	c _____	d 00
e _____	f _____	g _____	h 00

