Form IT-20X State Form 438

State of Indiana Amended Corporation Income Tax Return For Calendar Year Ending

112 / 8-16)	For Calen	dar Year Ending			_
or Other Tax Year	Beginning	and Ending			
Name of Corporation			E	Federal Identifi	ication Number
Number and Street		Cou	inty Ir	ndiana Taxpay	er Identification Number
City or Post Office	S	tate	ZIP Code (Corporate Tele	phone Number
a. Is a federal amended return being b. Is the corporation currently under Indiana Department of Revenue? If yes, indicate years c. Is this the first amended return for d. Date of incorporation	examination by the Y N	f. List years of limitation		of federal witch waivers	·
	r the year amended and federal s	-			nge in Part IV.
Note: Do not calculate gross incoincome tax for years beyond the	ome tax or supplemental net repeal date of Jan. 1, 2003.	A As Reported or Last Determined	B Amount of Cha	nge	C Correct Amount Round all entries
Part I - Summary of Tax Calculation			Expiaili ili Part	10	Round an entires
 Gross income tax; use minus sig Adjusted gross income (see instr 	_			2	
Adjusted gross income tax - multi Adjusted gross income tax - multi	•			3	
4. Subtract the greater of line 1 or 3				4	
5. Supplemental net income tax - m				5	
6. Total income tax - greater of line				6	
7. Sales/use and other taxes	• •			7	
8. Total tax due - add lines 6 and 7				8	
Part II - Credits and Payments					
9. Amount of estimated tax paid (in	cluding extension payment)			9	
Gross income tax paid on real esta				10	
College and University Credit (at	, , ,			11	
 Other credits (attach explanation 	,			12	
3. Amount previously paid with the	,			13	
 Amount previously paid with the Amount paid on prior amended r 	_			14	
 Amount paid on phor amended in the state of the state of				15	
 Total credits - add lines 9 through 				16	
17 Amount proviously refunded (inc	olude empurate eradited to IT 6 estin	acted account)		171	
17. Amount previously refunded (include amounts credited to IT-6 estimated account)					
18. Amount of all penalty and interest previously paid					
				19	
Part III - Remittance Due or Refun	,			00	
20. Balance due (if line 8 is greater	·				
	hichever is greater)				
22. Interest (see instructions)23. Total remittance due - add lines	20, 21, and 22				
			i ili 0.3. iulius Alvii	OUN1 23	
	reater than line 8, enter the differen			_	
25. Amount of line 24 to be refunded 26. Amount of line 24 to be applied			ing:	26	
lake checks payable to the Indiana Depa	rtment of Revenue.	•	<u> </u>		
Inder penalties of perjury, I declare that I I orrect, and complete. I authorize the Dep				ne best of my	knowledge and belief it is
ignature of Officer	Date	•	m's Name (or yours if	self-employe	d)
rint or Type Name of Officer	Title	PTIN			
ersonal Representative's Name (Print o	r Type)	Telephone Number			
elephone Number		Address			
ddress		City			
		State		ZIP Cod	le + 4
ity					
State ZIP C	code + 4	Paid Prenarer's Sig	naturo		Date



Paid Preparer's Signature

Date

Instructions for Indiana Amended Corporation Income Tax Return Form IT-20X

Who Should File Form IT-20X

This form should be filed by a corporation amending a previously filed Indiana Corporation Income Tax Return. To amend a previously filed Form IT-65, IT-20S, FIT-20, IT-20NP, or URT-1, a corrected copy of the original form must be filed with the amended check box marked at the top of the form.

If this form is being filed as a result of a Federal Revenue Agent's Report (RAR), the change must be documented by attaching copies of the RAR and the appropriate federal forms within 120 days of such change. If an audit has been conducted, copies of the audit report should also be enclosed. Payment of any balance due, plus interest, must accompany the amended return.

Indiana Code (IC) 6-3-4-6 requires taxpayers to notify the department within **180 days** of any modification made to a federal income tax return.

Under IC 6-8.1-9-1, a taxpayer has 6 months from the date of modification by the Internal Revenue Service to file a claim for refund with the department. Any overpayment resulting from modification of federal income tax liability must be claimed within the latter of 3 years from the due date of the return, 3 years from the date of payment, or within 6 months of notification of change by the Internal Revenue Service.

Copies of all federal waivers that apply to your amended return must be enclosed. An agreement with the department to extend the statute of limitations for assessment also extends the period for filing a claim for refund.

Completing the Form

Taxpayers should refer to the instructions for the corporation income tax return, and related schedules, of the tax year being amended. You can get copies of certain prior-year returns by contacting the department or by visiting www.in.gov/dor/taxforms.

Place your 9-digit federal ID number in the box in the upper-right corner of the form. Next, enter your assigned Indiana **taxpayer identification number.** Complete all other applicable questions.

Corporations must also attach Form IT-20 as amended, or a representative schedule detailing line item changes.

Part I - Summary of Tax Calculations

Complete lines 1 through 8 of columns A, B, and C. Use the original IT-20 Fiscal return format computation if amending for a 2002/2003 fiscal year. Attach the revised return calculation. If the amounts reflected in column A are the result of an Indiana audit, please attach audit schedule. Any changes reflected in column B must be documented.

If filing because of an IRC Section 172 deduction, effective Jan. 1, 2004, the loss derived from Indiana must be calculated by applying the modifications, in effect for the year in which the loss was incurred, used in arriving at Indiana adjusted gross income. The resulting Indiana net operating loss (NOL), adjusted for any federal Section 172 modifications, may be claimed toward reducing, before any other state deductions, Indiana adjusted gross income. Use Schedule IT-20NOL (revised 8-09 and after) to determine the available amount you may deduct.

A preexisting NOL must also be recalculated using this methodology to apply any remaining loss as a deduction for tax years ending after Dec. 31, 2003. All NOLs incurred after this date, whether carried back or forward, must be calculated using the revised IT-20NOL schedule.

The available Indiana NOL is subject to the same carryover provisions as required by the Internal Revenue Code, as adopted and in effect on Jan. 1 of the taxable year. **Note:** The NOL carryback is no longer available.

Part II - Credits and Payments

If a change is indicated in column B, lines 9 through 15, provide a complete explanation in Part IV and attach any schedules, statements, or canceled checks that support such change. Note that a change of adjusted gross income tax (column C, line 3) may affect the amount of allowable College Credit on line 11 and other credits on line 12. Generally, the total credit entered on lines 11 and 12 cannot exceed the amount of tax entered on line 3 of column C.

Line 17 - "Previously Refunded" includes overpayments previously requested to be carried forward to other tax periods. Once the overpayment amount has been carried forward it cannot be reversed.

Part III - Remittance Due or Refund

Remittance Due:

Line 20 - If line 8 is greater than line 19, enter the difference as the balance due on line 20.

Line 21 - If an amended return is submitted after the due date of the original return, including valid extensions, penalty must be entered on line 21. The penalty is 10% of the balance due or \$5, whichever is greater. A late penalty of \$10 per day may apply to zero tax liability returns delinquently filed.

Line 22 - Indiana law does not provide for the waiver of interest. **Interest must be computed on the balance due.** Use the interest rate table below to properly compute the amount of interest for line 22.

Line 23 - Add balance due, penalty, and interest to equal the total remittance due. Pay this amount.

Refund Due:

Line 24 - If line 19 is greater than line 8, subtract line 8 from line 19 and enter the overpayment.

Line 25 - Enter the portion of the overpayment from line 24 to be refunded.

If an excess tax payment is not refunded or credited against a current or future tax liability within 90 days after the date the refund claim is filed, the date the tax was due, or the date the tax was paid, whichever is latest, the excess tax payment accrues interest from the date the refund claim is filed. The statute of limitations for refund claims is 3 years from the due date of the return or 3 years from the date the overpayment occurred, whichever is later. Extensions of time to file extend the due date of the return. Quarterly payments are considered to be made on the due date of the return filed for a taxable period.

Line 26 - Enter that portion of line 24 to be applied to your current estimated tax account and the year to which the overpayment is to be applied. The total of lines 25 and 26 must equal the amount shown on line 24.

Note: If your overpayment is reduced due to an error on the tax return or an adjustment by the department, the amount to be refunded (line 25) will be corrected before any changes are made to the amount on line 26.

Table of Interest Rates Charged Per Annum:

1/1/92 to 12/31/92 8%	1/1/07 to 12/31/08 5%
1/1/93 to 12/31/947%	1/1/09 to 12/31/09 7%
1/1/95 to 12/31/956%	1/1/10 to 12/31/107%
1/1/96 to12/31/007%	1/1/11 to 12/31/11 9%
1/1/01 to 12/31/02 8%	1/1/12 to 12/31/124%
1/1/03 to 12/31/036%	1/1/13 to 12/31/133%
1/1/04 to 12/31/04 4%	1/1/14 to 12/31/14
1/1/05 to 12/31/053%	1/1/15 to 12/31/153%
1/1/06 to 12/31/06 4%	1/1/16 to 12/31/162%

Interest rates on assessments are determined annually on Nov. 1 for each upcoming year. For further information, call (317) 232-0129, visit www.in.gov/dor, or write to:

Indiana Department of Revenue

Tax Administration

100 N. Senate Ave.

Indianapolis, IN 46204-2253

Be sure to sign, date, and print your name on the return. If a paid preparer completes your return, you can authorize the department to discuss your tax return with the preparer by checking the authorization box above the signature line. The department may contact you if there are any questions or concerns about your tax return. If you want the department to be able to discuss your tax return with someone else (e.g., the person who prepared it or a designated person), please complete the personal representative information area in full.

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

Part IV - Please enclose a concise explanation of change(s) along with the corrected schedules and any other documentation.

Note: If the corporation is undergoing a bankruptcy proceeding, mail an amended return to: Indiana Department of Revenue, Tax Administration, Bankruptcy Section, 100 N. Senate Ave., Indianapolis, IN 46204-2253. The telephone number is (317) 232-2289.

