

Indiana Department of Revenue  
**Indiana S Corporation Income Tax Return**  
for Calendar Year Ending December 31, 2021

**2021**

or Other Tax Year Beginning   2021 and Ending

Check box if amended.

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  2-Digit County Code  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 boxes that apply to entity:

Initial Return  Final Return  In Bankruptcy  Composite Return  Schedule M

Q. Enter total number of shareholders:  W. 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).

S. The corporation filed as a C corporation for the prior tax period.

T. This corporation is a member of a partnership.

U. This entity reports income from disregarded entities.  V. Check box if reporting a credit on Schedule IT-20REC

**Round all entries**

**Schedule A - S Corporation Adjusted Gross Income**

|  |                      |           |                         |                             |
|--|----------------------|-----------|-------------------------|-----------------------------|
| 1. Total net income (loss) from U.S. S corporation return, Form 1120S Schedule K (see instructions); use minus sign for negative amounts | <input type="text"/> | 1         | <input type="text"/>    | .00                         |
| 2. a. Enter name of addback or deduction (see instructions)  | <input type="text"/> | Code. No. | <input type="text"/>    | 2a <input type="text"/> .00 |
| b. Enter name of addback or deduction  | <input type="text"/> | Code. No. | <input type="text"/>    | 2b <input type="text"/> .00 |
| c. Enter name of addback or deduction  | <input type="text"/> | Code. No. | <input type="text"/>    | 2c <input type="text"/> .00 |
| d. Enter name of addback or deduction  | <input type="text"/> | Code. No. | <input type="text"/>    | 2d <input type="text"/> .00 |
| e. Enter name of addback or deduction  | <input type="text"/> | Code. No. | <input type="text"/>    | 2e <input type="text"/> .00 |
| f. Enter the total amount of addbacks and deductions from any additional sheets (use a minus sign for negative amount)                   | <input type="text"/> |           | 2f <input type="text"/> | .00                         |
| 3. Total S corporation income, as adjusted (add lines 1 through 2f)  |                      | 3         | <input type="text"/>    | .00                         |
| 4. Enter percentage for Indiana apportioned adjusted gross income from IT-20S Schedule E line 9  |                      | 4         | <input type="text"/>    | %                           |



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

|     |   |    |  |                   |
|-----|---|----|--|-------------------|
| 5.  | LIFO recapture income (see instructions)  | 5  |  | .00               |
| 6.  | Excess net passive income from federal worksheet  | 6  |  | .00               |
| 7.  | Built-in gains from federal Schedule D (1120S)  | 7  |  | .00               |
| 8.  | Add the amounts on lines 5 through 7  | 8  |  | .00               |
| 9.  | Taxable income apportioned to Indiana (multiply line 8 by line 4) (if applicable)                         | 9  |  | .00               |
| 10. | Pre-conversion Indiana Net Operating Loss (see instructions)  | 10 |  | .00               |
| 11. | Taxable income after loss. Line 9 minus line 10   | 11 |  | .00               |
| 12. | Corporate adjusted gross income tax rate (*see instructions for line 12)                                  |    |  | <i>X tax rate</i> |
| 13. | Total income tax from Schedule B (multiply line 11 by percent on line 12 or enter amount from Schedule M) | 13 |  | .00               |

**Summary of Calculations**

|     |   |    |  |     |
|-----|---|----|--|-----|
| 14. | Sales/use tax on purchases subject to use tax from Sales/Use Tax Worksheet  | 14 |  | .00 |
| 15. | Total composite tax from completed Schedule Composite (15G). Enclose schedule   | 15 |  | .00 |
| 16. | Total tax (add lines 13-15). If line 16 is zero, see line 25  | 16 |  | .00 |
| 17. | Total amount of pass-through withholding (enclose IN K-1 from the paying entity)  | 17 |  | .00 |
| 18. | Total composite withholding IT-6WTH payments (see instructions)   | 18 |  | .00 |
| 19. | Other payments/credits (enclose supporting documentation)   | 19 |  | .00 |
| 20. | EDGE credit. Enter the total EDGE credit amount claimed (line 19 on Schedule IN-EDGE)   | 20 |  | .00 |
| 21. | EDGE-R credit. Enter the total EDGE-R credit amount claimed (line 19 on Schedule IN-EDGE-R)   | 21 |  | .00 |
| 22. | Other certified credits. Enter the total credit amount claimed ("Total" line from Schedule IN-OCC)  | 22 |  | .00 |
| 23. | Subtotal (line 16 minus lines 17-22). If total is greater than zero, proceed to lines 24-26   | 23 |  | .00 |
| 24. | Interest: Enter total interest due; see instructions (contact the department for current interest rate)   | 24 |  | .00 |
| 25. | Penalty: If paying late, enter 10% of line 23; see instructions. If line 16 is zero, enter \$10 per day filed past due date                                     | 25 |  | .00 |
| 26. | Penalty: If failing to include all nonresident shareholders on composite return, enter \$500; see instructions  | 26 |  | .00 |
| 27. | Total Amount Due: Add lines 23-26. If less than zero, enter on line 28. Make check payable to: <b>Indiana Department of Revenue.</b> Make payment in U.S. funds | 27 |  | .00 |
| 28. | Overpayment and Refund Amount: Line 17 plus lines 18-22, minus lines 16 and 24-26. No carryforward allowed.   | 28 |  | .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.

Paid Preparer's Email Address

**I authorize the Department to discuss my return with my personal representative (see instructions).**

Y  N

**Personal Representative's Name** (please print)

Email Address

Signature of Corporate Officer \_\_\_\_\_

Date

Print or Type Name of Corporate Officer

Title

If you owe tax, please mail your return to IN Department of Revenue, PO Box 7205, Indianapolis, IN 46207-7205.

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

**Paid Preparer's Name**

PTIN

Telephone Number

Address

City

State  Zip Code+4

Paid Preparer's Signature \_\_\_\_\_

Date

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

