Form IT-20S State Form 10814 (R21 / 8-22)

Indiana Department of Revenue Indiana S Corporation Income Tax Return

2022

for Calendar Year Ending December 31, 2022

or Other Tax Year Beginning 2022 and Ending				
N	eck box if name changed.			
rederal 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 C.	M. Year of initial commercial domicile Indiana return			
N. Accounting method: Cash Accrual Other O. Date of election as S corp	poration			
P. Check all boxes that apply to entity:				
Initial Return Final Return In Bankruptcy Composite Return				
Q. Enter total number of shareholders: W. Enter number of nonresident shareholders	ers:			
R. I have on file a valid extension of time to file my return (federal Form 7004 or an electronic exter	nsion 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 cre	edit 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	1 .00			
2. a. Enter name of addback or deduction (see instructions) Code. No				
b. Enter name of addback or deduction Code. No	2b .00			
c. Enter name of addback or deduction Code. No	2c .00			
d. Enter name of addback or deduction Code. No.	2d .00			
e. Enter name of addback or deduction Code. No.	2e .00			
 f. Enter the total amount of addbacks and deductions from any additional sheets (use a minus sign for negative amount) 	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 lin	ne 9 4 • %			

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)		X tax rate
13.	Total income tax from Schedule B (multiply line 11 by percent on line 12)	13	.00
Sun	mary 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	25	.00
26.	day filed past due date Penalty: If failing to include all nonresident shareholders on composite return, enter \$500; see instructions	26	.00
07			
27.	Total Amount Due: Add lines 23-26. If less than zero, enter on line 28. Make check payable to: Indiana Department of Revenue. 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

If you owe tax, please mail your return to IN Department of

Revenue, PO Box 7205, Indianapolis, IN 46207-7205.

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 Paid Preparer: Firm's Name (or yours if self-employed) personal representative (see instructions). Ν Paid Preparer's Name Personal Representative's Name (please print) PTIN Email Telephone Number Address Signature of Address Corporate Officer_ City Date State ZIP Code+4 Print or Type Name of Corporate Officer Paid Preparer's Signature _ Date Title

If you do **not** owe any tax, mail it to IN Department of Revenue,

PO Box 7147, Indianapolis, IN 46207-7147.