



**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)	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.

