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Form IT-20S
State Form 10814
(R22 / 8-23)

Indiana Department of Revenue
Indiana S Corporation Income Tax Return

2023

for Calendar Year Ending December 31, 2023

or Other Tax Year Beginning 2023 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

M. Year of initial Indiana return

Telephone Number

K. Date of incorporation

In the State of

L. State of commercial domicile

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

PTET Return

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" value="1"/>	<input type="text" value="9999999999"/>	<input type="text" value="00"/>		
2. a. Enter name of addback or deduction (see instructions) <input type="text" value="XXXXXXXXXX"/>	Code. No.	<input type="text" value="999"/>	<input type="text" value="2a"/>	<input type="text" value="9999999999"/>	<input type="text" value="00"/>
b. Enter name of addback or deduction <input type="text" value="XXXXXXXXXXXXXXXXXXXX"/>	Code. No.	<input type="text" value="999"/>	<input type="text" value="2b"/>	<input type="text" value="9999999999"/>	<input type="text" value="00"/>
c. Enter name of addback or deduction <input type="text" value="XXXXXXXXXXXXXXXXXXXX"/>	Code. No.	<input type="text" value="999"/>	<input type="text" value="2c"/>	<input type="text" value="9999999999"/>	<input type="text" value="00"/>
d. Enter name of addback or deduction <input type="text" value="XXXXXXXXXXXXXXXXXXXX"/>	Code. No.	<input type="text" value="999"/>	<input type="text" value="2d"/>	<input type="text" value="9999999999"/>	<input type="text" value="00"/>
e. Enter name of addback or deduction <input type="text" value="XXXXXXXXXXXXXXXXXXXX"/>	Code. No.	<input type="text" value="999"/>	<input type="text" value="2e"/>	<input type="text" value="9999999999"/>	<input type="text" value="00"/>
f. Enter the total amount of addbacks and deductions from any additional sheets (use a minus sign for negative amount)	<input type="text" value="2f"/>	<input type="text" value="9999999999"/>	<input type="text" value="00"/>		
3. Total S corporation income, as adjusted (add lines 1 through 2f)	<input type="text" value="3"/>	<input type="text" value="9999999999"/>	<input type="text" value="00"/>		
4. Enter percentage for Indiana apportioned adjusted gross income from IT-20S Schedule E line 9	<input type="text" value="4"/>	<input type="text" value="999.99"/>	<input type="text" value="00"/>	<input type="text" value="00"/>	<input type="text" value="00"/>



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

5.	LIFO recapture income (see instructions)	5	999999999999	.00
6.	Excess net passive income from federal worksheet	6	999999999999	.00
7.	Built-in gains from federal Schedule D (1120S)	7	999999999999	.00
8.	Add the amounts on lines 5 through 7	8	999999999999	.00
9.	Taxable income apportioned to Indiana (multiply line 8 by line 4) (if applicable)	9	999999999999	.00
10.	Pre-conversion Indiana net operating loss (see instructions)	10	999999999999	.00
11.	Taxable income after loss. Line 9 minus line 10	11	999999999999	.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	999999999999	.00

Summary of Calculations

14.	Sales/use tax on purchases subject to use tax from Sales/Use Tax Worksheet	14	999999999999	.00
15.	Total composite tax from completed Schedule Composite (15G). Enclose schedule	15	999999999999	.00
16.	Total pass through entity tax from Schedule PTET. Enclose schedule	16	999999999999	.00
17.	Total tax (add lines 13-16). If line 17 is zero, see line 26	17	999999999999	.00
18.	Total amount of pass-through withholding and PTET (enclose IN K-1 from the paying entity)	18	999999999999	.00
19.	Total composite withholding IT-6WTH payments (see instructions)	19	999999999999	.00
20.	Other payments/credits (enclose supporting documentation)	20	999999999999	.00
21.	EDGE credit. Enter the total EDGE credit amount claimed (line 19 on Schedule IN-EDGE)	21	999999999999	.00
22.	EDGE-R credit. Enter the total EDGE-R credit amount claimed (line 19 on Schedule IN-EDGE-R)	22	999999999999	.00
23.	Other certified credits. Enter the total credit amount claimed ("Total" line from Schedule IN-OCC)	23	999999999999	.00
24.	Subtotal (line 17 minus lines 18-23). If total is greater than zero, proceed to lines 25-26	24	999999999999	.00
25.	Interest: Enter total interest due; see instructions (contact the department for current interest rate)	25	999999999999	.00
26.	Penalty: If paying late, enter 10% of line 24; see instructions. If line 17 is zero, enter \$10 per day filed past due date	26	999999999999	.00
27.	Total Amount Due: Add lines 24-26. If less than zero, enter on line 28. Make check payable to: Indiana Department of Revenue. Make payment in U.S. funds	27	999999999999	.00
28.	Overpayment and Refund Amount: Line 18 plus lines 19-23, minus lines 17 and 25-26. No carryforward allowed.	28	999999999999	.00



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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.