

Schedule IN-OCC

State Form 55629
(R9 / 9-23)

Other Certified Credits

2023

Enclosure
Sequence No. 25

Name shown on Form IT-40/IT-40PNR

Your Social Security Number

Name shown on IT-20/IT-20NP/IT-65/IT-20S/FIT-20/IT-41

Federal Employer Identification Number

Complete this schedule if you are reporting any of the following credits: EDGE-NR Credit; EDGE-NR Credit -Composite; Film and Media Production Credit; Film and Medial Production Credit - Composite; Foster Care Donation Credit; Foster Care Donation Credit - Composite; Headquarters Relocation Credit; Headquarters Relocation Credit - Composite Hoosier Business Investment Credit; Hoosier Business Investment Credit - Composite; Hoosier Business Investment Credit - Logistics; Hoosier Business Investment Credit - Logistics - Composite; Natural Gas Commercial Vehicle Credit; Natural Gas Commercial Vehicle Credit - Composite; Redevelopment Tax Credit; Redevelopment Tax Credit - Composite; School Scholarship Credit; School Scholarship Credit - Composite; Venture Capital Investment Credit; Venture Capital Investment Credit - Composite; VCI - Qualified Indiana Investment Fund; VCI - Qualified Indiana Investment Fund - Composite.

	Column A IT-20S/IT65 Enter FEIN if Credit is from IN K-1	Column B Certification Year	Column C Certification/ Project Number	Column D Tax Credit Code	Column E Amount Claimed	
1.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1	<input type="text"/> .00
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	2	<input type="text"/> .00
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	3	<input type="text"/> .00
4.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	4	<input type="text"/> .00
5.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	5	<input type="text"/> .00
6.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	6	<input type="text"/> .00
7.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	7	<input type="text"/> .00
8.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	8	<input type="text"/> .00
9.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	9	<input type="text"/> .00
10.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	10	<input type="text"/> .00
11.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	11	<input type="text"/> .00
12.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	12	<input type="text"/> .00
13.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	13	<input type="text"/> .00
14.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	14	<input type="text"/> .00
15.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	15	<input type="text"/> .00

16. Add amounts from Column E, lines 1 - 15, and enter total here. Carry to the appropriate line on: Schedule 6; Schedule G; Form IT-20; Form IT-20NP; Form IT-41; or Form FIT-20 (Form IT-65 and Form IT-20S filers must see special reporting instructions) **Total** 16 .00