

**Form FIT-20**

State Form 44623  
(R11 / 8-12)

Department of Revenue

**Indiana Financial Institution Tax Return**

**2012**

Calendar Year Ending December 31, 2012 or

Fiscal Year Beginning

**2012** and Ending

Check box if amended.

Check box if name changed.

Name of Corporation		Federal Identification Number	
Number and Street	County	Principal Business Activity Code	
City	State	ZIP Code	Corporation Telephone Number ( )

Check box if this is a state chartered credit union or an investment company registered under the Investment Company Act of 1940. (Also see instructions for line 18 and FIT-20 Schedule E-U)

- L. Date of incorporation \_\_\_\_\_ in the state of \_\_\_\_\_
- M. State of Commercial Domicile \_\_\_\_\_
- N. Year of initial Indiana return \_\_\_\_\_
- O. Location of accounting records if different from above address: \_\_\_\_\_
- P. Accounting method:  Cash  Accrual
- Q. Did the corporation make estimated tax payments using a different Federal Identification number?  Y  N  
*List any other Federal Identification numbers on Schedule H.*
- R. Is 80% or more of your gross income derived from making, acquiring, selling, or servicing loans or extensions of credit?  Y  N *If you answer no, do not file this return; file Form IT-20.*
- S. Check all boxes that apply:  Initial Return  
 Final Return  In Bankruptcy  REMIC
- T. Is this return filed on a combined basis? *If yes, complete Schedule H*.....  Y  N
- U. Is this a separate return by a member of a unitary group? (See instructions on page 5).....  Y  N
- V. Do you have on file a valid extension of time to file your return (federal Form 7004 or an electronic extension of time)?  Y  N
- W. Are you a member of a partnership?.....  Y  N  
*If you answer yes, see instruction page 5.*

Income:	Schedule A	Round all entries	
1. Federal taxable income (before NOL and special federal deduction); use minus sign for negative amounts.....		1	00
2. Qualifying dividend deduction .....		2	00
3. Subtotal (subtract line 2 from line 1) .....		3	00
<b>Add back:</b> Enter an amount equal to the deduction taken for:			
4. Bad debts (IRC Sec. 166) (see instructions).....		4	00
5. Bad debt reserves for banks (IRC Sec. 585).....		5	00
6. Bad debt reserves (IRC Sec. 593) .....		6	00
7. Charitable contributions (IRC Sec. 170).....		7	00
8. All state and local income taxes .....		8	00
9. Net capital loss carryovers to the extent used in offsetting capital gains on federal Schedule D (IRC Sec. 1212).....		9	00
10. Amount of interest excluded for state and local obligations (IRC Sec. 103) minus the associated expenses (IRC Sec. 265).....		10	00
<b>Other modifications to income (see instructions):</b>			
11A. Domestic production activities deduction (IRC Sec. 199) .....		11A	00
11B. Net bonus depreciation, add or subtract net amount .....		11B	00
11C. Excess IRC Section 179 deduction, add or subtract .....		11C	00
<i>If line 11B or 11C is negative, use a minus sign.</i>			
11D. Qualified patents income deduction (use a minus sign for negative amounts) .....		11D	00
12A. Enter name of addback or deduction _____ Code No. _____		12A	00
12B. Enter name of addback or deduction _____ Code No. _____		12B	00
12C. Enter name of addback or deduction _____ Code No. _____		12C	00
12D. Enter name of addback or deduction _____ Code No. _____		12D	00
13. Total addbacks (add lines 4 through 12D).....		13	00
14. Subtotal (add line 3 and line 13).....		14	00
<b>Deductions:</b>			
15. Subtract income that is derived from sources outside the U.S. and included in federal taxable income .....		15	00
16. Subtract an amount equal to a debt or portion of a debt that becomes worthless - <b>net of all recoveries</b> (IRC Sec. 166).....		16	00
17. Subtract an amount equal to any bad debt reserves that are included in federal income because of accounting method changes (IRC Sec. 585(c)(3)(a) or Sec. 593) .....		17	00
18. Total Deductions (add lines 15 through 17).....		18	00
19. Total Income Prior to Apportionment (subtract line 18 from line 14).....		19	00



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Round all entries

20. Total Income Prior to Apportionment (amount from line 19).....	20		00
21. Apportionment Percentage (line 15 of Schedule E-U).....	21	.	%
22. Current Year Apportioned Adjusted Gross Income attributed to Indiana (multiply line 20 by line 21).....	22		00
23. Indiana Net Capital Loss Adjustment from attached worksheet. <i>Line 23 may not exceed amount on line 22</i> .....	23		00
24. Subtotal of line 22 minus line 23. Do not enter an amount less than zero.....	24		00
25. Indiana Net Operating Loss Deduction from Schedule FIT-20 NOL. <i>Line 25 may not exceed amount on line 24</i> ....	25		00
26. Total Indiana Adjusted Gross Income subject to tax (subtract line 25 from line 24).....	26		00
27. Financial Institution Tax (multiply line 26 by tax rate; see instructions).....	27		00
28. Less: Nonresident Taxpayer Credit (attach Schedule FIT-NRTC)..... (816)	28		00
29. Net Financial Institution Tax Due (subtract line 28 from line 27).....	29		00
30. Sales/Use Tax Due (see instructions).....	30		00
31. Subtotal Due (add lines 29 and 30).....	31		00
<b>Tax Liability Credits</b> (attach schedules):			
32. Neighborhood Assistance Tax Credit (NC-20)..... (828)	32		00
33. Enterprise Zone Employment Expense Credit (EZ 2)..... (812)	33		00
34. Enterprise Zone Loan Interest Tax Credit (LIC)..... (814)	34		00
35. Enter name of other credit _____ Code No. a ___ 35b.....	35b		00
36. Enter name of other credit _____ Code No. a ___ 36b.....	36b		00
37. Total Credits (add lines 32 through 36b).....	37		00
38. Net Tax Due (subtract line 37 from line 31).....	38		00
<b>Estimated Tax and Other Payments:</b>			
39. Total estimated financial institution tax paid (itemize quarterly FT-QP payments below) 1. _____ 2. _____ 3. _____ 4. _____.....	39		
40. Extension payment _____ and prior year and overpayment credit _____ Enter combined total.....	40c		00
41. Other payments/EDGE credit (attach supporting documentation).....	41		00
42. Total Payments (add lines 39 through 41).....	42		00
43. <b>Balance of Tax Due</b> (subtract line 42 from line 38. If line 42 exceeds line 38, enter -0-).....	43		00
44. Penalty for the Underpayment of Tax from Schedule FIT-2220 (Form page 4).....	44		00
45. If payment is made after the original due date, add interest (see instructions).....	45		00
46. Late penalty: If paying late, enter 10% of line 43: see instructions. If line 31 is zero, enter \$10 per day filed past due date.....	46		00
47. Total Due (add lines 43 through 46) <b>Payable in U.S. funds</b> to: Indiana Department of Revenue.....	47		00
48. Total Overpayment (subtract lines 38, 44, 45, and 46 from line 42).....	48		00
49. Refund (enter portion of line 48 to be refunded).....	49		00
50. Overpayment Credit (amount of line 48 to be applied to next year's estimated tax account).....	50		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.

I authorize the Department to discuss my return with my personal representative (see page 16)  Yes  No

Company's E-mail address EE \_\_\_\_\_

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

Print or Type Name of Corporate Officer \_\_\_\_\_ Title \_\_\_\_\_

Personal Representative's Name (Print or Type) \_\_\_\_\_

Telephone Number \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip Code + 4 \_\_\_\_\_

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

PTIN  

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Telephone Number \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip Code + 4 \_\_\_\_\_

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

Please mail your return to: Indiana Department of Revenue, PO Box 7228, Indianapolis, IN 46207-7228.



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