

Form FIT-20

State Form 44623 (R12 / 8-13)

Department of Revenue

Indiana Financial Institution Tax Return

2013

Calendar Year Ending December 31, 2013 or

Fiscal Year Beginning

2013 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.

- L. Date of incorporation, M. State of Commercial Domicile, N. Year of initial Indiana return, O. Location of accounting records, P. Accounting method, Q. Did the corporation make estimated tax payments, R. Is 80% or more of your gross income derived from making, S. Check all boxes that apply, T. Is this return filed on a combined basis, U. Is this a separate return by a member of a unitary group, V. Do you have on file a valid extension of time to file your return, W. Are you a member of a partnership?

Table with columns for line numbers, descriptions (Income, Add back, Other modifications to income, Deductions), and amounts. Includes sub-headers 'Schedule A' and 'Round all entries'.



2013 Indiana Financial Institution Tax Return

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

Tax Liability Credits (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

Estimated Tax and Other Payments:

39. Total estimated financial institution tax paid (itemize quarterly FT-QP payments below) 1. _____ 2. _____ 3. _____ 4. _____	39		00
40. Extension payment _____ and prior year and overpayment credit _____ Enter combined total	40c		00
41. Other payments (attach supporting documentation)	41		00
42. EDGE credit. Enter the total EDGE credit amount claimed (line 19 on Schedule IN-EDGE)	42		00
43. EDGE-R credit. Enter the total EDGE-R credit amount claimed (line 19 on Schedule IN-EDGE-R)	43		00
44. Total Payments (add lines 39 through 43)	44		00
45. Balance of Tax Due (subtract line 44 from line 38. If line 44 exceeds line 38, enter -0-)	45		00
46. Penalty for the Underpayment of Tax from Schedule FIT-2220 (Form page 4)	46		00
47. If payment is made after the original due date, add interest (see instructions)	47		00
48. Late penalty: If paying late, enter 10% of line 45: see instructions. If line 31 is zero, enter \$10 per day filed past due date	48		00
49. Total Due (add lines 45 through 48) Payable in U.S. funds to: Indiana Department of Revenue	49		00
50. Total Overpayment (subtract lines 38, 46, 47, and 48 from line 44)	50		00
51. Refund (enter portion of line 50 to be refunded)	51		00
52. Overpayment Credit (amount of line 50 to be applied to next year's estimated tax account)	52		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 17) Yes No

Paid Preparer's E-mail address	EE	
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Personal Representative's Name (Print or Type)

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

Telephone

PTIN

Signature of Corporate Officer Date

Telephone Number

Print or Type Name of Corporate Officer Title

Address

Signature of Paid Preparer Date

City

Print or Type Name of Paid Preparer

State Zip Code + 4

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



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Name of Corporation	Federal Identification Number
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The following information must be completed by all taxpayers and taxpayers filing combined unitary returns. This will include all state (non-federal) chartered credit unions and investment companies carrying on the business of a financial institution in Indiana.

	A Total Receipts Attributed to Indiana		B Total Receipts Everywhere	
1. Lease or rental of real or tangible personal property	1A		1B	
2. Interest income and other receipts from assets in the nature of loans or installment sales contracts secured by real or tangible personal property	2A		2B	
3. Interest income and other receipts from unsecured consumer loans	3A		3B	
4. Interest income and other receipts from commercial loans and installment obligations not secured by real or tangible personal property	4A		4B	
5. Fee income and other receipts from letters of credit, acceptance of drafts, and other devices for guaranteeing loans or letters of credit	5A		5B	
6. Interest income, merchant discounts, and other receipts including service charges from credit cards and travel and entertainment credit cards, and credit card holder's fees	6A		6B	
7. Receipts from the sale of a tangible or intangible asset must be attributed to the same state in which the income from the tangible or intangible asset was attributed.	7A		7B	
8. Receipts from the performance of fiduciary and other services, based on where the benefits are consumed	8A		8B	
9. Receipts from the issuance of traveler's checks, money orders, or United States savings bonds	9A		9B	
10. Receipts from investments in municipal securities of all states, their political subdivisions, and instrumentalities.	10A		10B	
11. Interest income and other receipts from participation loans	11A		11B	
12. Gross payments collected on investment contracts issued by an investment company	12A		12B	
13. Other receipts from non-municipal investment income			13	
14. Total Receipts: (Add lines 1A through 12A and lines 1B through 13)	14A		14B	
15. Divide the sum of line 14A by the sum of line 14B. Multiply the quotient by 100 to express the amount as a percentage (e.g., .6789 = 67.89%). Enter the percentage here and on line 21 of the FIT-20. (Round percent to two decimal places)			15	_____ %

Indiana Department of Revenue
2013 Financial Institution Tax Return

FIT-20 Schedule H
 State Form 44626 (R12/8-13)

Members of Unitary Group Filing a Combined Return

Identify all members of the unitary group (other than the reporting member) that are transacting business wholly or partially within Indiana included in the combined filing. Indicate the amount, if any, of estimated tax that was separately paid by a member under its own federal identification number. Attach additional sheets if necessary.

A Federal Identification Number	B Name of Member	C Street Address	D City	E State	G ZIP Code	E Estimated Tax Paid
1						
2						
3						
4						
5						
6						
7						
8						
9						

Schedule FIT-2220
 State Form 44628 (R12/8-13)

Underpayment of Estimated Tax by Financial Institutions

Calculate Minimum Quarterly Payment

1. Net tax due (line 38 of Form FIT-20)	1		
2. Use tax due (line 30 of Form FIT-20).....	2		
3. Subtract line 2 from line 1: Net financial institution tax due	3		
4. Multiply line 3 by 80% (.80)	4		
5. Enter 25% (.25) of line 4 (enter here and see line 8 instructions below).....	5		

Calculate Quarterly Underpayment Penalty

	(a) 1st Quarter	(b) 2nd Quarter	(c) 3rd Quarter	(d) 4th Quarter
6. Enter in (a) through (d) the quarterly installment dates corresponding to the 20th day of the 4th, 6th, 9th, and 12th months of the tax year				
7. Enter the amount paid for each quarter.....				
8. Enter the lesser of the amount from line 5 above or 25% of the previous year's financial institution tax liability.....				
9. Subtract line 8 from line 7. Overpayment will be positive figure. Underpayment will be negative figure				
10. Enter overpayment, if any, from line 11 of the preceding column in excess of any prior underpayments				
11. Add net amount on line 10 to entry on line 9 and enter total (if result is negative, this is your underpayment)				
12. Compute 10% penalty on the underpayment amount on line 11 (enter as positive numbers).....				
13. Add line 12, columns A through D, and enter total here and on line 46 of Form FIT-20.				



Computation of Indiana Member's Net Operating Loss Deduction

Name of Corporation	Federal Identification Number
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Tax Year	1999	2000	2001	2002	2003	2004	2005	2006
1. Total AGI or (Loss)								
2. Combined Apportionment %								
3. Combined Indiana AGI or (Loss)								
4. Member's Share of IN Receipts %								
5. Member's Share of IN AGI or (Loss)								
Loss Year	Indiana NOL							
1999								
2000								
2001								
2002								
2003								
2004								
2005								
Adjusted Gross Income After NOL Deduction								

Tax Year	2007	2008	2009	2010	2011	2012	2013	2014
1. Total AGI or (Loss)								
2. Combined Apportionment %								
3. Combined Indiana AGI or (Loss)								
4. Member's Share of IN Receipts %								
5. Member's Share of IN AGI or (Loss)								
Loss Year	Indiana NOL							
1999								
2000								
2001								
2002								
2003								
2004								
2005								
2006								
2007								
2008								
2009								
2010								
2011								
2012								
2013								
Adjusted Gross Income After NOL Deduction								



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Form FT-ESState Form 49410
(R12/8-13)

Department of Revenue

Indiana Financial Institution Tax Return - Estimated Quarterly Payment

Due the 20th day of the 4th, 6th, 9th, and 12th months of the tax year.

Name _____

(Do Not Write Above)

Address _____

Federal Identification Number

Signature of Officer _____

Title _____

Voucher Number
(Enter 1, 2, 3, or 4)Calendar or Fiscal Year Ending
(Enter MM-YYYY)Due Date
(Enter MM-DD-YYYY)

Date _____

Daytime Phone # _____

Financial Institution Tax Due for the Quarter

Enter Total Tax Below:

Pay this amount, with U. S. funds.
Do not send cash.Please make check payable to the **Indiana Department of Revenue.****Indiana Department of Revenue**
100 N. Senate Ave.
Indianapolis, IN 46204-2253**Instructions for Form FT-EXT**

The extension return, Form FT-EXT, must be used when a payment is due and additional time is necessary for filing the annual Indiana Financial Institution Tax Return (FIT-20). A penalty for late payment will not be imposed if at least 90 percent of the tax is paid by the original due date and the remaining balance, plus interest, is paid in full by the extended due date.

Form FT-EXTState Form 49171
(R11/8-13)

Department of Revenue

Indiana Financial Institution Tax Return - Extension Payment

Due the 15th day of the 4th month following the close of your tax year.

Name _____

(Do Not Write Above)

Address _____

Federal Identification Number

Signature of Officer _____

Title _____

**Extension
Payment**Calendar or Fiscal Year Ending
(Enter MM-YYYY)Due Date
(Enter MM-DD-YYYY)

Date _____

Daytime Phone # _____

Financial Institution Tax Due for the Quarter

Enter Total Tax Below:

Pay this amount, with U. S. funds.
Do not send cash.Please make check payable to the **Indiana Department of Revenue.****Indiana Department of Revenue**
100 N. Senate Ave.
Indianapolis, IN 46204-2253

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Sales/Use Tax Worksheet

List all purchases made during 2013 from out-of-state companies.

Column A Description of personal property purchased from out-of-state retailer	Column B Date of Purchase(s)	Column C Purchase Price
Magazine subscriptions:		
Mail order purchases:		
Internet purchases:		
Other purchases:		
1. Total purchase price of property subject to the sales/use tax	1	
2. Sales/use tax: Multiply line 1 by .07 (7%)	2	
3. Sales tax previously paid on the above items (up to 7% per item)	3	
4. Total amount due: Subtract line 3 from line 2. Carry to Form FIT-20, line 30. If the amount is negative, enter zero and put no entry on line 30 of the FIT-20.....	4	