## Banking Institution Excise Tax Return

| Amended | Name |  |  | Federal employer identification number |
| :---: | :---: | :---: | :---: | :---: |
|  | Address |  |  | For the period ending: |
|  | Address 2 |  |  |  |
|  | City, town or post office | State | ZIP code | E-mail address |
|  |  |  |  |  |

## * MUST ATTACH COPY OF FEDERAL FORM 1120 OR PRO-FORMA

## Schedule A - Computation of Tax

Federal Taxable Income from Federal Form 1120, line 28........................................................ 1
Total Deductions from page 2, Schedule B, line 7..................................................................... 2
Total Additions from page 2, Schedule C, line 6........................................................................ 3
Adjusted taxable income. Subtract line 2 from line 1 then add line 3....................................... 4
Capital investment deduction
5
Island
Taxable
Income
Rhode Island adjusted taxable income. Subtract line 5 from line 4..
Rhode Island Apportionment Ratio from page 3, Schedule G, line 5.
Apportioned Rhode Island taxable income. Multiply line 6 by line 7.
Rhode Island income tax. Multiply line 8 by the tax rate of $9 \%$ (0.09).
Rhode Island Credits from Schedule B-CR, Business Entity Credit Schedule, line 17.
Tax. Subtract line 10 from line 9, but not less than Franchise Tax from Schedule F, line 7. Minimum tax $\$ 100$

| 1 |  |  |
| :---: | :--- | :--- |
| 2 |  |  |
| 3 |  |  |
| 4 |  |  |
| 5 |  |  |
| 6 |  |  |
| 7 |  |  |
| 8 |  |  |
| 9 |  |  |
| 10 |  |  |
| 11 |  |  |

Payments made on 2014 BUS-EST, Business Tax Estimated Payment 12
Other payments........................................................................... 13
TOTAL PAYMENTS. Add lines 12 and 13

| 14 |  |  |
| :--- | :--- | :--- |
| 15 |  |  |
| 16 |  |  |
| 17 |  |  |
| 18 |  |  |
| 19 |  |  |
| 20 |  |  |

## IMPORTANT INFORMATION

Due on or before the 15th day of the 3rd month after close of the taxable year Mail to RI Division of Taxation - One Capitol Hill - Providence, RI 02908


State of Rhode Island and Providence Plantations 2014 Form T-74

## Banking Institution Excise Tax Return

## Schedule B - Deductions



## Schedule C - Additions

1 Interest or Dividends on Federal, State and Municipal obligations, etc. not included in Schedule A, line 1
2 Rhode Island Bank Excise Tax
Bonus Depreciation Adjustment

| 1 |  |  |
| :--- | :--- | :--- |
| 2 |  |  |
| 3 |  |  |
| 4 |  |  |
| 5 |  |  |
| 6 |  |  |

## Schedule D - Final Determination of Net Income by Federal Government

Has the Federal Government changed your taxable income for any prior year which has not yet been reported to the Tax Administrator? $\square$ No $\square$ Yes

If yes, complete an amended Form T-74 immediately and submit to the Tax Administrator with any remittance that may be due.
Check the box on page 1 of Form T-74 indicating the return is an amended T-74.
NOTE: Changes made by the Federal Government in the income of any prior year must be reported to the Tax Administrator within 30 days after a final determination.

## Schedule E-General Information

Location of principal place of business in Rhode Island
Location of corporation's books and records
List states to which you are liable for income or excise taxes for the taxable year

## US Business Code Number

State and date of incorporation
President
Treasurer

## Schedule F - Franchise Tax Calculation

1 Number of shares of authorized stock..
2 Par value per share of stock (No par value = \$100).............................................................................. 2
3 Authorized Capital. Multiply line 1 by line 2 .
4 Divide line 3 by $\$ 10,000.00$.
...................................................................................................................................
5 Multiply line 4 by $\$ 2.50$
6 Apportionment Ratio from page 3, Schedule G, line 5
7 Franchise Tax. Multiply line 5 by line 6, but not less than $\$ 100.00$

| 1 |  |  |
| :--- | :--- | :--- |
| 2 |  |  |
| 3 |  |  |
| 4 |  |  |
| 5 |  |  |
| 6 |  |  |
| 7 |  |  |


| Name | Federal employer identification number |
| :--- | :--- |

## Schedule G - Apportionment



