

Form FIT-20

State Form 44623
(R19 / 8-20)

Department of Revenue

Indiana Financial Institution Tax Return

2020

Calendar Year Ending December 31, 2020 or

Fiscal Year Beginning **2020** and Ending

Check box if amended. Check box if amendment is due to a federal audit. 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 | ZIP Code | 2-Digit County Code | 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 19 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 Employer Identification Number? **Y** **N**
List any other Federal Employer 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 |
| Add back: 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 |
| Other modifications to income (see instructions): | | | |
| 11A. Excess business interest deduction, add or subtract net amount | 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 11A, 11B, or 11C are 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 |
| Deductions: | | | |
| 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 - net of all recoveries (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 (enclose 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 (enclose 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. Enter the total of certified credits claimed from Schedule IN-OCC and enclose this schedule with your return.... | 37 | | 00 |
| 38. Total Credits (add lines 32 through 37) | 38 | | 00 |
| 39. Net Tax Due (subtract line 38 from line 31)..... | 39 | | 00 |
| Estimated Tax and Other Payments: | | | |
| 40. Total estimated financial institution tax paid (itemize quarterly FT-QP payments below) 1. _____ 2. _____ 3. _____ 4. _____ | 40 | | 00 |
| 41. Extension payment _____ and prior year overpayment credit _____ Enter combined total | 41 | | 00 |
| 42. Other payments (enclose supporting documentation)..... | 42 | | 00 |
| 43. EDGE credit. Enter the total EDGE credit amount claimed (line 19 on Schedule IN-EDGE)..... | 43 | | 00 |
| 44. EDGE-R credit. Enter the total EDGE-R credit amount claimed (line 19 on Schedule IN-EDGE-R) | 44 | | 00 |
| 45. Total Payments (add lines 40 through 44)..... | 45 | | 00 |
| 46. Balance of Tax Due (subtract line 45 from line 39. If line 45 exceeds line 39, enter -0-)..... | 46 | | 00 |
| 47. Penalty for the Underpayment of Tax from Schedule FIT-2220 (Form page 4)..... | 47 | | 00 |
| 48. If payment is made after the original due date, add interest (see instructions)..... | 48 | | 00 |
| 49. Late penalty: If paying late, enter 10% of line 46. If line 31 is zero, enter \$10 per day filed past due date..... | 49 | | 00 |
| 50. Total Due (add lines 46 through 49) Payable in U.S. funds to: Indiana Department of Revenue | 50 | | 00 |
| 51. Total Overpayment (subtract lines 39, 47, 48, and 49 from line 45)..... | 51 | | 00 |
| 52. Refund (enter portion of line 51 to be refunded) | 52 | | 00 |
| 53. Overpayment Credit (amount of line 51 to be applied to next year's estimated tax account) | 53 | | 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 instructions) Yes No

Paid Preparer's E-mail address _____

Personal Representative's Name (Print or Type) _____

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

Personal Representative's Email Address _____

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.

