

Form FIT-20

State Form 44623
(R15 / 8-16)

Department of Revenue

Indiana Financial Institution Tax Return

2016

Calendar Year Ending December 31, 2016 or

Fiscal Year Beginning

2016 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 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 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
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. 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
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

Table with 3 columns: Line number, Description, and Amount. Lines 20-31 cover income and tax due. Lines 32-39 cover tax liability credits. Lines 40-53 cover estimated tax and other payments.

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 EE []

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.

