## Form FIT-20

Department of Revenue

2019

State Form 44623 (R18 / 8-19)

## **Indiana Financial Institution Tax Return**

Calendar Year Ending December 31, 2019 or

	Fiscal Year Beginning 2019	а	nd Ending				
Check	box if amended. Check box if amendment is due to	оа	federal audit.	Check	box i	f name changed.	
Name	of Corporation			Federa	l Empl	loyer Identification N	umber
Numbe	er and Street		Enter 2-Digit County Code	Princip	al Bus	iness Activity Code	
City	State		ZIP Code	Corpor	ation T	Telephone Number	
	box if this is a state chartered credit union or an investment of (Also see instructions for line 19 and FIT-20 Schedule E-U)	com	pany registered under the	e Invest	ment	Company Act of	
M. St N. Ye O. Lo	Date of incorporation in the state of S. Check all boxes that apply: State of Commercial Domicile					cy □REMIC sis? If yes, comple	
Q. Di di Li Si R. Is ac	id the corporation make estimated tax payments using a fferent Federal Employer Identification Number? Y N ist any other Federal Employer Identification Numbers on chedule H.  80% or more of your gross income derived from making, cquiring, selling, or servicing loans or extensions of redit? Y N If you answer no, do not file his return; file Form IT-20.	V.	<ul> <li>Is this a separate return (See instructions on pa</li> <li>Do you have on file a void (federal Form 7004 or a</li> <li>Are you a member of a lf you answer yes, see</li> </ul>	ge 5) alid exte an electr partners	ension onic e	n of time to file you extension of time)?	N r return ? N
	Schedule A					Round all entrie	
1. 2.	Federal taxable income (before NOL and special federal deduction); Qualifying dividend deduction				1 2		00
3.	Subtotal (subtract line 2 from line 1)				3		00
4.	Bad debt receive for banks (IRC Sec. 166) (see instructions)				<u>4</u> 5		00
5. 6.	Bad debt reserves for banks (IRC Sec. 585)				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 ga (IRC Sec. 1212)	ins	on federal Schedule D		9		00
10.	Amount of interest excluded for state and local obligations (IRC Sec (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						00
11C.	Excess IRC Section 179 deduction, add or subtract				11C		00
	If line 11A, 11B, or 11C are negative, use a minus sign.						
	Qualified patents income deduction (use a minus sign for negative a				11D		00
12A.	Enter name of addback or deduction		Code No		12A		00
	Enter name of addback or deduction				12B		00
	Enter name of addback or deduction				12C 12D		00
13.	Enter name of addback or deduction		Code No		13		00
14.	Subtotal (add line 3 and line 13)				14		100
	ctions:						
15.	Subtract income that is derived from sources outside the U.S. and ir	nclu	ded in federal taxable incom	e	15		00
16.	Subtract an amount equal to a debt or portion of a debt that become (IRC Sec. 166)	s w	orthless - net of all recover	ies	16		00
17.	Subtract an amount equal to any bad debt reserves that are included						
	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	[	loo

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		Round a	all entries
20.	Total Income Prior to Apportionment (amount from line 19)	20	00
	Apportionment Percentage (line 15 of Schedule E-U)		. %
	Current Year Apportioned Adjusted Gross Income attributed to Indiana (multiply line 20 by line 21)		00
23.	Indiana Net Capital Loss Adjustment from attached worksheet. Line 23 may not exceed amount on line 22	23	00
24.	Subtotal of line 22 minus line 23. Do not enter an amount less than zero		00
25.	Indiana Net Operating Loss Deduction from Schedule FIT-20 NOL. Line 25 may not exceed amount on line 24		00
26.	Total Indiana Adjusted Gross Income subject to tax (subtract line 25 from line 24)		00
	Financial Institution Tax (multiply line 26 by tax rate; see instructions)		00
28.			00
	Net Financial Institution Tax Due (subtract line 28 from line 27)		00
	Sales/Use Tax Due (see instructions)		00
	Subtotal Due (add lines 29 and 30)	31	00
	Liability Credits (enclose schedules):		
	Neighborhood Assistance Tax Credit (NC-20)(828		00
33.			00
34	Enterprise Zone Loan Interest Tax Credit (LIC)(814		00
35.	Enter name of other credit Code No. a 35b	35b	00
	Enter name of other credit Code No. a 36b		00
	Enter the total of certified credits claimed from Schedule IN-OCC and enclose this schedule with your return  Total Credits (add lines 32 through 37)		00
			00
	Net Tax Due (subtract line 38 from line 31)	39	00
	ated Tax and Other Payments:		
40.	Total estimated financial institution tax paid (itemize quarterly FT-QP payments below)		
	1 2 3 4		00
	Extension paymentand prior year overpayment credit Enter combined total		00
	Other payments (enclose supporting documentation)		00
	EDGE credit. Enter the total EDGE credit amount claimed (line 19 on Schedule IN-EDGE)		00
	EDGE-R credit. Enter the total EDGE-R credit amount claimed (line 19 on Schedule IN-EDGE-R)		00
45.	Total Payments (add lines 40 through 44)		00
46.			00
	Penalty for the Underpayment of Tax from Schedule FIT-2220 (Form page 4)		00
48.	If payment is made after the original due date, add interest (see instructions)		00
	Late penalty: If paying late, enter 10% of line 46. If line 31 is zero, enter \$10 per day filed past due date		00
	Total Due (add lines 46 through 49) <b>Payable in U.S. funds</b> to: Indiana Department of Revenue		00
51. 52.	Total Overpayment (subtract lines 39, 47, 48, and 49 from line 45)		00
	Overpayment Credit (amount of line 51 to be applied to next year's estimated tax account)		00
55.	Overpayment Gredit (amount of line 31 to be applied to next year 3 estimated tax account)	55	100
Under of my k	ication of Signatures and Authorization Section penalties of perjury, I declare I have examined this return, including all accompanying schedules and statements, and to the be knowledge and belief it is true, correct and complete.  orize the Department to discuss my return with my personal entative (see instructions)  Yes No  Paid Preparer's E-mail address	est	
Perso	nal Representative's Name (Print or Type) Paid Preparer: Firm's Name (or yours if	self-employed)	
Persona	PTIN al Representative's Email Address		
	4		
Signatur	re of Corporate Officer Date		
Print or	Telephone Number  Type Name of Corporate Officer Title		
	Address		
Signatur	re 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.

