

Form FIT-20

State Form 44623
(R24 / 8-25)Indiana Department of Revenue
Indiana Financial Institution Tax Return
for Calendar Year Ending December 31, 2025

2025

or Fiscal Year Beginning 2025 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.)					

- A. Date of incorporation _____ in the state of _____
- B. State of commercial domicile _____
- C. Year of initial Indiana return _____
- D. Location of records if different from above address: _____
- E. Accounting method: **Cash** ☐ **Accrual** ☐
- F. Did the corporation make estimated tax payments using a different Federal Employer Identification Number? Yes ☐ No ☐
List any other Federal Employer Identification Numbers on Schedule H.
- G. Is 80% or more of your gross income derived from making, acquiring, selling, or servicing loans or extensions of credit? Yes ☐ No ☐
If you answer no, do not file this return; file Form IT-20.
- H. *Check all boxes that apply:*
Initial Return ☐ **Final Return** ☐ **In Bankruptcy** ☐ **REMIC** ☐
- I. Is this return filed on a combined basis? Yes ☐ No ☐
If yes, complete Schedule H.
- J. Is this a separate return by a member of a unitary group? (See instructions on page 5.) Yes ☐ No ☐
- K. Do you have on file a valid extension of time to file your return (federal Form 7004 or an electronic extension of time)? Yes ☐ No ☐
- L. Are you a member of a partnership? Yes ☐ No ☐
If you answer yes, see instruction page 6.

Schedule A

Income

Round all entries

1. Federal taxable income (before federal NOL and special deductions); use a minus sign for negative amounts _____
2. Qualifying dividend deduction _____
3. Subtotal (Subtract line 2 from line 1) _____

Add back – Enter an amount equal to the deduction taken for:

4. Bad debts (IRC Section 166) (see instructions) _____
5. Bad debt reserves for banks (IRC Section 585) _____
6. Bad debt reserves (IRC Section 593) _____
7. Charitable contributions (IRC Section 170) _____
8. All state and local income taxes _____
9. Net capital loss carryovers to the extent used in offsetting capital gains on federal Schedule D (IRC Section 1212) _____
10. Amount of interest excluded for state and local obligations (IRC Section 103) minus the associated expenses (IRC Section 265) _____

Other modifications to income (see instructions)

- 11a. Excess business interest deduction, add or subtract net amount _____
- 11b. Net bonus depreciation, add or subtract net amount _____
- 11c. Excess IRC Section 179 deduction, add or subtract _____
If line 11a, 11b, or 11c are negative, use a minus sign.

- 11d. Qualified patents income deduction (use a minus sign for negative amounts) _____

- | | |
|-----------------------------------------|--------|
| 12a. Enter name of addback or deduction | Code # |
| 12b. Enter name of addback or deduction | Code # |
| 12c. Enter name of addback or deduction | Code # |
| 12d. Enter name of addback or deduction | Code # |

13. Total addbacks (add lines 4 through 12d) _____
14. Subtotal (add line 3 and line 13) _____

Deductions

15. Subtract income that is derived from sources outside the U.S. and included in federal taxable income _____
16. Subtract an amount equal to a debt or portion of a debt that becomes worthless – **Net of all recoveries** (IRC Section 166) _____
17. Subtract an amount equal to any bad debt reserves that are included in federal income because of accounting method changes (IRC Section 585(c)(3)(a) or Section 593) _____
18. Total Deductions (add lines 15 through 17) _____
19. Total Income Prior to Apportionment (subtract line 18 from line 14) _____

1		00
2		00
3		00
4		00
5		00
6		00
7		00
8		00
9		00
10		00
11a		00
11b		00
11c		00
11d		00
12a		00
12b		00
12c		00
12d		00
13		00
14		00
15		00
16		00
17		00
18		00
19		00



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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 cannot 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-20NOL. <i>Line 25 cannot 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 _____	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 <input type="text"/> 35a. Code # <input type="text"/>	35b		00
36.	Enter name of other credit <input type="text"/> 36a. Code # <input type="text"/>	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
Credit for Estimated Tax and Other Payments				
40.	Total quarterly estimated income tax paid (itemize quarterly FT-QP payments below) _____ Quarter 1 <input type="text"/> Quarter 2 <input type="text"/> Quarter 3 <input type="text"/> Quarter 4 <input type="text"/>	40		00
41.	Extension payment <input type="text"/> and prior year overpayment credit <input type="text"/> 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 zero) _____	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 ☐

Personal Representative's Name (Print or Type) _____

Email Address _____

Signature of Corporate Officer _____

Date _____

Print or Type Name of Corporate Officer _____

Title _____

Signature of Paid Preparer _____

Date _____

Print or Type Name of Paid Preparer _____

Paid Preparer's Email Address _____

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

PTIN _____

Telephone Number _____

Address _____

City _____

State _____

ZIP Code + 4 _____

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



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