## Sales/Use Tax Worksheet

List all purchases made during 2008 from out-of-state companies.

| **Column A** Description of personal property purchased from out-of-state retailer | **Column B** Date of Purchase(s) Made from 1/1/08 Through 3/31/08 | **Column C** Purchase Price of Property(s) from Column B | **Column D** Date of Purchase(s) Made from 4/1/08 Through 12/31/08 | **Column E** Purchase Price of Property(s) from Column D |
|---|---|---|---|---|
| Magazine subscriptions: | | | | |
| Mail order purchases: | | | | |
| Internet purchases: | | | | |
| Other purchases: | | | | |

| | | | | |
|---|---|---|---|---|
| 1. Total purchase price of property subject to the sales/use tax: Enter total of Columns C and E ..... | 1C | | 1E | |
| 2. Sales/use tax: Multiply line 1C by .06; multiply line 1E by .07 ..... | 2C | | 2E | |
| 3. Sales tax previously paid on the above items (up to 6% per item in Column C; up to 7% per item in Column E) ..... | 3C | | 3E | |
| 4. Total amount due: Subtract line 3C from line 2C and line 3E from line 2E. Add lines 4C and 4E. Carry to Form FIT-20, line 30. If the amount is negative, enter zero and put no entry on line 30 of the FIT-20..... | 4C | | 4E | |

**Form FIT-20**

State Form 44623
(R7/8-08)

Department of Revenue

# Indiana Financial Institution Tax Return

**Calendar Year Ending December 31, 2008 or**

**Fiscal Year Beginning** AA_____/_____/ **2008 and Ending** BB_____/_____/_____

**Check box if amended.** A1 ☐ **Check box if name changed.** B1 ☐

| Name of Corporation B | | | Federal Identification Number A |
|---|---|---|---|
| Number and Street C | | County D | Principal Business Activity Code H |
| City E | State F | ZIP Code G | Corporation Telephone Number I ( ) |

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 18 and FIT-20 Schedule E-U) K ☐

*L.* Date of incorporation 1_____ in the state of 2_____

*M.* State of Commercial Domicile _____

*N.* Year of initial Indiana return _____

*O.* Location of accounting records if different from above address: _____

*P.* Accounting method: 1☐ **Cash** 2☐ **Accrual**

*Q.* Did the corporation make estimated tax payments using a different Federal Identification number? 1☐ **Y** 2☐ **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? 1☐ **Y** 2☐ **N** *If you answer no, do not file this return; file Form IT-20.*

**S.** *Check all boxes that apply:* 1☐ **Initial Return** 2☐ **Final Return** 3☐ **In Bankruptcy** 4☐ **REMIC**

**T.** Is this return filed on a combined basis? *If yes, complete Schedule H* ..... 1☐ **Y** 2☐ **N**

**U.** Is this a separate return by a member of a unitary group? (See instructions pages 5 and 17 ) ..... 1☐ **Y** 2☐ **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)? 1☐ **Y** 2☐ **N**

**W.** Are you a member of a partnership? ..... 1☐ **Y** 2☐ **N**
*If you answer yes, see instruction page 6.*

## Schedule A

| | | | |
|---|---|---|---|
| **Income**: | | | |
| 1. Federal taxable income (before net operating loss deduction and special federal deduction) | 1 | | |
| 2. Qualifying dividend deduction | 2 | | |
| 3. Subtotal (Subtract line 2 from line 1) | 3 | | |
| **Add back:** Enter an amount equal to the deduction taken for: | | | |
| 4. Bad debts (IRC Sec. 166) (see instructions) | 4 | | |
| 5. Bad debt reserves for banks (IRC Sec. 585) | 5 | | |
| 6. Bad debt reserves (IRC Sec. 593) | 6 | | |
| 7. Charitable contributions (IRC Sec. 170) | 7 | | |
| 8. All state and local income taxes | 8 | | |
| 9. Net capital loss carryovers to the extent used in offsetting capital gains on federal Schedule D (IRC Sec. 1212) | 9 | | |
| 10. Amount of interest excluded for state and local obligations (IRC Sec. 103) minus the associated expenses (IRC Sec. 265) | 10 | | |
| **Other modifications to income**: | | | |
| 11A. Domestic production activities deduction (IRC Sec. 199) | 11A | | |
| 11B. Net bonus depreciation, add or subtract net amount | 11B | | |
| 11C. Excess IRC Section 179 deduction, add or subtract *If line 11B or 11C is negative enter amount in <brackets>* | 11C | | |
| 11D. Qualified patents income deduction (enter amount in <brackets>) | 11D | | |
| 12. Total Add backs: (Add lines 4 through 11D) | 12 | | |
| 13. Subtotal (Add line 3 and line 12) | 13 | | |
| **Deductions:** | | | |
| 14. Subtract income that is derived from sources outside the United States and was included in federal taxable income | 14 | | |
| 15. Subtract an amount equal to a debt or portion of a debt that becomes worthless - **net of all recoveries** (IRC Sec. 166) | 15 | | |
| 16. 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) | 16 | | |
| 17. Total Deductions: (Add lines 14 through 16) | 17 | | |
| 18. Total Income Prior to Apportionment: (Subtract line 17 from line 13) | 18 | | |

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**Form FIT-20** **2008 Indiana Financial Institution Tax Return**

| | | | |
|---|---|---|---|
| 19. Total Income Prior to Apportionment (Amount from line 18) | 19 | | |
| 20. Apportionment Percentage (Line 15 of Schedule E-U) | 20 | . | % |
| 21. Current Year Apportioned Adjusted Gross Income attributed to Indiana: (Multiply line 19 by line 20) | 21 | | |
| 22. Indiana Net Capital Loss Adjustment from your attached worksheet. *Line 22 may not exceed amount of line 21.* | 22 | | |
| 23. Subtotal of line 21 minus line 22. Do not enter an amount less than zero | 23 | | |
| 24. Indiana Net Operating Loss Deduction from Schedule FIT-20 NOL. *Line 24 may not exceed amount on line 23.* | 24 | | |
| 25. Total Indiana Adjusted Gross Income subject to tax (Subtract line 24 from line 23) | 25 | | |
| 26. Financial Institution Tax (Multiply line 25 by .085) | 26 | | |
| 27. Department use only. Do not write in this space | | | |
| 28. Less: Nonresident Taxpayer Credit (Attach Schedule FIT-NRTC) (816) | 28 | | |
| 29. Net Financial Institution Tax Due (Subtract line 28 from line 26) | 29 | | |
| 30. Sales/Use Tax Due (See instructions) | 30 | | |
| 31. Subtotal Due (Add lines 29 and 30) | 31 | | |
| **Tax Liability Credits** (Attach schedules): | | | |
| 32. Neighborhood Assistance Tax Credit (NC-20) (828) | 32 | | |
| 33. Enterprise Zone Employment Expense Credit (EZ 2) (812) | 33 | | |
| 34 Enterprise Zone Loan Interest Tax Credit (LIC) (814) | 34 | | |
| 35. Teacher Summer Employment Tax Credit (833) | 35 | | |
| 36. Enter name of other credit_____Code No. a _ _ _ 36b | 36b | | |
| 37. Enter name of other credit_____Code No. a _ _ _ 37b | 37b | | |
| 38. Total Credits: (Add lines 32 through 37b) | 38 | | |
| 39. Net Tax Due: (Subtract line 38 from line 31) | 39 | | |
| **Estimated Tax and Other Payments:** | | | |
| 40. Total estimated financial institution tax paid (Itemize quarterly FT-QP payments below) 1._____ 2._____ 3._____ 4._____ | 40 | | |
| 41. Extension payment a_____and prior year and overpayment credit b _____ Enter combined total | 41c | | |
| 42. Other payments/EDGE credit (Attach supporting documentation) ▶ | 42 | | |
| 43. Total Payments (Add lines 40 through 42) | 43 | | |
| 44. **Balance of Tax Due** (Subtract line 43 from line 39. If line 43 exceeds line 39 - Enter -0-) | 44 | | |
| 45. Penalty for the Underpayment of Tax from Schedule FIT-2220 (Form page 4) | 45 | | |
| 46. If payment is made after the original due date, add interest (See instructions) | 46 | | |
| 47. Late penalty: If paying late enter 10% of line 44: see instructions. If line 31 is zero, enter $10 per day filed past due date | 47 | | |
| 48. Total Due (Add lines 44 through 47) **Payable in U.S. funds** to: Indiana Department of Revenue | 48 | | |
| 49. Total Overpayment (Subtract lines 39, 45, and 47 from line 43) | 49 | | |
| 50. Refund (Enter portion of line 49 to be refunded) | 50 | | |
| 51. Overpayment Credit (Amount of line 49 to be applied to next year's estimated tax account) | 51 | | |

**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 page 16)** CC 1 ☐ **Yes** 2 ☐ **No**

▶ Signature of Corporate Officer Date

LL Print or Type Name of Corporate Officer MM Title

QQ **Personal Representative's Name (Print or Type)**

Telephone number RR

Address SS

City TT

State UU Zip Code + 4 VV

**Company's E-mail address** EE

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

FF

OO Check One: 1 ☐ Federal I.D. Number 2 ☐ PTIN **OR** 3 ☐ Social Security Number

NN

Telephone number PP

Address GG

City HH

State II Zip Code + 4 JJ

▶ Paid Preparer's Signature Date

Please mail forms to:

**Indiana Department of Revenue**
**100 N. Senate Ave.**
**Indianapolis, IN 46204-2253**

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**Form FIT-20**

# FIT-20 Schedule E-U

State Form 44622
(R7/8-08)

Indiana Department of Revenue

## 2008 Indiana Financial Institution Tax Return
## Apportionment of Receipts to Indiana

**(See instructions on page 16)**

| Name of Corporation | Federal Identification Number |
|---|---|
| B | A |

The following information must be completed by all taxpayers and taxpayers filing combined unitary returns. This will include all state (non-federal) chartered credit unions, and investment companies carrying on the business of a financial institution in Indiana.

| | | A<br>Total Receipts<br>Attributed to Indiana | | B<br>Total Receipts<br>Everywhere |
|---|---|---|---|---|
| 1. Lease or rental of real or tangible personal property | 1A | | 1B | |
| 2. Interest income and other receipts from assets in the nature of loans or installment sales contracts secured by real or tangible personal property | 2A | | 2B | |
| 3. Interest income and other receipts from unsecured consumer loans | 3A | | 3B | |
| 4. Interest income and other receipts from commercial loans and installment obligations not secured by real or tangible personal property | 4A | | 4B | |
| 5. Fee income and other receipts from letters of credit, acceptance of drafts, and other devices for guaranteeing loans or letters of credit | 5A | | 5B | |
| 6. Interest income, merchant discounts, and other receipts including service charges from credit cards and travel and entertainment credit cards, and credit card holder's fees | 6A | | 6B | |
| 7. Receipts from the sale of a tangible or intangible asset must be attributed to the same state in which the income from the tangible or intangible asset was attributed. | 7A | | 7B | |
| 8. Receipts from the performance of fiduciary and other services, based on where the benefits are consumed. | 8A | | 8B | |
| 9. Receipts from the issuance of traveler's checks, money orders or United States Savings Bonds | 9A | | 9B | |
| 10. Receipts from investments in municipal securities of all states, their political subdivisions, and instrumentalities. | 10A | | 10B | |
| 11. Interest income and other receipts from participation loans | 11A | | 11B | |
| 12. Gross payments collected on investment contracts issued by an investment company | 12A | | 12B | |
| 13. Other receipts from non-municipal investment income | | | 13 | |
| 14. **Total Receipts:** (Add lines 1A through 12A in column A and lines 1B through 13 in column B) | 14A | | 14B | |
| 15. Divide the sum of line 14A by the sum of line 14B. Multiply the quotient by 100 to express the amount as a percentage (e.g., .6789 = 67.89%). Enter the percentage here and on line 20 of the FIT-20. (Round percent to two decimal places) | | | 15 | __ __ __ . __ __ % |

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Form FIT-20

Indiana Department of Revenue

# 2008 Financial Institution Tax Return

**FIT-20 Schedule H**
State Form 44626 (R7/8-08)

## Members of Unitary Group Filing a Combined Return

Identify all members of the unitary group (other than the reporting member) that are transacting business wholly or partially within Indiana included in the combined filing. Indicate the amount, if any, of estimated tax that was separately paid by a member under its own federal identification number. Attach additional sheets is necessary.

| A<br>Federal Identification Number | B<br>Name of Member | C<br>Street Address Code | D<br>City | E<br>State | G<br>ZIP | E<br>Estimated Tax Paid |
|---|---|---|---|---|---|---|
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
| 6 | | | | | | |
| 7 | | | | | | |
| 8 | | | | | | |
| 9 | | | | | | |

**Schedule FIT-2220**
State Form 44628 (R7/8-08)

## Underpayment of Estimated Tax by Financial Institutions

**Calculate Minimum Quarterly Payment**

| | | | |
|---|---|---|---|
| 1. Net tax due (line 39 of Form FIT-20) | 1 | | |
| 2. Use tax due (line 30 of Form FIT-20) | 2 | | |
| 3. Subtract line 2 from line 1: Net Financial Institution Tax Due | 3 | | |
| 4. Multiply line 3 by 80% (.80) | 4 | | |
| 5. Enter 25% (.25) of line 4 (Enter here and see line 8 instruction below) | 5 | | |

**Calculate Quarterly Underpayment Penalty**

| | (a)<br>1st Quarter | (b)<br>2nd Quarter | (c)<br>3rd Quarter | (d)<br>4th Quarter |
|---|---|---|---|---|
| 6. Enter in (a) through (d) the quarterly installment dates corresponding to the 20th day of the 4th, 6th, 9th and 12th months of the tax year | | | | |
| 7. Enter the amount paid for each quarter | | | | |
| 8. Enter the lesser of the amount from line 5 above or 25% of the previous year's financial institution tax liability | | | | |
| 9. Subtract line 8 from line 7. Overpayments will be a positive figure. Underpayments will be a negative figure | | | | |
| 10. Enter overpayment, if any, from line 11 of the preceding column in excess of any prior underpayments | | | | |
| 11. Add net amount on line 10 to entry on line 9 and enter total (If result is a negative, this is your underpayment) | | | | |
| 12. Compute 10% penalty on the underpayment amount on line 11 (Enter as positive numbers) | | | | |

13. Add line 12, columns A through D and enter total here and on line 45 of Form FIT-20.

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**Schedule FIT-NRTC**
State Form 44625
(R7/8-08)

Department of Revenue

# Indiana Financial Institution Nonresident Tax Credit

**(See instructions on page 18)**

| Name of Corporation | Federal Identification Number |
|---|---|
| B | A |

## Part I: Identification Section

| Column A<br>Name of Borrower | Column B<br>Principal Amount of Loan | Column C<br>Receipts Attributed to Loan |
|---|---|---|
| | | |
| | | |
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| | | |
| | | |
| Totals | $ | $ |

## Part II: Calculation Section

| | | | |
|---|---|---|---|
| 1. Enter the total receipts from Part I | 1 | | |
| 2. Enter the total receipts attributable to nonresident | 2 | | |
| 3. Divide line 1 by line 2. Express as a percentage (i.e. .5086 = 50.86%) | 3 | __ __ . __ __ % | |
| 4. Enter the amount of tax attributable to nonresident (from a pro forma schedule) | 4 | | |
| 5. Multiply the percentage from line 3 by the amount on line 4 | 5 | | |
| 6. Enter the amount of taxes paid to your state of commercial domicile for the qualified loans listed in Part I | 6 | | |
| 7. Enter the lesser of the amounts from lines 5 and 6. Enter this amount on line 28 of Form FIT-20 | 7 | | |

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**Schedule FIT-20 NOL** State Form 44624 (R7/8-08) Department of Revenue

## Computation of Indiana Member's Net Operating Loss Deduction

| Name of Corporation | Federal Identification Number |
|---|---|
| | |

| Tax Year | | 1994 | 1995 | 1996 | 1997 | 1998 | 1999 | 2000 | 2001 |
|---|---|---|---|---|---|---|---|---|---|
| 1. Total AGI or (Loss) | | | | | | | | | |
| 2. Combined Apportionment % | | | | | | | | | |
| 3. Combined Indiana AGI or (Loss) | | | | | | | | | |
| 4. Member's Share of IN Receipts % | | | | | | | | | |
| 5. Member's Share of IN AGI or (Loss) | | | | | | | | | |
| Loss Year | Indiana NOL | | | | | | | | |
| 1994 | | | | | | | | | |
| 1995 | | | | | | | | | |
| 1996 | | | | | | | | | |
| 1997 | | | | | | | | | |
| 1998 | | | | | | | | | |
| 1999 | | | | | | | | | |
| 2000 | | | | | | | | | |
| Adjusted Gross Income After NOL Deduction | | | | | | | | | |

| Tax Year | | 2002 | 2003 | 2004 | 2005 | 2006 | 2007 | 2008 | 2009 |
|---|---|---|---|---|---|---|---|---|---|
| 1. Total AGI or (Loss) | | | | | | | | | |
| 2. Combined Apportionment % | | | | | | | | | |
| 3. Combined Indiana AGI or (Loss) | | | | | | | | | |
| 4. Member's Share of IN Receipts % | | | | | | | | | |
| 5. Member's Share of IN AGI or (Loss) | | | | | | | | | |
| Loss Year | Indiana NOL | | | | | | | | |
| 1994 | | | | | | | | | |
| 1995 | | | | | | | | | |
| 1996 | | | | | | | | | |
| 1997 | | | | | | | | | |
| 1998 | | | | | | | | | |
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| 2003 | | | | | | | | | |
| 2004 | | | | | | | | | |
| 2005 | | | | | | | | | |
| 2006 | | | | | | | | | |
| 2007 | | | | | | | | | |
| 2008 | | | | | | | | | |
| Adjusted Gross Income After NOL Deduction | | | | | | | | | |

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**Form FT-ES**
State Form 49410
(R7/8-08)

Department of Revenue

## Indiana Financial Institution Tax Return - Estimated Quarterly Payment

Due the 20th day of the 4th, 6th, 9th, and 12th months of the tax year.

Name _____

Address _____

_____

(Do Not Write Above)

| Federal Identification Number | | |
|---|---|---|
| Voucher Number (Enter 1, 2, 3, or 4) No. | Calendar or Fiscal Year Ending (Enter MM-YYYY) | Due Date (Enter MM-DD-YYYY) |

Signature of Officer _____ Title _____

Date _____ Daytime Phone # _____

Financial Institution Tax Due for the Quarter

Enter Total Tax Below:

Pay this amount, with U. S. funds.
Do not send cash.

Please make check payable to the **Indiana Department of Revenue.**

**Indiana Department of Revenue**
**100 N. Senate Ave.**
**Indianapolis, IN 46204-2253**

## Instructions for Form FT-EXT

The extension return, Form FT-EXT, is to be used when a payment is due and additional time is necessary for filing the annual Indiana Financial Institution Tax Return (FIT-20). A penalty for late payment will not be imposed if at least 90 percent of the tax is paid by the original due date and the remaining balance, plus interest, is paid in full by the extended due date.

**Form FT-EXT**
State Form 49171
(R6/8-08)

Department of Revenue

## Indiana Financial Institution Tax Return - Extension Payment

Due the 15th day of the 4th month following close of your tax year.

Name _____

Address _____

_____

(Do Not Write Above)

| Federal Identification Number | | |
|---|---|---|
| **Extension Payment** | Calendar or Fiscal Year Ending (Enter MM-YYYY) | Due Date (Enter MM-DD-YYYY) |

Signature of Officer _____ Title _____

Date _____ Daytime Phone # _____

Financial Institution Tax Due for the Quarter

Enter Total Tax Below:

Pay this amount, with U. S. funds.
Do not send cash.

Please make check payable to the **Indiana Department of Revenue.**

**Indiana Department of Revenue**
**100 N. Senate Ave.**
**Indianapolis, IN 46204-2253**

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