

Form FIT-20

State Form 44623
(R8/8-09)

Department of Revenue
Indiana Financial Institution Tax Return

Calendar Year Ending December 31, 2009 or

Fiscal Year Beginning _____/_____/2009 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 18 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 pages 4 and 16)..... 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 4.

Schedule A	Round all entries	
Income:		
1. Federal taxable income (before net operating loss deduction and special federal deduction).....	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, enter amount in <brackets></i>		
11D. Qualified patents income deduction (enter amount in <brackets>).....	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 .085).....	27		•00
28. Less: Nonresident Taxpayer Credit (attach 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 (attach 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. Teacher Summer Employment Tax Credit..... (833)	35		•00
36. Enter name of other credit _____ Code No. a ___ 36b.....	36b		•00
37. Enter name of other credit _____ Code No. a ___ 37b.....	37b		•00
38. Total Credits (add lines 32 through 37b).....	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 a _____ and prior year and overpayment credit _____ Enter combined total.....	41c		•00
42. Other payments/EDGE credit (attach supporting documentation).....	42		•00
43. Total Payments (add lines 40 through 42).....	43		•00
44. Balance of Tax Due (subtract line 43 from line 39. If line 43 exceeds line 39, enter -0-).....	44		•00
45. Penalty for the Underpayment of Tax from Schedule FIT-2220 (Form page 4).....	45		•00
46. If payment is made after the original due date, add interest (see instructions).....	46		•00
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		•00
48. Total Due (add lines 44 through 47) Payable in U.S. funds to: Indiana Department of Revenue.....	48		•00
49. Total Overpayment (subtract lines 39, 45, and 47 from line 43).....	49		•00
50. Refund (enter portion of line 49 to be refunded).....	50		•00
51. Overpayment Credit (amount of line 49 to be applied to next year's estimated tax account).....	51		•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 page 14) Yes No

Company's E-mail address EE _____

Signature of Corporate Officer _____ Date _____

Print or Type Name of Corporate Officer _____ Title _____

Personal Representative's Name (Print or Type) _____

Telephone Number _____

Address _____

City _____

State _____ Zip Code + 4 _____

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

Check One: Federal ID Number PTIN OR Social Security Number

Telephone Number _____

Address _____

City _____

State _____ Zip Code + 4 _____

Paid Preparer's Signature _____ Date _____

Please mail forms to:
Indiana Department of Revenue
 100 N. Senate Ave.
 Indianapolis, IN 46204-2253



(See instructions on page 15)

Name of Corporation	Federal Identification Number
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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 Total Receipts Attributed to Indiana		B Total Receipts 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 and lines 1B through 13)	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 21 of the FIT-20. (Round percent to two decimal places)			15	_____ %



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FIT-20 Schedule H **Members of Unitary Group Filing a Combined Return**
State Form 44626 (R8/8-09)

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 if necessary.

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

Schedule FIT-2220 **Underpayment of Estimated Tax by Financial Institutions**
State Form 44628 (R8/8-09)

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) 1st Quarter	(b) 2nd Quarter	(c) 3rd Quarter	(d) 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 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.				



Computation of Indiana Member's Net Operating Loss Deduction

Name of Corporation	Federal Identification Number
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Tax Year	1995	1996	1997	1998	1999	2000	2001	2002
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							
1995								
1996								
1997								
1998								
1999								
2000								
2001								
Adjusted Gross Income After NOL Deduction								

Tax Year	2003	2004	2005	2006	2007	2008	2009	2010
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							
1995								
1996								
1997								
1998								
1999								
2000								
2001								
2002								
2003								
2004								
2005								
2006								
2007								
2008								
2009								
Adjusted Gross Income After NOL Deduction								

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Form FT-ESState Form 49410
(R8/8-09)

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 _____

(Do Not Write Above)

Address _____

Federal Identification Number

Signature of Officer _____

Title _____

Voucher Number
(Enter 1, 2, 3, or 4)Calendar or Fiscal Year Ending
(Enter MM-YYYY)Due Date
(Enter MM-DD-YYYY)

Date _____

Daytime Phone # _____

No.

Financial Institution Tax Due for the Quarter

Enter Total Tax Below:

Pay this amount, with U. S. funds.
Do not send cash.**Indiana Department of Revenue**
100 N. Senate Ave.
Indianapolis, IN 46204-2253Please make check payable to the **Indiana Department of Revenue.****Instructions for Form FT-EXT**

The extension return, Form FT-EXT, must 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-EXTState Form 49171
(R7/8-09)

Department of Revenue

Indiana Financial Institution Tax Return - Extension Payment

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

Name _____

(Do Not Write Above)

Address _____

Federal Identification Number

Signature of Officer _____

Title _____

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

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.**Indiana Department of Revenue**
100 N. Senate Ave.
Indianapolis, IN 46204-2253Please make check payable to the **Indiana Department of Revenue.**

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FIT-20 Schedule SUT
 State Form 44627
 (R7/8-09)

Sales/Use Tax Worksheet

List all purchases made during 2009 from out-of-state companies.

Column A Description of personal property purchased from out-of-state retailer	Column B Date of Purchase(s)	Column C Purchase Price
Magazine subscriptions:		
Mail order purchases:		
Internet purchases:		
Other purchases:		
1. Total purchase price of property subject to the sales/use tax	1	
2. Sales/use tax: Multiply line 1 by .07 (7%)	2	
3. Sales tax previously paid on the above items (up to 7% per item)	3	
4. Total amount due: Subtract line 3 from line 2. 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.....	4	