789012345678901234567890123456789012345678901234567890123456789012345678901234567890123456789012345 Indiana Department of Revenue Form FIT-20 Indiana Financial Institution Tax Return State Form 44623 2023 05 (R22 / 8-23) For Calendar Year Ending December 31, 2023 or 06 07 Fiscal Year Beginning 2023 and ending 08 Check box if amended Check box if amendment is due to a federal audit Check box if name changed 09 10 Name of Corporation Federal Employer Identification Number 11 Number and Street Principal Business Activity Code Foreign Country 2-Character Code 12 ZIP Code 13 City State 2-Digit County Code Telephone Number 14 Check box if this is a state chartered credit union or an investment company registered under the Investment Company Act of 1940. 15 (Also see instructions for line 19 and FIT-20 Schedule E-U.) 16 Date of incorporation in the state of S. Check all boxes that apply: 17 Initial Return Final Return In Bankruptcy M. State of commercial domicile 18 Is this return filed on a combined basis? Yes No N. Year of initial Indiana return 19 O. Location of accounting records if different from above address: If yes, complete Schedule H. 20 Is this a separate return by a member of a unitary group? 21 Accounting method: Cash Accrual (See instructions on page 5.) Yes No Q. Did the corporation make estimated tax payments using a different Do you have on file a valid extension of time to file your return (federal 23 Federal Employer Identification Number? Yes No Form 7004 or an electronic extension of time)? Yes No 24 List any other Federal Employer Identification Numbers on Schedule H. Are you a member of a partnership? Yes No 25 R. Is 80% or more of your gross income derived from making, acquiring, If you answer yes, see instruction page 5. 26 selling, or servicing loans or extensions of credit? Yes 27 If you answer no, do not file this return; file Form IT-20. 28 Schedule A 29 Round All Entries Income: Federal taxable income (before federal NOL and special deductions); use a minus sign for negative amounts..... 30 1. 00 2 3 1 2. 00 32 Subtotal (Subtract line 2 from line 1) 3 00 33 Add back - Enter an amount equal to the deduction taken for: Bad debts (IRC Sec. 166) (see instructions)..... 4 00 34 Bad debt reserves for banks (IRC Sec. 585). 35 5 00 Bad debt reserves (IRC Sec. 593) 6 36 6. 00 37 7 Charitable contributions (IRC Sec. 170). 7 00 All state and local income taxes 8 00 38 8 Net capital loss carryovers to the extent used in offsetting capital gains on federal Schedule D (IRC Sec. 1212)..... 9 00 39 40 Amount of interest excluded for state and local obligations (IRC Sec. 103) minus the associated expenses (IRC Sec. 265) 10 00 41 42 Other modifications to income (see instructions): 11A. Excess business interest deduction, add or subtract net amount 11A 00 43 00 44 11B. Net bonus depreciation, add or subtract net amount 11B 11C. Excess IRC Section 179 deduction, add or subtract..... 11C 00 45 46 If line 11A, 11B, or 11C are negative, use a minus sign. 47 11D. Qualified patents income deduction (use a minus sign for negative amounts)..... 110 00 48 12A. Enter name of addback or deduction Code No. ___ __ 12A 00 Code No. __ _ 12B 00 49 12B. Enter name of addback or deduction Code No. ___ __ 12C 00 50 12C. Enter name of addback or deduction 51 Code No. __ 12D 12D. Enter name of addback or deduction 00 52 Total addbacks (add lines 4 through 12D) 13 00 53 14 Subtotal (add line 3 and line 13). 00 54 Deductions: 00 55 Subtract income that is derived from sources outside the U.S. and included in federal taxable income. 15 Subtract an amount equal to a debt or portion of a debt that becomes worthless - net of all recoveries (IRC Sec. 166)... 00 56 16 57 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 58 Total Deductions (add lines 15 through 17)..... 59 18 00 Total Income Prior to Apportionment (subtract line 18 from line 14)..... 19 00 60 61 62

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04					
06	20. Total Income Prior to Apportionment (amount from line 19)	20		00	
07	21. Apportionment Percentage (line 15 of Schedule E-U)	21		%	+++
08	22. Current Year Apportioned Adjusted Gross Income attributed to Indiana (multiply line 20 by line 21)	22	1 1	00	+
09	23. Indiana Net Capital Loss Adjustment from attached worksheet. Line 23 may not exceed amount on line 22	23		00	
10	24. Subtotal of line 22 minus line 23. Do not enter an amount less than zero	24		00	
11	25. Indiana Net Operating Loss Deduction from Schedule FIT-20 NOL. Line 25 may not exceed amount on line 24	25		00	
12	26. Total Indiana Adjusted Gross Income subject to tax (subtract line 25 from line 24)	26		00	
13	27. Financial Institution Tax (multiply line 26 by tax rate; see instructions)	27		00	
14	28. Less: Nonresident Taxpayer Credit (enclose Schedule FIT-NRTC)(816)			00	
15	29. Net Financial Institution Tax Due (subtract line 28 from line 27)	29		00	
16	30. Sales/Use Tax Due (see instructions)	30		00	
17	31. Subtotal Due (add lines 29 and 30)	31		00	
18	Tax Liability Credits (enclose schedules) 32. Neighborhood Assistance Tax Credit (NC-20)(828)	32		00	
19	33. Enterprise Zone Employment Expense Credit (EZ 2) (812)			00	++
21	34. Enterprise Zone Loan Interest Tax Credit (LIC)			00	
22	35. Enter name of other credit Code No. 35a	35b		00	+++
23	36. Enter name of other credit Code No. 36a.	36b		00	
24	37. Enter the total of certified credits claimed from Schedule IN-OCC and enclose this schedule with your return	37		00	
25	38. Total Credits (add lines 32 through 37)	38		00	
26	39. Net Tax Due (subtract line 38 from line 31)	39		00	
27	Credit for Estimated Tax and Other Payments				
28	40. Total quarterly estimated income tax paid (itemize quarterly FT-QP payments below)	40		00	
29	Qtr1Qtr 2Qtr 3Qtr 4				
30	41. Extension payment and prior year overpayment credit Enter combined total	41		0.0	
31	42. Other payments (enclose supporting documentation)	42		0.0	_
32	43. EDGE credit. Enter the total EDGE credit amount claimed (line 19 on Schedule IN-EDGE)	43		00	_
33	44. EDGE-R credit. Enter the total EDGE-R credit amount claimed (line 19 on Schedule IN-EDGE-R)	45		00	
35	46. Balance of Tax Due (subtract line 45 from line 39. If line 45 exceeds line 39, enter -0-)	46		00	++-
36	47. Penalty for the Underpayment of Tax from Schedule FIT-2220 (Form page 4)	47		00	++-
37	48. If payment is made after the original due date, add interest (see instructions)	48		00	+
38		49		00	
39	50. Total Due (add lines 46 through 49) Payable in U.S. funds to: Indiana Department of Revenue	50		00	
40	51. Total Overpayment (subtract lines 39, 47, 48, and 49 from line 45)	51		00	
41	52. Refund (enter portion of line 51 to be refunded)	52		00	
42	53. Overpayment Credit (amount of line 51 to be applied to next year's estimated tax account)	53		00	
43	Certification of Signatures and Authorization Section Paid Preparer's Email Address				
44	Under penalties of perjury, I declare I have examined this return, including all accompanying schedules				+
45	and statements, and to the best of my knowledge and belief it is true, correct, and complete.				++-
46 47	l authorize the Department to discuss my return with my personal				+
48	representative (see instructions) Yes No	ı .			+
49	Paid Preparer: Firm's Name (or yours if se	ıı-employed)			#
50	Personal Representative's Name (Print or Type)				
51	Personal Representative's Email Address				
52					
53	Signature of Corporate Officer Date Telephone Number				
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55	Print or Type Name of Corporate Officer Title Address				
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57	Signature of Paid Preparer Date City				+
58 59					+
60	Print or Type Name of Paid Preparer State		ZIP Code + 4		+
61	Please mail your return to: Indiana Department of Revenue, PO Box 7228, Indianapolis, IN 46	207-7228.			+
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