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Form FIT-20

State Form 44623 (R22 / 8-23)

Indiana Department of Revenue

Indiana Financial Institution Tax Return

For Calendar Year Ending December 31, 2023 or

2023

Fiscal Year Beginning [] [] 2023 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.

- L. Date of incorporation in the state of S. Check all boxes that apply: Initial Return [] Final Return [] In Bankruptcy [] REMIC [] M. State of commercial domicile T. Is this return filed on a combined basis? Yes [] No [] N. Year of initial Indiana return If yes, complete Schedule H. U. Is this a separate return by a member of a unitary group? (See instructions on page 5.) Yes [] No [] O. Location of accounting records if different from above address: V. 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 [] P. Accounting method: Cash [] Accrual [] W. Are you a member of a partnership? Yes [] No [] Q. 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. R. 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. If you answer yes, see instruction page 5.

Schedule A

Income:

Round All Entries

Table with 3 columns: Line number, Description, and Amount. Rows include Federal taxable income, Qualifying dividend deduction, Subtotal, Add back (Bad debts, Charitable contributions, etc.), Other modifications to income, Deductions, and Total Income Prior to Apportionment.



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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 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 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 (see instructions).....	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 _____ Code No. 35a. ____	35b		00
36.	Enter name of other credit _____ Code No. 36a. ____	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).....	40		00
	Qtr1 _____ Qtr 2 _____ Qtr 3 _____ Qtr 4 _____			
41.	Extension payment _____ and prior year overpayment credit _____ 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 -0-).....	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.

Paid Preparer's Email Address

I authorize the Department to discuss my return with my personal representative (see instructions) Yes No

Personal Representative's Name (Print or Type) _____

Personal Representative's 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: 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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