

Fiscal Year Beginning	AA	2021	and Ending	BB
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L. Date of incorporation <u>1</u> in the state of <u>2</u> 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 ☐ ¹ Accrual ☐ ² Q. Did the corporation make estimated tax payments using a different Federal Employer Identification Number? Y ☐ ¹ N ☐ ² <i>List any other Federal Employer Identification Numbers on Schedule H.</i> R. Is 80% or more of your gross income derived from making, acquiring, selling, or servicing loans or extensions of credit? Y ☐ ¹ N ☐ ² <i>If you answer no, do not file this return; file Form IT-20.</i>	S. Check all boxes that apply: Initial Return ☐ ¹ Final Return ☐ ² In Bankruptcy ☐ ³ REMIC ☐ ⁴ T. Is this return filed on a combined basis? <i>If yes, complete Schedule H</i>..... Y ☐ ¹ N ☐ ² U. Is this a separate return by a member of a unitary group? (See instructions on page 5)..... Y ☐ ¹ N ☐ ² 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 ☐ ¹ N ☐ ² W. Are you a member of a partnership?..... Y ☐ ¹ N ☐ ² <i>If you answer yes, see instruction page 5.</i>
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Schedule A		Round all entries
Income:		
1. Federal taxable income (before NOL and special federal deduction); use minus sign for negative amounts.....	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. Excess business interest deduction, add or subtract net amount	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 11A, 11B, or 11C are negative, use a minus sign.</i>		
11D. Qualified patents income deduction (use a minus sign for negative amounts)	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 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. a ____ 35b.....	35b		00
36.	Enter name of other credit _____ Code No. a ____ 36b.....	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
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 overpayment credit b _____ 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.

I authorize the Department to discuss my return with my personal representative (see instructions) Yes ☐ 1 No ☐ 2

CC Paid Preparer's E-mail address

QQ

Personal Representative's Name (Print or Type)

RR

Personal Representative's Email Address

Signature of Corporate Officer

Date

LL

MM

Print or Type Name of Corporate Officer

Title

Signature of Paid Preparer

Date

ZZ

Print or Type Name of Paid Preparer

FF

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

PTIN

NN

PP

Telephone Number

GG

Address

HH

City

II

State

JJ

Zip Code + 4

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



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