| (   | )1  |    |    |    |    |    |     |    |    |   |    |    |   |    |   |    |    |   |    |    |   |    |     |    |    |    |    |    |    |    |      |      |    |    |    |    |    |    |   |    |    |   |    |    |    |    |    |    |
|-----|-----|----|----|----|----|----|-----|----|----|---|----|----|---|----|---|----|----|---|----|----|---|----|-----|----|----|----|----|----|----|----|------|------|----|----|----|----|----|----|---|----|----|---|----|----|----|----|----|----|
| 000 | )0( | )0 | 0( | )0 | 01 | 1  | 1   | 11 | 1  | 1 | 11 | 1  | 2 | 22 | 2 | 22 | 22 | 2 | 22 | 23 | 3 | 33 | 33  | 3  | 33 | 33 | 3  | 44 | 14 | 4  | 44   | 14   | 44 | 14 | 55 | 55 | 55 | 55 | 5 | 55 | 55 | 6 | 66 | 6  | 66 | 6  | 66 | 56 |
| 12  | 345 | 56 | 78 | 39 | 01 | 12 | 34  | 45 | 56 | 7 | 89 | 90 | 1 | 23 | 4 | 56 | 57 | 8 | 9( | )1 | 2 |    |     |    |    |    |    |    |    |    |      |      |    |    |    |    | 45 | 56 | 7 | 89 | 90 | 1 | 23 | 84 | 56 | 57 | 89 | )0 |
|     | 2.4 | F  | or | m  | E  | Τ. | .20 | )  |    |   |    |    |   |    |   |    |    |   |    |    |   | Ir | ٦di | ar | าล | D  | en | ar | tm | er | nt d | of I | Re | Ve | nu | e  |    |    |   |    |    |   |    |    |    |    |    |    |

| 000      | 0000001111111112222222223333333333444   | 4444444555555555556666                      | 566666667              | 77777777788888     |
|----------|---|---|------------------------|--------------------|
|          | 567890123456789012345678901234567890123   | 345678901234567890123                       | 345678901              | 23456789012345     |
| 04       | Form FIT-20 Indiana Departm   |   |                        |                    |
| 05       | State Form 44623<br>(R23 / 8-24) Indiana Financial In:                                    | stitution Tax Return                        | 2024                   |                    |
| 06       | for Calendar Year Endi  | ing December 31, 2024                       |                        |                    |
| 07       |   |   |                        |                    |
| 08       | or Fiscal Year Beginning  | 2024 and Ending                             |                        |                    |
| 09       | Check box if amended. Check box if amendment is due                                       | e to a federal audit Che                    | eck box if name        | changed.           |
| 10       | Name of Corporation   |   | Federal Employer Iden  | tification Number  |
| 11       | Number and Street   | ncipal Business Activity Code               | Foreign Country 2-Cha  | racter Code        |
| 12       |   |   | roreigir obunu y 2-ona |                    |
| 13       | City State ZIP Code   | 2-Digit County Code                         | Telephone Number       |                    |
| 14       | Check box if this is a state chartered credit union or an investment company registered   | d under the Investment Company Act of 1040  |                        |                    |
| 15       | (Also see instructions for line 19 and FIT-20 Schedule E-U.)                              | d under the investment company Act of 1940. |                        |                    |
| 16       | A. Date of incorporation in the state of  | H. Check all boxes that apply:              |                        |                    |
| 17       | B. State of commercial domicile   | Initial Return Final Return                 | In Bankrupt            |                    |
| 18       | C. Year of initial Indiana return   | I. Is this return filed on a combined ba    |                        |                    |
| 19       | D. Location of records if different from above address:                                   | If yes, complete Schedule H.                |                        |                    |
| 20       |   | J. Is this a separate return by a memb      | er of a unitary or     | 2                  |
| 21       | E. Accounting method: Cash Accrual  | (See instructions on page 5.) Yes           |                        | Jup :              |
| 22       | F. Did the corporation make estimated tax payments using a different                      | K. Do you have on file a valid extensio     |                        | ur roturn (fodoral |
| 23       | Federal Employer Identification Number? Yes No  | Form 7004 or an electronic extension        |                        |                    |
| 24       | List any other Federal Employer Identification Numbers on Schedule H.                     |   |                        | o                  |
| 25       | G. Is 80% or more of your gross income derived from making, acquiring,                    | If you answer yes, see instruction p        |                        |                    |
| 26       | selling, or servicing loans or extensions of credit? Yes                                  | in you answer yes, see instruction p        | age 0.                 |                    |
| 27       |   |   |                        |                    |
| 28       | If you answer no, do not file this return; file Form IT-20.                               |   |                        |                    |
| 29       | Income  | dule A                                      | Round                  | all entries        |
| 30       | <ol> <li>Federal taxable income (before federal NOL and special deductions); u</li> </ol> | use a minus sign for negative amounts       | 1                      | 0.0                |
| 31       | <ol> <li>Qualifying dividend deduction</li> </ol>   |   | 2                      | 00                 |
| 32       | 3. Subtotal (Subtract line 2 from line 1)   |   | 3                      | 00                 |
| 33       | Add back – Enter an amount equal to the deduction taken for:                              |   |                        |                    |
| 34       | 4. Bad debts (IRC Sec. 166) (see instructions)  |   | 4                      | 0.0                |
| 35       | 5. Bad debt reserves for banks (IRC Sec. 585)   |   | 5                      | 00                 |
| 36       | 6. Bad debt reserves (IRC Sec. 593)   |   | 6                      | 00                 |
| 37       | 7. Charitable contributions (IRC Sec. 333)  |   | 7                      | 00                 |
|          | All state and local income taxes  |   | 8                      | 00                 |
| 38<br>39 |   | an federal Sebedule D (IDC Sec. 1212)       | 9                      | 00                 |
|          |   |   | 9                      |                    |
| 40       | 10. Amount of interest excluded for state and local obligations (IRC Sec. 1               |   | 10                     | 00                 |
| 41       | minus the associated expenses (IRC Sec. 265)  |   |                        |                    |
| 42       | Other modifications to income (see instructions)  |   | 44-                    | 00                 |
| 43       | 11a. Excess business interest deduction, add or subtract net amount                       |   | 11a                    |                    |
| 44       | 11b. Net bonus depreciation, add or subtract net amount                                   |   | 11b                    | 00                 |
| 45       | 11c. Excess IRC Section 179 deduction, add or subtract                                    |   | 11c                    | 0.0                |
| 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 amo                |   | 11d                    | 0.0                |
| 48       | 12a. Enter name of addback or deduction   | Code No.                                    | 12a                    | 0.0                |
| 49       | 12b. Enter name of addback or deduction   | Code No.                                    | 12b                    | 00                 |
| 50       | 12c. Enter name of addback or deduction   | Code No.                                    | 12c                    | 00                 |
| 51       | 12d. Enter name of addback or deduction   | Code No.                                    | 12d                    | 00                 |
| 52       | 13. Total addbacks (add lines 4 through 12d)  |   | 13                     | 00                 |
| 53       | 14. Subtotal (add line 3 and line 13)   |   | 14                     | 00                 |
| 54       | Deductions  |   |                        |                    |
| 55       | 15. Subtract income that is derived from sources outside the U.S. and inclu               | uded in federal taxable income              | 15                     | 00                 |
| 56       | 16. Subtract an amount equal to a debt or portion of a debt that becomes worth            | hless – Net of all recoveries (IRC Sec. 166 | 6) 16                  | 00                 |
| 57       | 17. Subtract an amount equal to any bad debt reserves that are included in                | n federal income because of                 |                        |                    |
| 58       | accounting method changes (IRC Sec. 585(c)(3)(a) or Sec. 593)                             |   | 17                     | 00                 |
| 59       | 18. Total Deductions (add lines 15 through 17)  |   | 18                     | 00                 |
| 60       | 19. Total Income Prior to Apportionment (subtract line 18 from line 14)                   |   | 19                     | 00                 |
| 61       |   |   |                        |                    |
| 62       |   |   |                        |                    |
| 63       |   | 000000                                      |                        |                    |
| 1 10 1   |   |   |                        |                    |

65 66

|    |         | 001111111111222222222<br>901234567890123456789                           |  |  |         |         |               |   |
|----|---------|--|--|--|---------|---------|---------------|---|
| 04 |         |  |  |  |         |         |               |   |
| 05 |         |  |  |  |         |         |               |   |
| 06 | 20.     | Total Income Prior to Apportionment (amou                                | unt from line 19)                      |  |         | 20      |               | 00                                      |
| 07 | 21.     | Apportionment Percentage (line 15 of Sche                                |  |  |         | 21      | •             | %                                       |
| 08 | 22.     | Current Year Apportioned Adjusted Gross                                  | Income attributed to Indi              | ana (multiply line 20 by line 21)        |         | 22      |               | 00                                      |
| 09 | 23.     | Indiana Net Capital Loss Adjustment from a                               | ttached worksheet. <i>Line</i> 23      | 3 may not exceed amount on line 22       |         | 23      |               | 00                                      |
| 10 | 24.     | Subtotal of line 22 minus line 23. Do not er                             | nter an amount less than z             | ero                                      |         | 24      |               | 00                                      |
| 11 | 25.     | Indiana Net Operating Loss Deduction from                                | Schedule FIT-20 NOL. Lir               | ne 25 may not exceed amount on line 24   |         | 25      |               | 00                                      |
| 12 | 26.     | Total Indiana Adjusted Gross Income subje                                |  |  |         | 26      |               | 00                                      |
| 13 | 27.     | Financial Institution Tax (multiply line 26 by                           | tax rate; see instructions)            |  |         | 27      |               | 00                                      |
| 14 | 28.     | Less: Nonresident Taxpayer Credit (enclos                                | e Schedule FIT-NRTC)                   | (8                                       | 316)    | 28      |               | 00                                      |
| 15 | 29.     | Net Financial Institution Tax Due (subtract                              | line 28 from line 27)                  |  |         | 29      |               | 00                                      |
| 16 | 30.     | Sales/Use Tax Due  |  |  |         | 30      |               | 00                                      |
| 17 | 31.     | Subtotal Due (add lines 29 and 30)                                       |  |  |         | 31      |               | 00                                      |
| 18 | Tax L   | iability Credits (enclose schedules)                                     |  |  |         |         |               |   |
| 19 | 32.     | Neighborhood Assistance Tax Credit (NC-2                                 | 20)                                    | (8                                       | 328)    | 32      |               | 00                                      |
| 20 | 33.     | Enterprise Zone Employment Expense Cre                                   | edit (EZ 2)                            | (8                                       | 312)    | 33      |               | 00                                      |
| 21 | 34.     | Enterprise Zone Loan Interest Tax Credit (L                              |  |  | 314)    | 34      |               | 00                                      |
| 22 | 35.     | Enter name of other credit   |  | 35a. Code No.                            |         | 35b     |               | 00                                      |
| 23 | 36.     | Enter name of other credit   |  | 36a. Code No.                            | 3       | 36b     |               | 00                                      |
| 24 | 37.     | Enter the total of certified credits claimed fr                          | rom Schedule IN-OCC and                | d 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 | Cred    | t for Estimated Tax and Other Payments                                   |  |  |         |         |               |   |
| 28 | 40.     | Total quarterly estimated income tax paid (                              | itemize quarterly FT-QP p              | ayments below)                           |         | 40      |               | 00                                      |
| 29 |         | Qtr 1 Qtr 2 0  | Qtr 3 Qtr 4                            |  |         |         |               |   |
| 30 | 41.     | Extension payment and prior  | year overpayment credit                | Enter combined total                     |         | 41      |               | 00                                      |
| 31 | 42.     | Other payments (enclose supporting docur                                 | mentation)                             |  |         | 42      |               | 00                                      |
| 32 | 43.     | EDGE credit. Enter the total EDGE credit a                               | amount claimed (line 19 or             | N Schedule IN-EDGE)                      |         | 43      |               | 00                                      |
| 33 | 44.     | EDGE-R credit. Enter the total EDGE-R cre                                | edit amount claimed (line <sup>-</sup> | 19 on Schedule IN-EDGE-R)                |         | 44      |               | 00                                      |
| 34 | 45.     | Total Payments (add lines 40 through 44) _                               |  |  |         | 45      |               | 00                                      |
| 35 | 46.     | Balance of Tax Due (subtract line 45 from                                | line 39. If line 45 exceeds            | s 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 da                             | ate, add interest (see instr           | uctions)                                 |         | 48      |               | 00                                      |
| 38 | 49.     | Late penalty: If paying late, enter 10% of lir                           | ne 46. If line 31 is zero, en          | iter \$10 per day filed past due date    |         | 49      |               | 00                                      |
| 39 | 50.     | Total Due (add lines 46 through 49) <b>Payab</b>                         | le in U.S. funds to: Indiar            | na Department of Revenue                 |         | 50      |               | 00                                      |
| 40 | 51.     | Total Overpayment (subtract lines 39, 47, 4                              | 48, and 49 from line 45) _             |  |         | 51      |               | 00                                      |
| 41 | 52.     | Refund (enter portion of line 51 to be refun                             | ded)                                   |  |         | 52      |               | 00                                      |
| 42 | 53.     | Overpayment Credit (amount of line 51 to b                               | be applied to next year's e            | stimated tax account)                    |         | 53      |               | 00                                      |
| 43 | Certi   | ication of Signatures and Authorization                                  | Section                                |  |         |         |               |   |
| 44 |         | penalties of perjury, I declare I have exam                              |  |  |         |         |               |   |
| 45 |         | npanying schedules and statements, and to                                | the best of my knowledge               |  | 13      |         |               |   |
| 46 |         | elief it is true, correct, and complete.                                 |  |  |         |         |               |   |
| 47 |         | orize the Department to discuss my retu<br>sentative (see instructions). | No                                     |  |         |         |               |   |
| 48 | repre   |  |  |  |         |         |               |   |
| 49 |         |  |  | Paid Preparer: Firm's Name (or yours if  | self-em | ployed) | + + + + + + + |   |
| 50 | Perso   | nal Representative's Name (Print or Type)                                |  |  |         |         |               |   |
| 51 |         |  |  | PTIN                                     |         |         | + + + + + + + |   |
| 52 | Email   | Address  |  |  |         |         |               |   |
| 53 |         |  |  |  |         |         |               |   |
| 54 | Signat  | ure of Corporate Officer   | Date                                   | Telephone Number                         |         |         |               |   |
| 55 |         |  |  |  |         |         | + + + + + + + | +++++++++++++++++++++++++++++++++++++++ |
| 56 | Print c | r Type Name of Corporate Officer Title                                   |  | Address                                  |         |         | + + + + + + + | + + + + + + + +                         |
| 57 | 0.      |  |  |  |         |         | + + + + + + + | +++++++++++++++++++++++++++++++++++++++ |
| 58 | Signat  | ure of Paid Preparer   | Date                                   | City                                     |         |         | + + + + + + + |   |
| 59 |         |  |  |  |         |         |               |   |
| 60 | Print c | r Type Name of Paid Preparer   | ter lucione. Denertus entref.          | State                                    | 40007   |         | ode + 4       |   |
| 61 |         | Please mail your return t  |  | Revenue, PO Box 7228, Indianapolis, IN   | 40207   | -1228.  |               |   |
| 62 |         |  |  |  |         |         |               |   |
| 63 |         |  |  | 000000                                   |         |         |               |   |
| 64 |         |  |  |  |         |         |               |   |
| 65 |         |  |  |  |         |         |               |   |
| 66 |         |  |  |  |         |         |               |   |