

Indiana Department of Revenue  
**Indiana Financial Institution Tax Return**  
for Calendar Year Ending December 31, 2024

**2024**

or Fiscal Year Beginning [ ] [ ] 2024 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. (Also see instructions for line 19 and FIT-20 Schedule E-U.) <input type="checkbox"/>					

- A. Date of incorporation \_\_\_\_\_ in the state of \_\_\_\_\_
- B. State of commercial domicile \_\_\_\_\_
- C. Year of initial Indiana return \_\_\_\_\_
- D. Location of records if different from above address: \_\_\_\_\_
- E. Accounting method: **Cash**  **Accrual**
- F. 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.*
- G. 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.*
- H. *Check all boxes that apply:*  
**Initial Return**  **Final Return**  **In Bankruptcy**  **REMIC**
- I. Is this return filed on a combined basis? Yes  No   
*If yes, complete Schedule H.*
- J. Is this a separate return by a member of a unitary group? (See instructions on page 5.) Yes  No
- K. 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
- L. Are you a member of a partnership? Yes  No   
*If you answer yes, see instruction page 6.*

**Schedule A**

**Income**

Round all entries

- 1. Federal taxable income (before federal NOL and special deductions); use a minus sign for negative amounts \_\_\_\_\_
- 2. Qualifying dividend deduction \_\_\_\_\_
- 3. Subtotal (Subtract line 2 from line 1) \_\_\_\_\_

1		00
2		00
3		00

**Add back** – Enter an amount equal to the deduction taken for:

- 4. Bad debts (IRC Sec. 166) (see instructions) \_\_\_\_\_
- 5. Bad debt reserves for banks (IRC Sec. 585) \_\_\_\_\_
- 6. Bad debt reserves (IRC Sec. 593) \_\_\_\_\_
- 7. Charitable contributions (IRC Sec. 170) \_\_\_\_\_
- 8. All state and local income taxes \_\_\_\_\_
- 9. Net capital loss carryovers to the extent used in offsetting capital gains on federal Schedule D (IRC Sec. 1212) \_\_\_\_\_
- 10. Amount of interest excluded for state and local obligations (IRC Sec. 103) minus the associated expenses (IRC Sec. 265) \_\_\_\_\_

4		00
5		00
6		00
7		00
8		00
9		00
10		00

**Other modifications to income (see instructions)**

- 11a. Excess business interest deduction, add or subtract net amount \_\_\_\_\_
- 11b. Net bonus depreciation, add or subtract net amount \_\_\_\_\_
- 11c. Excess IRC Section 179 deduction, add or subtract \_\_\_\_\_  
*If line 11a, 11b, or 11c are negative, use a minus sign.*
- 11d. Qualified patents income deduction (use a minus sign for negative amounts) \_\_\_\_\_

11a		00
11b		00
11c		00
11d		00

- 12a. Enter name of addback or deduction [ ] Code No. [ ]
- 12b. Enter name of addback or deduction [ ] Code No. [ ]
- 12c. Enter name of addback or deduction [ ] Code No. [ ]
- 12d. Enter name of addback or deduction [ ] Code No. [ ]

12a		00
12b		00
12c		00
12d		00

- 13. Total addbacks (add lines 4 through 12d) \_\_\_\_\_
- 14. Subtotal (add line 3 and line 13) \_\_\_\_\_

13		00
14		00

**Deductions**

- 15. Subtract income that is derived from sources outside the U.S. and included in federal taxable income \_\_\_\_\_
- 16. Subtract an amount equal to a debt or portion of a debt that becomes worthless – **Net of all recoveries** (IRC Sec. 166) \_\_\_\_\_
- 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) \_\_\_\_\_
- 18. Total Deductions (add lines 15 through 17) \_\_\_\_\_
- 19. Total Income Prior to Apportionment (subtract line 18 from line 14) \_\_\_\_\_

15		00
16		00
17		00
18		00
19		00



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 _____	30		00
31.	Subtotal Due (add lines 29 and 30) _____	31		00
<b>Tax Liability Credits</b> (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 _____ 35a. Code No. _____	35b		00
36.	Enter name of other credit _____ 36a. Code No. _____	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
<b>Credit for Estimated Tax and Other Payments</b>				
40.	Total quarterly estimated income tax paid (itemize quarterly FT-QP payments below) _____ Qtr 1 _____ Qtr 2 _____ Qtr 3 _____ Qtr 4 _____	40		00
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.	<b>Balance of Tax Due</b> (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) <b>Payable in U.S. funds</b> 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  No

Paid Preparer's Email Address

Personal Representative's Name (Print or Type) \_\_\_\_\_

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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