FIT-20 Schedule H

State Form 44626 (R18 / 8-19)

Indiana Department of Revenue

Financial Institution Tax Return Members of Unitary Group Filing a Combined Return

Identify all members of the unitary group (other than the reporting member) that are transacting business wholly or partially within Indiana included in the combined filing. Indicate the amount, if any, of estimated tax that was separately paid by a member under its own Federal Employer Identification Number. Attach additional sheets if necessary.

A Federal Employer Identification Number	B Name of Member	C Street Address	D City	E State	F ZIP Code	G Estimated Tax Paid
1						
2						
3						
4						
5						
6						
7						
8						
9						

Schedule FIT-2220

Calculate Minimum Quarterly Payment

Indiana Department of Revenue

State Form 44628 (R21 / 8-23)

Underpayment of Estimated Tax by Financial Institutions

1. 2	Net tax due (line 39 of Form FIT-20 minus lines 42, 43, and Use tax due (line 30 of Form FIT-20)	1			
	Subtract line 2 from line 1. If less than \$2,500, STOP. You				
	Multiply line 3 by 80% (.80)				
	Enter 25% (.25) of line 4 (enter here and see line 8 instruction				
	culate Quarterly Underpayment Penalty Enter in (a) through (d) the quarterly installment	(a) 1st Quarter	(b) 2nd Quarter	(c) 3rd Quarter	(d) 4th Quarter
	due dates corresponding to the 20th day of the 4th, 6th 9th, and 12th months of the tax year				
7.	Enter the amount paid for each quarter				
	Enter the lesser of the amount from line 5 above or 25% of the previous year's financial institution tax liability Subtract line 8 from line 7. Overpayment will be positive figure. Underpayment will be negative figure				
10.	Enter overpayment, if any, from line 11 of the preceding column in excess of any prior underpayments				
	Add net amount on line 10 to entry on line 9 and enter total (if result is negative, this is your underpayment)				
12.	Compute 10% penalty on the underpayment amount on line 11 (enter as positive numbers)				
13.	Add line 12, columns (a) through (d), and enter total here and on line 47 of Form FIT-20				