

Form FIT-20

State Form 44623 (R21 / 8-22)

Department of Revenue

Indiana Financial Institution Tax Return

2022

Calendar Year Ending December 31, 2022 or

Fiscal Year Beginning [ ] [ ] 2022 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) [ ]

- L. Date of incorporation in the state of
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 [ ] Accrual [ ]
Q. Did the corporation make estimated tax payments using a different Federal Employer Identification Number? Y [ ] N [ ]
R. Is 80% or more of your gross income derived from making, acquiring, selling, or servicing loans or extensions of credit? Y [ ] N [ ]
S. Check all boxes that apply: Initial Return [ ] Final Return [ ] In Bankruptcy [ ] REMIC [ ]
T. Is this return filed on a combined basis? If yes, complete Schedule H..... Y [ ] N [ ]
U. Is this a separate return by a member of a unitary group? (See instructions on page 5)..... Y [ ] N [ ]
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 [ ] N [ ]
W. Are you a member of a partnership? ..... Y [ ] N [ ]

Table with columns for Schedule A items and Round all entries. Rows include Income (Federal taxable income, Qualifying dividend deduction, Subtotal), Add back (Bad debts, Bad debt reserves, Charitable contributions, All state and local income taxes, Net capital loss carryovers, Amount of interest excluded), Other modifications to income (Excess business interest deduction, Net bonus depreciation, Excess IRC Section 179 deduction, Qualified patents income deduction), Deductions (Subtract income that is derived from sources outside the U.S., Subtract an amount equal to a debt or portion of a debt that becomes worthless, Subtract an amount equal to any bad debt reserves, Total Deductions, Total Income Prior to Apportionment).



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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
<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 _____ 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
<b>Estimated Tax and Other Payments:</b>			
40. Total estimated financial institution tax paid (itemize quarterly FT-QP payments below) 1. _____ 2. _____ 3. _____ 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 E-mail address

Personal Representative's Name (Print or Type)

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

Personal Representative's Email Address

PTIN

Signature of Corporate Officer Date

Telephone Number

Print or Type Name of Corporate Officer Title

Address

Signature of Paid Preparer Date

City

Print or Type Name of Paid Preparer

State ZIP Code + 4

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



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