

**FINANCIAL INSTITUTIONS
LOCAL DEPOSITS SUMMARY REPORT
FOR 20____
(ANNUAL FRANCHISE TAX)**



Name _____ FEIN _____

Mailing Address _____

City _____ State _____ ZIP Code _____ County _____

Per KRS 136.575 each financial institution shall file with the Department of Revenue, Office of Property Valuation, Frankfort, Kentucky 40601-2103 on or before August 15 of each year, a report of all deposits located within this commonwealth as of the preceding June 30. Read the instructions on the reverse side carefully before preparing this return.

TOTAL DEPOSITS

- 1. Demand deposits of individuals, partnerships and corporations..... \$ _____
- 2. Time deposits of individuals, partnerships and corporations _____
- 3. Deposits of the United States government (including postal savings)..... _____
- 4. Deposits of state and political subdivisions..... _____
- 5. Deposits of other banks and trust companies..... _____
- 6. Deposits of public schools and libraries..... _____
- 7. Deposits of religious and charitable institutions **ATTACH SCHEDULE** _____
- 8. Other deposits (certified and officers' checks) **ATTACH SCHEDULE** _____
- 9. **Total deposits** (add lines 1 through 8)..... _____

DEPOSITS NOT SUBJECT TO TAX

- 10. Deposits of the United States government (including postal savings)..... _____
- 11. Deposits of state and political subdivisions..... _____
- 12. Deposits of other banks and trust companies..... _____
- 13. Deposits of public schools and libraries..... _____
- 14. Deposits of religious and charitable institutions **ATTACH SCHEDULE** _____
- 15. Other deposits (certified and officers' checks) **ATTACH SCHEDULE** _____
- 16. Total exempt deposits (add lines 10 through 15)..... _____
- 17. **Net deposits** (subtract line 16 from line 9)..... _____

A copy of the most recent summary of deposits filed with the Federal Deposit Insurance Corporation must be attached for this form to be valid.

I declare, under the penalties of perjury, that this report (including any accompanying schedules and statements) is correct and complete.

Signature of Taxpayer

Name of Preparer Other Than Taxpayer



Telephone Number of Taxpayer

Date



Contact Person (Print)

Telephone Number

Date

**INSTRUCTIONS
FINANCIAL INSTITUTIONS
LOCAL DEPOSITS SUMMARY REPORT**

Each financial institution shall file with the Department of Revenue, on or before August 15 of each year, a report of all deposits located within this commonwealth as of the preceding June 30, along with a copy of the most recent summary of deposits filed with the Federal Deposit Insurance Corporation.

These deposits should be listed in detail on a separate schedule whenever the words "attach schedule" appear opposite the line number.

Line 9, the total of all deposits on lines 1 through 8, should reconcile with "Total Deposits All Offices" as reported to the Federal Deposit Insurance Corporation on OMB 3064-0061, "Summary of Deposits."

Deposits not subject to tax should be classified as outlined on lines 10 through 15.

Any financial institution with multiple branches should complete and attach Schedule A.

The completed return should be sent to:

**Kentucky Department of Revenue
Office of Property Valuation
Public Service Section
501 High Street, Fourth Floor, Station 32
Frankfort, Kentucky 40601-2103**

62A863-A (8-11)
 Commonwealth of Kentucky
DEPARTMENT OF REVENUE
 Office of Property Valuation
 501 High Street, Fourth Floor, Station 32
 Frankfort, KY 40601-2103

SCHEDULE A
SUMMARY OF NET DEPOSITS
 AS OF JUNE 30, 20____

A FDIC Office Number	B Branch Name	C Branch Address	D City Name	E City NET Deposits	F County Name	G County NET Deposits
Total						

**INSTRUCTIONS
SCHEDULE A
FINANCIAL INSTITUTIONS
LOCAL DEPOSITS SUMMARY REPORT**

Schedule A is a detailed breakdown of deposits located in each city and county.

1. Under column A enter the office number of each branch as it appears on the FDIC summary of deposits report. If multiple locations are combined enter all office numbers included.
2. Each branch of the bank that accepts deposits, including the main branch, should be listed under column B. If there are multiple branches within the same incorporated city limits, the deposits for these branches may be combined and reported on one line.
3. Under column C list the geographical location (street address or rural route) of each branch. If there are multiple branches within the city as referred to in item 2 above, use the address of the largest branch (in terms of total value of deposits) of the multiple branches.
4. Under column D list the incorporated city name of each branch location. If the branch is not located within the limits of a incorporated city, insert N/A in this column.
5. Under column E list the net deposits (gross deposits less deposits not subject to tax) for each city.
6. List the county name of each branch location in column F.
7. Under column G list net deposits (gross deposits less deposits not subject to tax) for each branch, for each county location. Entries in this column are necessary since some branches may be located within a county but not within incorporated city limits.
8. The total of column G should equal the net deposits reflected on line 17 of the Financial Institutions Local Deposits Summary Report, Revenue Form 62A863.

The completed return should be sent to:

**Department of Revenue
Office of Property Valuation
Public Service Section
501 High Street, Fourth Floor, Station 32
Frankfort, Kentucky 40601-2103**

Go to www.revenue.ky.gov to download forms.