

**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 Branch
501 High Street, Fourth Floor, Station 32
Frankfort, Kentucky 40601-2103**