

Bank Franchise Tax

Each bank and trust company must file this return in duplicate on or before March 1, 2017, with the Commissioner of the Revenue for the county or city in which the principal office of the bank or trust company is located.	Name of Bank or Trust Company		Federal ID Number	
	Street Address or PO Box		Date Chartered	
	City, Town or Post Office	State	ZIP Code	

Each bank and trust company must provide the information specified below:

Principal office is located in _____, Virginia (Check Only One) ☐ City ☐ County ☐ Town

IMPORTANT: Attach a copy of your Report of Condition and Income (Call Report) for December 31, 2016.

BANK CAPITAL ASSESSABLE AS OF JANUARY 1, 2017
CAPITAL ACCOUNTS

1. Equity Capital (total equity capital as shown on your official Report of Condition and Income adjusted by the amounts reported as unrealized gains or losses on available-for-sale securities). See the instructions.	1	
--	---	--

ADDITIONS

2. Unallowable Portions of Valuation Reserves:		
a. Valuation Reserve for Losses on Loans (From Schedule G, Line 4)	2a	
b. Other (Attach schedule)	2b	
3. Total Additions (Sum of Lines 2a and 2b)	3	
4. Total (Sum of Lines 1 and 3)	4	

DEDUCTIONS

5. Pro-rata Share of United States Obligations (From Schedule E, Line 5)	5	
6. Retained Earnings and Surplus of Subsidiaries Included in Gross Capital (From Schedule F)	6	
7. Deduction for Goodwill (Attach schedule)	7	
8. Other (Attach schedule)	8	
9. Total Deductions Before Apportionment (Sum of Lines 5 through 8)	9	

COMPUTATION OF CAPITAL AND APPORTIONMENT

10. Capital Before Virginia Modifications (Line 4 less Line 9)	10	
11. Apportionment Percentage (Virginia core deposits divided by total core deposits. Attach computation.) Enter as a percentage. NOTE: Apportionment percentage applies only to multistate banks, all other banks enter 100%. Banks with no deposits in Virginia-see the Interstate Branch Banks section on Page 1 of the instructions.	11	%
12. Capital Attributable to Virginia (Multiply Line 10 by the percentage on Line 11)	12	
13. Virginia Real Estate Taxed by Virginia Locality (From Schedule C, Total)	13	
14. Tangible Personal Property Otherwise Taxed by Virginia Localities (From Schedule D, Total)	14	

COMPUTATION OF NET CAPITAL AND TAX

15. Net Taxable Capital (Line 12 less the total of Line 13 and Line 14)	15	
16. Total Franchise Tax (See Tax Rate Schedule). Enter the total tax or \$18,000,000 whichever is less.	16	
17. Credit for Bank Franchise Tax Due to Localities (From Schedule H, Line 2)	17	
18. Tentative State Bank Franchise Tax Due (Line 16 less Line 17)	18	
19. Less: Neighborhood Assistance Act Tax Credit (Do not exceed the amount on Line 18)	19	
20. Less: Enterprise Zone Credit (From Form 301. Do not exceed the amount of Line 18 less Line 19)	20	
21. Less: Major Business Facility Job Credit (From letter. Do not exceed the amount of Line 18 less the total of Line 19 and Line 20)	21	
22. Less: Historic Rehabilitation Credit (Do not exceed the amount of Line 18 less the total of Lines 19-21)	22	
23. Less: Barge and Rail Usage Tax Credit (Do not exceed the amount of Line 18)	23	
24. Less: Worker Retraining Credit (Do not exceed the amount of Line 18 less the total of Lines 19-23)	24	
25. Less: Education Improvement Scholarships Tax Credit (Do not exceed the amount of Line 18 less the total of Lines 19-24)	25	
26. State Bank Franchise Tax Due (Line 18 less the total of Lines 19 through 25)	26	

Declaration and Signature

I, the undersigned officer of the bank or trust company for which this return is made, declare under the penalties provided by law that this return has been examined by me and is, to the best of my knowledge and belief, a true, correct, and complete return, made in good faith, for the taxable year stated.

(Signature)

(Title of Officer)

(Phone Number)

(Date)

**Commissioner of the Revenue's
Certificate of Assessment**

I, the undersigned Commissioner of the Revenue for the (County/ City) of _____, Virginia, do hereby certify that I have this day assessed the bank or trust company aforesaid with state Bank Franchise Taxes for the tax year 2016, as shown hereon.

Given under my hand this _____ day of _____, 2017.

(Commissioner of the Revenue)