

Name Address Contact Person

Period Ending (MM/YY) FEIN Check if short period Phone Number

Filing Status:

Separate Iowa/Federal Corporation Separate Iowa/Consolidated Federal Separate Iowa/Separate Federal Name of consolidated parent Parent's FEIN

If this is a first or final return, check the appropriate boxes:

First return New business Successor Entering Iowa Final return Reorganized Merged Dissolved

Type of return: 100% Iowa Not 100% Iowa No Iowa banking locations Inactive bank

Check the appropriate box: Pay return No pay return Amended pay Amended no pay

Was federal income or federal tax changed for any prior period(s)?

No Yes Periods changed Reason: Federal audit 1120X 1139

Table with 27 rows of tax calculations including Net Income, Interest, Iowa Franchise Tax, Total Tax, Credits, and Penalties.



**Schedule A – Other Additions.** Round to nearest whole dollar.

- 1. Cash to Accrual Adjustments..... 1. \_\_\_\_\_
- 2. Expense to Carry Investment Subsidiary ..... 2. \_\_\_\_\_
- 3. Contribution Adjustments ..... 3. \_\_\_\_\_
- 4. Capital Loss Adjustments ..... 4. \_\_\_\_\_
- 5. Depreciation Adjustment from IA 4562A. Submit Schedule IA 4562A and IA 4562B ..... 5. \_\_\_\_\_
- 6. Other ..... 6. \_\_\_\_\_
- 7. Total. Enter on Line 4, IA 1120F..... 7. \_\_\_\_\_

**Schedule D – Other Reductions.** Round to nearest whole dollar.

- 1. Cash to Accrual Adjustments..... 1. \_\_\_\_\_
- 2. Expenses to Carry Tax Exempt Sections 291 and 265 ..... 2. \_\_\_\_\_
- 3. Contribution Adjustments..... 3. \_\_\_\_\_
- 4. Capital Loss Adjustments ..... 4. \_\_\_\_\_
- 5. Iowa Franchise Tax Refund Reported on Federal Return..... 5. \_\_\_\_\_
- 6. Depreciation Adjustment from IA 4562A. Submit Schedule IA 4562A and IA 4562B ..... 6. \_\_\_\_\_
- 7. Other ..... 7. \_\_\_\_\_
- 8. Total. Enter on Line 6, IA 1120F ..... 8. \_\_\_\_\_

**Schedule C – Payments**

- 1. Prior Period's Overpayment Credits to Current Period ..... 1. \_\_\_\_\_

Current Period's Estimated Tax Payments	Amount	Date of Payment
2. First Installment		
3. Second Installment		
4. Third Installment		
5. Fourth Installment		
6. Voucher Payments		
7. Other Payments		

- 8. Total Payments. Add lines 1 through 7. Enter on line 17..... 8. \_\_\_\_\_

**Additional Information**

Short period information: Period \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_

Reason for short period \_\_\_\_\_

Year business was started in Iowa \_\_\_\_\_

Information from the prior return:

Name \_\_\_\_\_

FEIN \_\_\_\_\_ Net Income \_\_\_\_\_

Accounting method: Cash  Accrual  Year accrual method began \_\_\_\_\_

**Mail your return to:**

Franchise Tax Processing  
Iowa Department of Revenue  
PO Box 10413  
Des Moines IA 50306-0413

**Questions:**

idr@iowa.gov  
515-281-3114 or 800-367-3388

A complete copy of your federal return, as filed with the Internal Revenue Service, must be filed with this return. Under penalties of perjury, I declare that I have examined this return and included schedules/statements, believe it to be true, correct, and complete.

Officer's Signature \_\_\_\_\_ Date \_\_\_\_\_ Title \_\_\_\_\_ Phone \_\_\_\_\_

Preparer's Signature \_\_\_\_\_ Date \_\_\_\_\_ ID No \_\_\_\_\_ Phone \_\_\_\_\_

