

https://tax.iowa.gov

Name	Period Ending (MM/YY)//			
Address	FEIN			
	Check if short period □			
Contact Person	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 □ Successor □	Final return □	Merged \square		
New business ☐ Entering Iowa ☐	Reorganized	Dissolved \square		
Type of return: 100% Iowa □ Not 100% Iowa □ No I	owa banking locations \square Inactive bank \square			
Check the appropriate box: Pay return □ No pay return □	\square Amended pay \square Amended no pay \square			
Was federal income or federal tax changed for any prior per				
No □ Yes □ Periods changed	Reason: Federal audit □ 1120X □ 11	139 🗆		
1. Net Income from Federal Return before Net Operating Loss	s1	.00▲		
2. Interest and Dividends Exempt from Federal Income Tax	2. <u> </u>	.00.		
3. Iowa Franchise Tax Expensed on Federal Return				
4. Other Additions from Schedule A	4	.00▲		
5. Total lowa Income. Add lines 1 through 4				
Other Reductions from Schedule D				
7. Income Subject To Apportionment. Subtract line 6 from line				
8. Iowa Percentage from IA Schedule 59F, line 17				
9. Deduction for Apportioned Income from IA Schedule 59F, li				
10. Iowa Net Operating Loss from IA1120 Schedule F				
11. Total Reductions. Add lines 6, 9, and 10				
12. Iowa Net Income Subject to Franchise Tax. Subtract line 11	from line 512	00▲		
13. Computed Tax. Multiply line 12 by 5% (.05)	13	.00		
14. Iowa Alternative Minimum Tax from IA 4626	14. <u> </u>	.00▲		
15. Total Tax. Add lines 13 and 14	15	.00		
16. Credits. Include IA 148				
17. Payments from Schedule C, line 8				
18. Total Credits and Payments. Add lines 16 and 17				
19. Net Amount. Subtract line 18 from line 15		00▲		
20. Penalty for Underpayment of Estimated Tax: Include IA 222				
21. Penalty for Failure to Pay or Failure to File				
22. Total Penalties. Add lines 20 and 21	·			
23. Interest		00▲		
24. Total Due. If line 15 is more than line 18, add lines 19, 22, and 23. Make check payable to				
"Treasurer, State of Iowa" and submit payment with the franchise tax payment voucher 2400▲				
25. Net Overpayment. If line 15 is less than line 18, subtract line 20 from line 19				
26. Credit to Next Period's Estimated Tax				
27. Refund Requested. Subtract line 26 from line 25	27	.00		



1843001019999

Schedule A – Other Additions. Round to nea	rest whole dollar.			
1. Cash to Accrual Adjustments			1. <u> </u>	
2. Expense to Carry Investment Subsidiary			2	
3. Contribution Adjustments			3	
4. Capital Loss Adjustments			4	
5. Depreciation Adjustment from IA 4562A.				
6. Other			·	
7. Total. Enter on Line 4, IA 1120F				
Schedule D – Other Reductions. Round to no				
			1	
Cash to Accrual Adjustments Expenses to Carry Tax Exempt Sections 291 and 265		· · · · · · · · · · · · · · · · · · ·		
3. Contribution Adjustments			·	
4. Capital Loss Adjustments			· · · · · · · · · · · · · · · · · · ·	
5. Iowa Franchise Tax Refund Reported on				
6. Depreciation Adjustment from IA 4562A.				
7. Other				
8. Total. Enter on Line 6, IA 1120F			8	
Schedule C – Payments				
1. Prior Period's Overpayment Credits to Cu	rrent 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. E	nter on line 17	8	l	
	1101 011 11110 17			
Additional Information	1	1		
Short period information: Period				
Reason for short period				
Year business was started in Iowa				
Information from the prior return:				
Name				
FEIN				
Accounting method: Cash ☐ Accrua	ıl □ Year acc	rual method began		
Mail your return to:		Questions:		
Franchise Tax Processing		idr@iowa.gov 515-281-3114 or 800-367-3388		
Iowa Department of Revenue PO Box 10413		313-261-3114 0	800-307-3386	
Des Moines IA 50306-0413				
A complete copy of your federal return, as filed Under penalties of perjury, I declare that I have correct, and complete.	I with the Internal Fe examined this ret	Revenue Service, must be file urn and included schedules/	ed with this return. statements, believe it to be true,	
Officer's Signature	Date	Title	Phone	
Preparer's Signature		ID No		



43-001b (08/08/18)