

For Calendar Year 2018 or other fiscal year (MMDDYY) _____ to _____

Check all that apply: Name/Address Change [] Short Period [] Amended Return [] Final Return []

Part I: Partnership Name and Address

Name _____ Federal Employer Identification Number _____
Street Address _____ Business Code _____
City _____ State _____ ZIP _____ Principal Activity _____
County Number _____ Total Number of Partners _____
Name of Contact Person _____ Number of Iowa Partners _____
Phone Number _____ List other states in which the partnership operates: _____

Part II: Partnership Information

Type of Return (check one): Partnership [] Limited Liability Company [] Limited Liability Partnership [] Other []
Does the partnership have income/loss from business activities carried on within Iowa? Yes [] No []
Is any of the partnership's income/loss from real property within Iowa? Yes [] No []
Does the partnership's income/loss come from any activity other than interest, dividends, or capital gain from the sale of stocks or bonds? Yes [] No []

Part III: Modification of Partnership Income

1. Federal partnership taxable income (loss) from federal form 1065 Schedule K 1. _____
2. Interest from state and municipal bonds and securities 2. _____
3. Other additions. Include schedule 3. _____
4. Total additions. Add lines 2 and 3 4. _____
5. Interest and dividends from federal securities 5. _____
6. Other reductions. Include schedule 6. _____
7. Total reductions. Add lines 5 and 6 7. _____
8. Net modifications. Subtract line 7 from line 4 8. _____
9. Total all-source partnership income. Add lines 1 and 8 9. _____

Part IV: Business Activity Ratio (BAR) - See instructions.

Table with 3 columns: Types of Income, Column A Iowa Receipts, Column B Receipts Everywhere. Rows include Gross receipts, Net dividends, Exempt interest, etc.

Part V: Enter Iowa net income for three preceding years: 2015 _____ 2016 _____ 2017 _____

File electronically. A complete copy of your federal return must be filed with this return, not including federal K-1s. Declaration: Under penalties of perjury, I declare that I have examined this return and any included schedules/statements, and, to the best of my knowledge, believe it to be true, correct and complete.

Signature of Partner or Member: _____ Date _____
Preparer's Signature: _____ Date _____
Title _____ Preparer's Address _____
Daytime Telephone Number _____ Preparer's ID Number _____
Telephone Number _____

Mail To: Income Tax Return Processing, Iowa Department of Revenue, Hoover State Office Building, Des Moines IA 50319-0120



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