

Name: _____
Address: _____

Contact Person: _____

Period Ending (MM/YY): ____ / ____ ▲
FEIN: _____ ▲
Check if short period
Phone Number: (____) _____

Filing Status:

Separate Iowa/Federal Corporation
Separate Iowa/Separate Federal

Separate Iowa/Consolidated 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
New business Entering Iowa Reorganized 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

1. Net Income from Federal Return before Net Operating Loss	1.	_____	.00▲
2. Interest and Dividends Exempt from Federal Income Tax	2.	_____	.00▲
3. Iowa Franchise Tax Expensed on Federal Return	3.	_____	.00▲
4. Other Additions from Schedule A	4.	_____	.00▲
5. Total Iowa Income. Add lines 1 through 4	5.	_____	.00
6. Other Reductions from Schedule D	6.	_____	.00
7. Income Subject To Apportionment. Subtract line 6 from line 5	7.	_____	.00
8. Iowa Percentage from IA Schedule 59F, line 17	8.	_____	%
9. Deduction for Apportioned Income from IA Schedule 59F, line 20	9.	_____	.00
10. Iowa Net Operating Loss from IA1120 Schedule F	10.	_____	.00
11. Total Reductions. Add lines 6, 9, and 10	11.	_____	.00▲
12. Iowa Net Income Subject to Franchise Tax. Subtract line 11 from line 5	12.	_____	.00▲
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13. Computed Tax. Multiply line 12 by 5% (.05)	13.	_____	.00
14. Iowa Alternative Minimum Tax from IA 4626	14.	_____	.00▲
15. Total Tax. Add lines 13 and 14	15.	_____	.00
16. Credits. Include IA 148	16.	_____	.00▲
17. Payments from Schedule C, line 8	17.	_____	.00
18. Total Credits and Payments. Add lines 16 and 17	18.	_____	.00
19. Net Amount. Subtract line 18 from line 15	19.	_____	.00▲
20. Penalty for Underpayment of Estimated Tax: Include IA 2220	20.	_____	.00
21. Penalty for Failure to Pay or Failure to File	21.	_____	.00
22. Total Penalties. Add lines 20 and 21	22.	_____	.00▲
23. Interest	23.	_____	.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	24.	_____	.00▲
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25. Net Overpayment. If line 15 is less than line 18, subtract line 20 from line 19	25.	_____	.00
26. Credit to Next Period's Estimated Tax	26.	_____	.00▲
27. Refund Requested. Subtract line 26 from line 25	27.	_____	.00



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 Period1. _____

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.

I, the undersigned, declare under penalties of perjury or false certificate, that I have examined this return, and, to the best of my knowledge and belief, it is true, correct, and complete.

Officer's Signature: _____ Date: _____ Title: _____ Phone: _____

Preparer's Signature: _____ Date: _____ ID No: _____ Phone: _____

