

Name(s) _____ SSN or FEIN _____

Part I – Nonrefundable Tax Credits

	A Tax Credit Code	B Certificate Number (if applicable)	C Amount Carried Forward from Prior Year	D Current Year Amount (earned or received from pass-through entity)	E Total Available (C+D=E)	F Current Year Amount Applied (may not exceed total tax liability)	G Expired Amount	H Amount Carried Forward to Future Years (E-F-G=H)
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								

Part I Total – Sum column F and enter on line 52 of IA 1040, line 10 of IA 1040C, or line 2 of schedule C1 of IA 1120

Part II – Refundable Tax Credits

	I Tax Credit Code	J Certificate Number (if applicable)	K Current Year Amount (earned or received from pass-through entity)
11			
12			
13			
14			
15			
16			
17			

Part II Total - Sum column K and enter on line 62 of IA 1040, line 14 of IA 1040C, or line 3 of schedule C1 of IA 1120

Part III – Total Credits

Sum Part I and Part II Totals. Enter on line 16 of the IA 1120F, line 32 of IA 1041, or the miscellaneous line of the Iowa Insurance Premium Tax Return.

Part III Total _____

Part IV – Pass-Through Entity Information from Schedule K-1

L Line Number from Part I or Part II	M Pass-Through Entity Name	N Pass-Through Entity FEIN	O Taxpayer's Share of Tax Credit from Pass-Through Entity



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