

For Calendar Year 2019 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

Enter Whole Dollars
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 2 columns: Column A Iowa Receipts, Column B Receipts Everywhere. Rows include Gross receipts, Net dividends, Exempt interest, Accounts receivable interest, Other interest, Rent, Royalties, Capital gain/(loss), Ordinary gains/(loss), Partnership gross receipts, Other, TOTALS, and BAR calculation.

Part V: Enter Iowa net income for three preceding years: 2016 \_\_\_\_\_ 2017 \_\_\_\_\_ 2018 \_\_\_\_\_

File electronically. A complete copy of your federal return must be filed with this return, not including federal K-1s. Declaration: 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.

Signature of Partner or Member: \_\_\_\_\_ Date: \_\_\_\_\_
Title: \_\_\_\_\_
Daytime Telephone Number: \_\_\_\_\_

Preparer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_
Preparer's Address: \_\_\_\_\_
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

