

For Calendar Year 2019 or other fiscal year (MMDDYY): _____ to _____

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

Part I: Corporation Name and Address

Name: _____
Street Address: _____
City: _____ State: _____ ZIP: _____
County Number: _____
Name of Contact Person: _____
Phone Number: _____

Federal Employer Identification Number (FEIN): _____
Business Code: _____
Total Number of Shareholders: _____
Number of Iowa Shareholders: _____
Is this a first or final return? If yes, check the appropriate box.
First Return New Business [] Successor [] Entering Iowa []
Final Return Reorganized [] Merged []
Dissolved [] Withdrawn []
Bankruptcy [] Other []

Part II: Corporation Information

Type of Return: S Corporation [] Interest Charge Domestic International Sales Corporation [] Foreign Sales Corporation []
Is this an inactive corporation? Yes [] No []
Was federal income or tax changed for any prior period(s)? Yes [] No [] Tax Period(s): _____
Is the corporation's business carried on entirely within Iowa? Yes [] No []
Date of S corporation election (MM/DD/CCYY): _____

Part III: Modification of Corporation Income

1. Net income per federal form 1120S Schedule K. (See instructions) 1. _____
2. Interest and dividends exempt from federal income tax. (See instructions) 2. _____
3. Other additions. Include schedule 3. _____
4. Total additions. Add lines 2 and 3 4. _____
5. 50% of federal income tax 5. _____
6. Interest and dividends from federal securities. (See instructions) 6. _____
7. Other reductions. Include schedule 7. _____
8. Total reductions. Add lines 5, 6, and 7 8. _____
9. Net modifications. Subtract line 8 from line 4 9. _____
10. Modified federal net income. Add line 1 and line 9 10. _____
11. Tax on built-in gains or passive investment income. (See instructions) 11. _____

Amount owed: Make check payable to Treasurer, State of Iowa. Submit with form IA 1120V. If a refund is needed, see instructions.

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, Accounts receivable interest, Other interest, Rent, Royalties, Capital gain/(loss), Ordinary gains/(loss), Partnership gross receipts, Other, TOTALS, and BAR calculation.

Part V: Information from Prior Period Iowa Return

Corporation Name: _____ Net Income/(Loss): \$ _____ FEIN: _____

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.

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

Preparer's Signature: _____ Preparer's ID Number: _____ Date: _____

Preparer's Address: _____

Mail To: Corporation Return Processing, Iowa Department of Revenue, PO Box 10468, Des Moines IA 50306-0468



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