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 11 of IA 1040C, line 29 of the IA 1041, 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 III – Total Credits
Sum Part I and Part II Totals.
Enter on line 16 of the IA 1120F, or the miscellaneous line of the Iowa Insurance Premium Tax Return.

Part III Total _____

Part II Total - Sum column K and enter on line 62 of IA 1040, line 15 of IA 1040C, line 33 of the IA 1041, or line 3 of schedule C1 of IA 1120. _____

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