

For Calendar Year 2020 or other fiscal year (MMDDYY): _____ to _____

Check all that apply: Name/Address Change [] Short Period [] Amended Return (Include IA 102) [] Final Return []

Part I: Partnership Name and Address

Name: _____
Street address: _____
City: _____ State: _____ ZIP: _____
County number: _____
State Partnership Representative: _____
Phone number: _____

Federal Employer Identification Number: _____
Business code: _____
Principal activity: _____
Total number of partners: _____
Number of Iowa partners: _____
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. _____
10. Iowa tax resulting from an audit, if partnership makes an election to pay. File an IA 103 with payment 10. _____

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, and TOTALS.

Part V: Enter Iowa net income for three preceding years: 2017 _____ 2018 _____ 2019 _____

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

Mail to: Income Tax Return Processing, Iowa Department of Revenue, PO Box 9187, Des Moines IA 50306-9187.

