

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

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

Part I: Corporation Name and Address

Name: _____
Street address: _____
City: _____ State: _____ ZIP: _____
County number: _____
State S Corporation Representative: _____
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Dissolved [] Withdrawn []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/YYYY): _____

Part III: Modification of Corporation Income

Enter Whole Dollars
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, passive investment income, or tax resulting from an audit. (See instructions) 11. _____

Amount owed: Make check payable to Iowa Department of Revenue. Submit with either form IA 1120V or IA103 as appropriate.

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.
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 PTIN: _____ Date: _____
Preparer's address: _____

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

