

Step 1

Tax Period \_\_\_\_\_ to \_\_\_\_\_ ▲
Check the box if Name/Address Change [ ]
Short Period ▲ [ ]

Postmark ▲ Office Use Only
Federal Employer Identification Number (FEIN) ▲
County No ▲ Business Code ▲
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Withdrawn [ ] Bankruptcy [ ] Other [ ]

Corporation Name and Address ▲

Name of contact person \_\_\_\_\_
Phone ( ) \_\_\_\_\_

Step 2 Filing Status

Filing Status ▲ 1 Separate Iowa/Separate Federal .... [ ] 2 Separate Iowa/Consolidated Federal.... [ ] 3 Consolidated Iowa/Consolidated Federal . [ ]
Type of Return ▲ 1 Regular Corporation... [ ] 2 Cooperative... [ ] 3 UBIT... [ ]
Is this an inactive corporation? ▲ Yes [ ] No [ ]
Was federal income or tax changed for any prior period? ▲ Yes [ ] No [ ] Period(s) \_\_\_\_\_
Do you have property in Iowa? ▲ Yes [ ] No [ ]

Step 3 Net Income and Additions to Income
1. Net Income from federal return before federal Net Operating Loss ..... 1. \_\_\_\_\_ ▲
2. 50% of federal tax refund..... Accrual [ ] Cash [ ] ..... 2. \_\_\_\_\_ ▲
3. Other additions from Schedule A ..... 3. \_\_\_\_\_ ▲
4. Net Income after additions. Add lines 1 through 3. .... 4. \_\_\_\_\_

Step 4 Reductions to Income
5. 50% of federal tax paid or accrued .... Accrual [ ] Cash [ ] ▲ ..... 5. \_\_\_\_\_ ▲
6. Other reductions from Schedule A. .... 6. \_\_\_\_\_ ▲
7. Total reductions. Add lines 5 and 6 ..... 7. \_\_\_\_\_
8. Net income after reductions. Subtract line 7 from line 4 ..... 8. \_\_\_\_\_

Step 5 Taxable Income
9. Nonbusiness income from Schedule D, line 17 ..... 9. \_\_\_\_\_ ▲
10. Income subject to apportionment. Subtract line 9 from line 8..... 10. \_\_\_\_\_
11. Iowa percentage from Schedule E. See instructions ..... 11. \_\_\_\_\_ % ▲
12. Income apportioned to Iowa. Multiply line 10 by line 11..... 12. \_\_\_\_\_
13. Iowa nonbusiness income from Schedule D, line 8 ..... 13. \_\_\_\_\_ ▲
14. Income before Net Operating Loss. Add lines 12 and 13..... 14. \_\_\_\_\_
15. Net Operating Loss carryforward from Schedule F. Include Schedule F..... 15. \_\_\_\_\_ ▲
16. Income subject to tax. Subtract line 15 from line 14. Do not enter an amount below \$0 ..... 16. \_\_\_\_\_

Step 6 Tax, Credits and Payments
17. Computed tax. For tax rates, see page 3. Check box if tax is annualized [ ] ..... 17. \_\_\_\_\_ ▲
18. Alternative Minimum Tax from IA Corp. Form 4626. Check box if claiming small business exemption. [ ] 18. \_\_\_\_\_ ▲
19. Total tax. Add lines 17 and 18 ..... 19. \_\_\_\_\_
20. Credits from Schedule C1, line 4. Do not include estimated tax credit..... 20. \_\_\_\_\_ ▲
21. Payments from Schedule C2, line 4 ..... 21. \_\_\_\_\_ ▲
22. Total credits and payments. Add lines 20 and 21 ..... 22. \_\_\_\_\_
23. Net amount. Subtract line 22 from line 19 ..... 23. \_\_\_\_\_

Step 7 Balance Due
24. Tax due if line 23 is greater than \$0 ..... 24. \_\_\_\_\_
25. Penalty; underpayment of estimated tax. Include IA 2220..... 25. \_\_\_\_\_ ▲
26. Penalty; failure to timely pay or failure to timely file..... 26. \_\_\_\_\_ ▲
27. Interest ..... 27. \_\_\_\_\_ ▲
28. Total amount due. Add lines 24 through 27. Pay electronically, or submit payment with form IA 1120V ..... 28. \_\_\_\_\_ ▲

Step 8 Overpayment
29. Overpayment if line 23 is less than \$0 ..... 29. \_\_\_\_\_
30. Credit to next period's estimated tax ..... 30. \_\_\_\_\_ ▲
31. Refund requested. Subtract line 30 from line 29 ..... 31. \_\_\_\_\_ ▲



Corporation name: \_\_\_\_\_ FEIN: \_\_\_\_\_

**Schedule A - Other Additions and Reductions**

Type of Income	Other Additions	Other Reductions
1. Percentage Depletion		
2. TIP Credit from federal form 8846		
3. Capital Loss Adjustments for filing status 2 or 3		
4. Contribution Adjustments for filing status 2 or 3		
5. Safe Harbor Lease — Rent		
6. Safe Harbor Lease — Interest		
7. Safe Harbor Lease — Depreciation		
8. Expensing/Depreciation Adjustment from IA 4562A		
9. Tax Exempt Interest and Dividends. See instructions.		
10. Iowa Tax Expense/Refund		
11. Work Opportunity Credit Wage Reduction from federal form 5884		
12. Alcohol & Cellulosic Biofuel Credit from federal form 6478		
13. Foreign Dividend Exclusion from Schedule B below		▲
14. Federal Securities Interest and Dividends. See instructions.		
15. Adjustments due to 2018 Nonconformity. See instructions.		
16. Other. Must include schedule.	▲	▲
17. Totals		

Enter total on page 1, line 3.

Enter total on page 1, line 6.

**Schedule B - Foreign Dividend Exclusion**

Type of Dividend Income	Total Dividend	Exclusion
1. Less than 20% owned	x 50%	
2. 20% owned	x 65%	
3. Small Business Investment Company	x 100%	
4. Qualifying Dividends	x 100%	

5. Total. Add lines 1 through 4. Enter on Schedule A, line 13. \_\_\_\_\_

**Schedule C1 - Credits**

- 1. Fuel Credit. Include IA 4136. \_\_\_\_\_ ▲
- 2. Total Nonrefundable Credits. Include IA 148 ..... ▲
- 3. Total Refundable Credits, excluding Fuel Credit.  
Include IA 148 ..... ▲
- 4. Total Credits. Add lines 1-3. Enter on page 1,  
line 20 ..... ▲

**Schedule C2 - Payments**

- 1. Estimated Tax Payments
  - a. Credit from prior period ..... \_\_\_\_\_
  - b. First quarter ..... \_\_\_\_\_
  - c. Second quarter ..... \_\_\_\_\_
  - d. Third quarter ..... \_\_\_\_\_
  - e. Fourth quarter ..... \_\_\_\_\_
  - f. Other ..... \_\_\_\_\_
- 2. Voucher Payment ..... \_\_\_\_\_
- 3. Other Payments. Include statement ..... \_\_\_\_\_
- 4. Total. Add lines 1-3. Enter on page 1, line 21 ..... \_\_\_\_\_

**Additional Information**

- 1. Year business was started in Iowa \_\_\_\_\_
- 2. Last period filed as S corporation (if any): \_\_\_\_\_
- 3. Information from the prior period Iowa return  
Corporation name: \_\_\_\_\_  
Income before Net Operating Loss, line 14 \_\_\_\_\_ ▲  
FEIN: \_\_\_\_\_ ▲
- 4. If part of a federal consolidated group, please provide information about the Corporate parent:  
Corporation name: \_\_\_\_\_  
FEIN: \_\_\_\_\_ ▲



\*1742001029999\*

Corporation name: \_\_\_\_\_ FEIN: \_\_\_\_\_

**Schedule E - Business Activity Ratio (BAR) (see instructions)**

Type of Income	Column A Iowa Receipts	Column B Receipts Everywhere
1. Gross Receipts	▲	▲1
2. Net Dividends. See instructions.		▲2
3. Exempt Interest from Schedule A, line 9.		▲3
4. Accounts Receivable Interest		▲4
5. Other Interest		▲5
6. Rent		▲6
7. Royalties		▲7
8. Capital Gain		▲8
9. Ordinary Gain		▲9
10. Partnership Gross Receipts. Include schedule.		▲10
11. Other. Must include schedule.	▲	▲11
12. Total. Add lines 1-11.	▲	▲12

13. Divide column A total by column B total. Enter % on page 1, line 11. For example, 0.1234505 becomes 12.3451%. \_\_\_\_\_ %

A complete copy of your federal return, as filed with the Internal Revenue Service, must be filed with this return. For filing status 2 or 3, you must include pages 1-5 of your consolidated federal return, consolidating income statements, Iowa Schedule H and any other forms related to the Iowa return.

**Tax Rates**

If income shown on page 1, line 16 is:

- Under \$25,000; multiply line 16 by 6% (.06).
- \$25,000 to \$100,000; multiply line 16 by 8% (.08) and subtract \$500.
- \$100,000 to \$250,000; multiply line 16 by 10% (.10) and subtract \$2,500.
- Over \$250,000; multiply line 16 by 12% (.12) and subtract \$7,500.

If annualizing, include a schedule showing computation.

**To obtain schedules and forms:**

Website: [tax.iowa.gov](http://tax.iowa.gov)

**Tax Research Library:** [itrl.idr.iowa.gov/](http://itrl.idr.iowa.gov/)

**Questions:**

515-281-3114 or 800-367-3388

**Email:** [idr@iowa.gov](mailto:idr@iowa.gov)

**eFile or mail your return to:**

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

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 \_\_\_\_\_

Signature of preparer if other than taxpayer \_\_\_\_\_ Date \_\_\_\_\_

Name and address of preparer or preparer's employer

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Preparer's telephone No. \_\_\_\_\_

Preparer's ID No. \_\_\_\_\_ ▲

