

Name: _____

Period ending (MM/YY): ____ / ____ ▲

Address: _____

FEIN: _____ ▲

Check if short period

Filing Status:

Separate Iowa/Federal S Corporation

Separate Iowa/Consolidated Federal

Separate Iowa/Separate Federal

Name of consolidated parent: _____

Parent's FEIN: _____

If this is a first or final return, check the appropriate boxes:

First return

Successor

Final return

Merged

New business

Entering Iowa

Reorganized

Dissolved

Type of return: 100% Iowa Not 100% Iowa No Iowa banking locations Inactive bank

Check the appropriate box: Pay return No pay return Amended pay Amended no pay

Was federal income or federal tax changed for any prior period(s)?

No Yes Periods changed: _____

Reason: Federal audit 1120X 1139

1. Net income from federal return before net operating loss.....	1.	_____	.00▲
2. Interest and dividends exempt from federal income tax.....	2.	_____	.00▲
3. Iowa franchise tax expensed on federal return.....	3.	_____	.00▲
4. Other additions from Schedule A.....	4.	_____	.00▲
5. Total Iowa income. Add lines 1 through 4.....	5.	_____	.00
6. Other reductions from Schedule D.....	6.	_____	.00
7. Income subject to apportionment. Subtract line 6 from line 5.....	7.	_____	.00
8. Iowa percentage from IA Franchise Schedule 59F, line 17.....	8.	_____	%
9. Deduction for apportioned income from IA Franchise Schedule 59F, line 20.....	9.	_____	.00
10. Iowa net operating loss from IA 1120 Schedule F.....	10.	_____	.00
11. Total reductions. Add lines 6, 9, and 10.....	11.	_____	.00▲
12. Iowa net income subject to franchise tax. Subtract line 11 from line 5.....	12.	_____	.00▲
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13. Total tax. Multiply line 12 by 5% (.05).....	13.	_____	.00
14. Credits. Include IA 148.....	14.	_____	.00▲
15. Payments from Schedule C, line 8.....	15.	_____	.00
16. Total credits and payments. Add lines 14 and 15.....	16.	_____	.00
17. Net amount. Subtract line 16 from line 13.....	17.	_____	.00▲
18. Penalty for underpayment of estimated tax: Include IA 2220.....	18.	_____	.00
19. Filing and payment penalties.....	19.	_____	.00
20. Total penalties. Add lines 18 and 19.....	20.	_____	.00▲
21. Interest.....	21.	_____	.00▲
22. Total due. If line 13 is more than line 16, add lines 17, 20, and 21. Make check payable to "Iowa Department of Revenue" and submit payment with the IA 1120F V.....	22.	_____	.00▲
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23. Net overpayment. If line 13 is less than line 16, subtract line 18 from line 17 overpayment amount.....	23.	_____	.00
24. Credit to next period's estimated tax.....	24.	_____	.00▲
25. Refund requested. Subtract line 24 from line 23.....	25.	_____	.00



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Schedule A – Other Additions. Round to nearest whole dollar.

- 1. Cash to accrual adjustments 1. _____
- 2. Expense to carry investment subsidiary 2. _____
- 3. Contribution adjustments 3. _____
- 4. Capital loss adjustments 4. _____
- 5. Depreciation adjustment from IA 4562A. Submit Schedule IA 4562A and IA 4562B 5. _____
- 6. Other 6. _____
- 7. Total. Enter on Line 4, IA 1120F 7. _____

Schedule D – Other Reductions. Round to nearest whole dollar.

- 1. Cash to accrual adjustments 1. _____
- 2. Expenses to carry tax exempt sections 291 and 265 2. _____
- 3. Contribution adjustments 3. _____
- 4. Capital loss adjustments 4. _____
- 5. Iowa franchise tax refund reported on federal return 5. _____
- 6. Depreciation adjustment from IA 4562A. Submit Schedule IA 4562A and IA 4562B 6. _____
- 7. Other 7. _____
- 8. Total. Enter on Line 6, IA 1120F 8. _____

Schedule C – Payments

- 1. Prior period's overpayment credits to current period 1. _____

Current Period's Estimated Tax Payments	Amount	Date of Payment
2. First Installment		
3. Second Installment		
4. Third Installment		
5. Fourth Installment		
6. Voucher Payments		
7. Other Payments		

- 8. Total payments. Add lines 1 through 7. Enter on line 15 8. _____

Additional Information

Short period information: Period _____ / _____ to _____ / _____

Reason for short period: _____

Year business was started in Iowa: _____

Information from the prior return:

Name: _____

FEIN: _____ Net income: _____

Accounting method: Cash Accrual Year accrual method began: _____

Mail your return to:

Franchise Tax Processing
Iowa Department of Revenue
PO Box 10413
Des Moines IA 50306-0413

Questions:

idr@iowa.gov
515-281-3114 or 800-367-3388

A complete copy of your federal return, as filed with the Internal Revenue Service, must be filed with this return.

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: _____ Date: _____ Title: _____ Phone: _____

Preparer's signature: _____ Date: _____ ID No: _____ Phone: _____

