

For Calendar Year 2021 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: _____
Address: _____
City: _____ State: _____ ZIP: _____
County number: _____
State Partnership Representative: _____
Phone: _____

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

1. Federal partnership taxable income (loss) from federal form 1065 Schedule K1.
2. Interest from state and municipal bonds and securities2.
3. Other additions. Include schedule3.
4. Total additions. Add lines 2 and 34.
5. Interest and dividends from federal securities5.
6. Other reductions. Include schedule6.
7. Total reductions. Add lines 5 and 67.
8. Net modifications. Subtract line 7 from line 48.
9. Total all-source partnership income. Add lines 1 and 89.
10. Iowa tax resulting from an audit, if partnership makes an election to pay. File an IA 103 with payment10.

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 schedule, TOTALS, and BAR calculation.

Part V: Enter Iowa net income for three preceding years: 2018 _____ 2019 _____ 2020 _____

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 phone: _____

Preparer's Signature: _____ Date: _____
Preparer's address: _____
Preparer PTIN: _____
Preparer phone: _____

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

