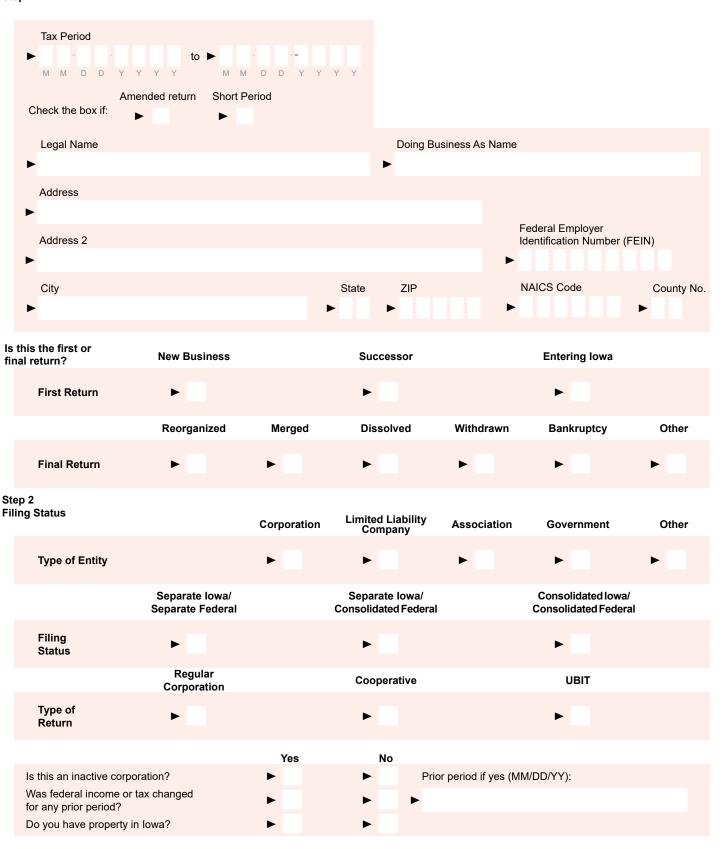




Step 1







Corpora	ation Name	FEIN
•		▶
		Fatan Ballana and Conta
		Enter Dollars and Cents
Step 3 Net Income	Net income from federal return before federal net operating loss.	▶ 1
and Additions	Total additions from Schedule A	▶ 2
to Income	Net income after additions. Add lines 1 and 2	▶ 3
Step 4	Total reductions from Schedule A	▶ 4
Reductions to Income		. .
	5. Net income after reductions. Subtract line 4 from line 3	▶ 5
Step 5 Taxable	Nonbusiness income from Schedule D, line 17	▶ 6
Income	Income subject to apportionment. Subtract line 6 from line 5	▶ 7
	7. Indone subject to appointment. Subtract into 6 from the commission.	
	8. Iowa percentage from Schedule E. See instructions	▶ 8
	9. Income apportioned to Iowa. Multiply line 7 by line 8	▶ 9
	10. Iowa nonbusiness income from Schedule D, line 8	▶ 10
	11. Income before net operating loss. Add lines 9 and 10	▶11
	Net operating loss carryforward from Schedule F. Include Schedule F.	▶ 12
	13. Income subject to tax. Subtract line 12 from line 11. Do not enter an amount below \$0	▶ 13
	Check here if the corporation or any member of the consolidated group is claiming P.L.86-272 protection in Iowa	
Step 6 Tax, Credits and	14. Total tax. For tax rates, see page 6. Check box if tax is annualized.	► 14
Payments	15. Credits from Schedule C1, line 5. Do not include estimated tax credit	▶ 15
	16. Payments from Schedule C2, line 4	▶ 16
	17. Total credits and payments. Add lines 15 and 16	▶17
	18. Net amount. Subtract line 17 from line 14	▶18



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(Corporatio	n Name		FEIN
•			•	
Step 7 Balance	Due	19. Tax due if line 18 is greater than \$0	▶19	
		20. Penalty; underpayment of estimated tax. Include IA 2220	▶20	
		21. Filing and payment penalties	▶21	
		22. Interest	▶22	
		23. Total amount due. Add lines 19 through 22. Pay electronically, or submit payment with form IA 1120V	▶23	
Step 8 Overpay	vment	24. Overpayment if line 18 is less than \$0	▶24	
		25. Credit to next period's estimated tax	▶25	
		26. Refund requested. Subtract line 25 from line 24	▶26	
		26a. Routing number 26b. Savings Checking 26c. Account number	er	

Schedule A - Additions and Reductions

Type of Income	Additions	Reductions	
Percentage Depletion	▶ 1		
2. TIP Credit from federal form 8846	▶ 2		
3. Capital Loss Adjustments for filing status 2 or 3	▶ 3		
4. Contribution Adjustments for filing status 2 or 3	▶ 4		
5. Safe Harbor Lease Adjustments. Must include Schedule	▶ 5		
6. Interest Expense Adjustments from IA 163	▶ 6		
7. Qualifying COVID-19 Grants	▶ 7		
8. Expensing/Depreciation Adjustment from IA 4562A	▶ 8		
Tax Exempt Interest and Dividends. See instructions	▶ 9		
10. Iowa Tax Expense/Refund	▶10		
Work Opportunity Credit Wage Reduction from federal form 5884	▶11		
12. Alcohol & Cellulosic Biofuel Credit from federal form 6478	▶12		
13. Foreign Dividend Exclusion from Schedule B below	▶13		
14. Federal Securities Interest and Dividends. See instructions	▶14		
15. Adjustments due to 2018 Nonconformity. See instructions	▶ ¹⁵		
16. All-source PTE modifications from lowa K-1s	▶16		
17. Other. Must include schedule	▶17		
18. Totals	▶18		
	Enter total on page 2, line 2.	Enter total on page 2, line 4.	



Corpo	Corporation Name		FEIN	N
•			•	
Schedule B -	Foreign Dividend Exclusion			
Type of	Dividend Income	Total Divide	nd	Exclusion
1. Less	than 20% owned	▶ 1	x50%	
2. 20%	owned	▶ 2	x65%	
3. Sma	I Business Investment Company	▶ 3	x100%	
4. Qual	fying Dividends	▶ 4	x100%	
5. Total.	Add lines 1 through 4. Enter on Schedule A, line 13		▶ 5	
Schedule C1	- Credits			Amount
			▶ 1	
1. Fuel (Credit. Include IA 4136			
2. Total	Nonrefundable Credits. Include IA 148		▶ 2	
3. Total	Refundable Credits, excluding Fuel Credit. Include IA 14	8	▶ 3	
4. Total	Composite Credits. Include Schedule CC		> 4	
5. Total	Credits. Add lines 1-4. Enter on page 2, line 15		▶ 5	
Schedule C2	- Payments			Amount
1. Estim	ated Tax Payments			
	a. Credit from prior period		▶ a	
	b. First quarter		▶ b	
	c. Second quarter		▶ c	
	d. Third quarter		▶ d	
	e. Fourth quarter		▶ e	
	f. Other		> f	
2. Vouch	ner Payment		▶ 2	
3. Other	Payments. Include statement		▶ 3	
	Add lines 1-3. Enter on page 2, line 16		> 4	

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Column B Receipts Everywhere

%

Corporat	tion I	Name	FEIN
Additional Infor	mati	on	
Additional info	1.	Year business was started in Iowa:	▶
	2.	Last period filed as S corporation (if any):	Y Y Y Y to M M D D Y Y Y Y M M D D Y Y Y Y
			Corporation Name
	3.	Information from the prior period lowa return:	FEIN Income before net operating loss
			▶
	4. If part of a federal consolidated group, please		Corporation Name
		provide information about the corporate parent:	FEIN

Schedule E - Business Activity Ratio (BAR)

(see instructions) Column A lowa Receipts Type of Income

1. Gross Receipts..... ▶ 2 Net Dividends (see instructions)..... ▶ 3 Exempt Interest from Schedule A, line 9..... Accounts Receivable Interest..... ▶ 5 Other Interest..... ▶ 6 Rent..... ▶ 7 Royalties.... ▶ 8 Capital Gain..... ▶ 9 Ordinary Gain..... ▶10 10. Partnership Gross Receipts. Include schedule...... ▶ 11 11. Other. Must include schedule..... ▶12 12. Total. Add lines 1 - 11..... 13. Divide column A total by column B total. Enter % on page 2, line 8. Round to six decimal places and enter as a percentage.



▶13





2.

8.

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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, federal 851 (for status 3), lowa Schedule H and any other forms related to the lowa return.

Tax Rates

If income shown on page 2, line 13 is:

- \$100,000 or less; multiply line 13 by 5.5% (.055).
- \$100,001 to \$250,000; multiply line 13 by 9% (.09) and subtract \$3,500.
- Over \$250,000; multiply line 13 by 9.8% (.098) and subtract \$5,500.

If annualizing, include a schedule showing computation.

To obtain schedules and forms:

Website: tax.iowa.gov

Tax Research Library: itrl.idr.iowa.gov/

Questions:

515-281-3114 or 800-367-3388

Email: idr@iowa.gov

eFile or mail your return to:

Corporation Tax Return Processing lowa 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 name (Printed) ▶	Title ▶	Phone	
Sign Here	Officer's signature ▶		Date M M D D Y Y Y Y	
Sign Here	Signature of preparer if other than taxpayer •		Date M M D D Y Y Y Y	
Nam	e of preparer or preparer's employer		Preparer's phone number	
Addı	ress of preparer or preparer's employer		Preparer's ID ▶	
City		State ▶	ZIP	



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