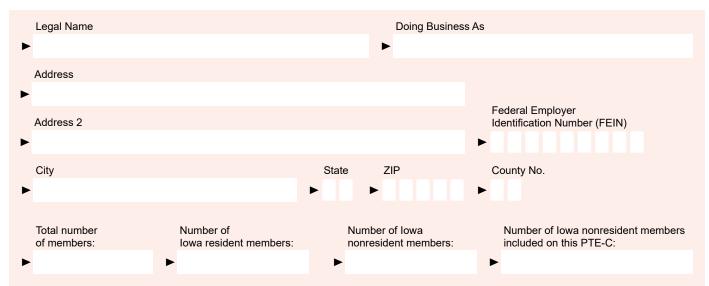
tax.iowa.gov



| | Partnersh | Partnership Limited Liabi Company | | Limited Liability Partnership | | Corporation | | Association | | Estate/Trust | | Othe | ər |
|--------------------------|------------|--------------------------------------|--|----------------------------------|--|------------------------|--|-------------|--|--------------|--|------|----|
| Type of Entity: | • | ► | | ► | | ► | | ► | | ► | | • | |
| Partnership (IA 1065) | | S corporation (IA 1120S) | | | | Fiduciary (IA 1041) | | | | | | | |
| Filing Pass-throu | ugh Return | Туре: ► | | | | • | | | | • | | | |

Pass-through Entity Name and Address



Enter Dollars and Cents

| Total Iowa composite tax from IA PTE-C Nonresic Member Schedule, Column I | |
|---|-----------------|
| 2. Composite credits from K-1s. Include Schedule C | C ≥ 2 |
| 3. Composite credits claimed on 1120F. For franchis | e filers only |
| 4. Composite credits claimed on 1041. For estate/tru | Ist filers only |
| 5. Net composite credits claimed on this PTE-C retu Line 2 minus lines 3 and 4 | - 3 |



2022 IA PTE-C, page 2

| Pass-thro | ugh Entity Name | Entity's FEIN |
|------------|--|--|
| | | Enter Dollars and Cents |
| | | |
| | 6. Overpayment carryforward from prior period. Enter \$0 for tax year 2022 | ▶ 6 |
| | 7. Estimated and voucher payments made for tax year 2022 | ▶ 7 |
| | 8. Total of payments/credits. Add lines 5, 6, and 7 | ▶ 8 |
| | 9. If line 8 is more than line 1, subtract line 1 from line 8. This is the amount you overpaid | ▶ 9 |
| | 10. Amount of line 9 to be applied to 2023 IA PTE-C return | ▶10 |
| | 11. Amount of line 9 to be REFUNDED. Subtract line 10 from line 9 | ▶11 |
| | 11a. Routing number 11b. Savings Checking 11c. Account number Image: Checking in the second s | er |
| | 12. If line 1 is more than line 8, subtract line 8 from line 1. This is the TOTAL AMOUNT OF TAX YOU OWE | ►12 |
| | 13. Penalty | ► 13 ► 14 |
| | 14. Interest 15. TOTAL AMOUNT DUE. Add lines 12, 13, and 14 | ▶ 15 |
| | ned, declare under penalties of perjury or false certificate, that I have examined th true, correct, and complete. | is return, and, to the best of my knowledg |
| Authorized | person or pass-through representative's name (printed) | Phone number |
| ign Here 🕨 | Signature of authorized person, or pass-through representative | Date |
| | | M M D D Y Y Y |
| | Preparer's signature | Date |
| ign Here 🕨 | | |
| Preparer's | s name (printed) | Preparer's phone number |
| Drementer | | |
| Preparer's | S AUUIESS | Preparer's PTIN |
| 0.1 | | |
| City | State ZIP | |

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





2022 IA PTE-C

Iowa Composite Return

tax.iowa.gov

| IA PTE-C Nonresident Member Schedule | Entity's FEIN | • • | ear 2022 or other fiscal year | | | | |
|--|---|--|--|-------|---|--|--|
| А | В | С | D E | F | G H | ا Amount of Composite | |
| Nonresident mem name and addre | | Federal Employer ty Identification Number (FEIN) | Entity r Type Percent Code ownership | | Applicable va-source income lowa from lowa K-1 tax rate | Tax Due (Column G x Column H. If less than \$0, enter \$0) | |
| × | | | F | % ► ► | ► % | ► | |
| • | • | • | • • | %►► | ▶ % | | |
| • | | • | F F | %►► | ► % | | |
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| · | ► | ► I I I I I I I I I I I I I I I I I I I | F | % ► | ▶ % | • | |
| • | 1. Totals f | rom columns G, and I for this page | e | | | • | |
| | 2. Summa | ary totals from additional pages | | | ► | | |
| | 3. Totals c | of columns G, and I (line 1 + line 2) | | | | | |



Use additional pages if necessary.