



Step 1: You must fill in your Social Security Number (SSN)

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•		D Y Y Y Y				
_	Check the box if this s an amended return					
L	ast Name	First Name	MI	Social Security Number (SSN)		
S	Spouse's Last Name	Spouse's First Name	MI	Spouse's Social Security Number (SSN)		
•		•	•			
C	Current mailing address (number, street, apartm	nent, lot, or suite number) or PO Box				
•						
C	City	State ZIP				
•		•				
	Use Reside as of 12/31		strict No.			
Step 2:	Filing status from federal 1040. Mark one box only					
				Yes No		
•	Single: Were you claimed on and	other person's lowa return?		>		
•	2. Married filing jointly					
•	Married filing separately. Enter year above. Spouse's net income:	our spouse's information		- 3		
•		ing person's information on Page 2				
•	Qualifying surviving spouse with Enter dependent's information or					
				Enter Dollars and Cents		
Step 3:	Exemptions					
a.	Personal Credit: Enter 1 (enter 2 if filing status	s 2 or 4)	► x \$40 =			
b.	b. Enter 1 for each taxpayer 65 or older and/or 1 for each taxpayer who is blind					
Che	ock if: You are 65 or older ► You	ou are blind ► Spouse is 65 o	or older ►	Spouse is blind ►		
C.	c. Dependents: Enter 1 for each dependent. List dependents below					
d.	Total. Add lines a, b and c			-		



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Taxpayer's Name Taxpayer's SSN Dependent's first name Dependent's last name Dependent's SSN Relationship to you **Enter Dollars and Cents** Iowa Taxable Income Step 4: ▶ 1 Federal total income... ▶ 2 2. ▶ 3 3. Net Iowa modifications from IA 1040 Schedule 1, line 22 lowa taxable income. Add lines 2 and 3...... Step 5: Tax, Nonrefundable Credits, and Check if using alternate tax (line 5), tax reduction **Checkoff contributions** calculation (line 12), or low-income exemption ▶ 5 lowa Tax from tax rate schedule or alternate tax..... 5 6. Iowa lump-sum tax. See instructions..... ▶ 7 7. 8. Total exemption credit amount from Step 3..... Tuition and textbook credit for dependents K-12..... ▶ 10 Volunteer firefighter/EMS/reserve peace officer credit ▶ 11 Total Credits. Add lines 8, 9, and 10..... 11. BALANCE. Subtract line 11 from line 7. If less than zero, enter zero ▶13 Nonresident or part-year resident credit. Include IA 126..... ▶ 14 BALANCE. Subtract line 13 from line 12..... ▶ 15 Out-of-State tax credit. Include IA 130 BALANCE. Subtract line 15 from line 14..... ▶ 17 Other nonrefundable Iowa credits. Include IA 148 ▶ 18 BALANCE. Subtract line 17 from line 16..... School district surtax or EMS surtax. Multiply line 18 by the percentage from table..... 19. ▶ 20 Total state tax and local surtax..... 21. Contributions will reduce your refund or add to the amount you owe. Child Abuse Firefighters/ Fish/Wildlife State Fair Veterans Prevention ▶21 Enter total here 22. TOTAL STATE TAX, LOCAL TAX, AND CONTRIBUTIONS. Add lines 20 and 21

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Tax	payer's Name	Taxpayer's SSN
Step 6:	Refundable Credits and Payments	Enter Dollars and Cents
23.	lowa Fuel Tax Credit. Include IA 4136 Iowa Fuel Tax Credit	▶ 23
24.	Check one: Child and Dependent Care Credit	
	Early Childhood Development Credit	▶ 24
25.	lowa Earned Income Tax Credit	▶ 25
26.	Other refundable credits. Include IA 148	▶ 26
27.	Composite and PTET credit. Include IA Schedule CC	▶ 27
28.	lowa income tax withheld	▶28
29.	Estimated and other payments made for tax year 2023	▶29
30.	TOTAL. Add lines 23 through 29	▶30
Step 7:	Refund	
31.	If line 30 is more than line 22, subtract line 22 from line 30; otherwise, go to line 34	▶31
32.	Amount of line 31 to be REFUNDED	▶32
	a. Routing Number	c. Account Checking
	b. Account Number	Type ► Savings
33.	Amount of line 31 to be applied to your 2024 estimated tax	▶33
Step 8:	Amount due	
34.	If line 30 is less than line 22, subtract line 30 from line 22	▶ 34
35.	Penalty for underpayment of estimated tax from IA 2210, IA 2210S, or IA 2210F.	
Che	eck if annualized income (IA 2210AI) or farmer/fisher (IA 2210F) method used	▶35
36.	Penalty and Interest 36a. Penalty	
	36b. Interest Enter total here	▶36
37.	TOTAL AMOUNT DUE. ADD lines 34, 35, and 36	▶ 37



	Taxpayer's Name	Tax	payer's	SSN	
>		•			

IA 1040 Schedule 1

Enter Dollars and Cents

1040 Schedule 1		Litter Donars and Cents			
	lowa Modifications to Federal Total Income	A Additions	B Subtractions		
1.	Interest	▶ 1	•		
2.	Dividends	▶ 2	-		
3.	RESERVED FOR FUTURE USE	▶ 3	•		
4.	RESERVED FOR FUTURE USE	▶ 4	•		
5.	Social Security Benefits	▶ 5	-		
6.	Active Duty Military Pay	▶ 6	•		
7.	IRA/Pension/Railroad Retirement Income	▶ 7	•		
8.	Railroad Unemployment Income	▶ 8	•		
9.	Bonus Depreciation/Section 179 expenses	▶ 9	-		
10.	Federal Net Operating Loss prior to 1/1/23. Include IA 124	▶10	>		
11. 12.	Other Income	► 11 ► 12	>		
13.	Net modifications to federal total income.Subtract line 12 colu	mn B from A	▶13		
	Iowa Modifications to Federal Taxable Income				
14.	Federal income tax refund or overpayment received in 2023.	▶14			
15.	Health insurance deduction. See instructions	▶15	•		
16.	Capital Gains Deduction. Include IA 100	▶16	•		
17.	lowa Net Operating Loss prior to 1/1/23. Include IA 124	▶17	•		
18.	Federal tax paid for prior years	▶18	•		
19.	Other Adjustments	▶19	•		
20.	Total modifications to federal taxable income. Add lines 14 through 19	▶20	•		
21.	Net modifications to federal taxable income. Subtract line 20 o	column B from A	▶21		
	Net Modifications				
22.	Net Iowa Modifications. Add lines 13 and 21. Enter here and I	A 1040, line 3	▶22		



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Тахра	yer's Name		Taxpayer's SSN
•			•
Third Party	Disclosure Designee. Do you want to allow a	an individual to discuss this return w	ith the Department? See instructions.
Design	nee's Name		
•			
Mailing	g address		ID Number (optional)
City		State ZIP	Designee's phone number
► City		► ►	besigned a priorie frumber
Email			
•			
Step 9:	I, the undersigned, declare under penalties my knowledge and belief, it is true, correct, signature with a digital certificate. Stamped	and complete. Paper-filed returns mu	
	Your Signature		Date
Sign Here	•		•
			M M D D Y Y Y Y Date of death
		Check if decease	
			$M \ M \ D \ D \ Y \ Y \ Y$
Name Hans	Spouse's Signature		Date
Sign Here	•		M M D D Y Y Y
			Date of death
		Check if decease	d: ► M M D D Y Y Y Y
	Taxpayer's phone number ▶	Taxpayer's email address ▶	NI NI U U T T T
	Your Driver License or State Issued ID ►	number Spouse's Dri ▶	iver License or State Issued ID number
	Preparer's Signature		Date
Paid Preparer	•		>
Jse	Preparer's PTIN, STIN, or SSN	Firm's FEIN	M M D D Y Y Y Y Preparer's phone number

This return is due April 30, 2024. Sign, enclose W-2s, and verify SSNs MAILING ADDRESS: Iowa Income Tax Document Processing PO BOX 9187, Des Moines IA 50306-9187 Make checks payable to Iowa Department of Revenue





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