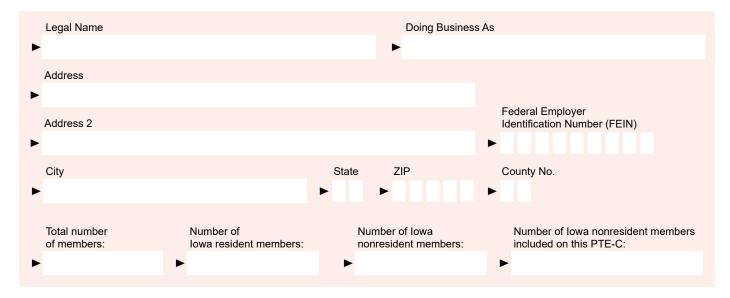


	Partnership	Limited Liability Company	Limited Liability Partnership	Corporation	Association	Estate/Trust	Other	
Type of Entity:	•	•	•	•	•	•	•	
		Partnership (IA 1065)		S corporation (IA 1120S)		Fiduciary (IA 1041)		
Filing Pass-thro	ugh Return Typ	pe: ▶		•		•		

Pass-through Entity Name and Address



Enter Dollars and Cents

1.	Total Iowa composite tax from IA PTE-C Nonresident Member Schedule, Column I	▶ 1
2.	Total composite credits/PTET credits from K-1s. Include IA Schedule CC	▶ 2
3.	Total composite credits/PTET credits claimed on 1120F, 1041, 1065, or 1120S	▶ 3
4.	Net composite credits/PTET credits claimed on this PTE-C return. Subtract line 3 from line 2	▶ 4



73/117/1010000

2023 IA PTE-C, page 2

Pass-through Entity Name	Entity's FEIN
	•
	Enter Dollars and Cents
Overpayment carryforward from prior period	▶ 5
6. Estimated and voucher payments made for tax year 2023	▶ 6
7. Total of payments/credits. Add lines 4, 5, and 6	▶ 7
If line 7 is more than line 1, subtract line 1 from line 7. This is the amount you overpaid	▶ 8
9. Amount of line 8 to be applied to 2024 IA PTE-C return	▶ 9
10. Amount of line 8 to be REFUNDED. Subtract line 9 from line 8	▶10
10a. Routing number 10b.Savings Checking 10c. Account number ▶ ▶ ▶	er
11. If line 1 is more than line 7, subtract line 7 from line 1. This is the TOTAL AMOUNT OF TAX YOU OWE	▶11
12. Penalty	▶12
13. Interest	▶13
14. TOTAL AMOUNT DUE. Add lines 11, 12, and 13	▶14

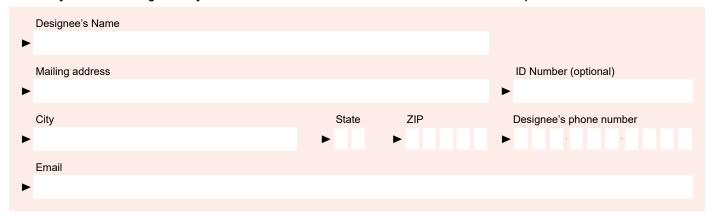


2341174029999

2023 IA PTE-C, page 3

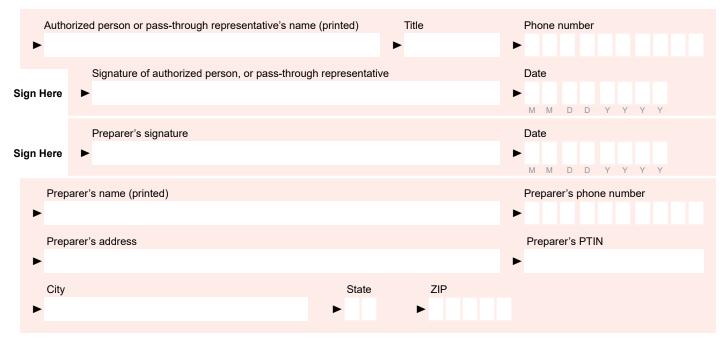


Third Party Disclosure Designee. Do you want to allow an individual to discuss this return with the Department? See instructions.



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. I declare that I am authorized to act on behalf of the taxpayer, and will only act within my authority.

Paper-filed returns must be signed by hand or via a digital signature with a digital certificate. Stamped or typed signatures are not accepted.



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



2241174020000





Iowa Composite Return

tax.iowa.gov

IA PTE-C
Nonresident
Member Schedule

For Calendar Year 2023 or other fiscal year

to ►

M M D D Y Y Y Y M M D D Y Y Y Y

	Α		В		С			D	E		F	G	н		I Amount of Composite
	Nonresident member's name and address		Social Security Number	lde	ederal Ementification (FEIN	Number		Entity Type Code	Percent ownership	Cod	nption de (if cable)	lowa-source income from Iowa K-1	Applic low tax r	a	Tax Due (Column G x Column H. If less than \$0, enter \$0)
		•		•			•	•		% ▶	•		•	%▶	
•															
		•		•			•	•		% ▶	•		•	% ▶	
•															
•		•		•			•	٠		% ►	>		•	% ►	
										% ▶				0/ -	
>		•		•			•	_		% ▶	•		•	% ►	
		•		•			•	•		% ▶	•		•	%▶	
•															
>		•		•			•	•		% ►	•		•	% ►	
•		•		•			•	•		% ►	>		•	% ►	
		•		•			•	•		% ▶	•		•	%▶	
•															
	Totals from columns G and I for this page										•			•	
Summary totals from additional pages										•			•		
			3. Totals of colu	mns G	and I (line ²	1 + line 2)					٠			•	



Use additional pages if necessary.