

For Calendar Year 2023 or other fiscal year

▶ - - to ▶ - -

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Check all that apply: Amended return (Include IA 102) Short Period Final Return

▶ ▶ ▶

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-through Return Type: ▶ ▶ ▶

Pass-through Entity Name and Address

Legal Name Doing Business As

▶ ▶

Address

▶

Address 2

▶

Federal Employer Identification Number (FEIN)

▶

City State ZIP County No.

▶ ▶ ▶ ▶

Total number of members: Number of Iowa resident members: Number of Iowa nonresident members: Number of Iowa nonresident members included on this PTE-C:

▶ ▶ ▶ ▶

Enter Dollars and Cents

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



Pass-through Entity Name

▶ [Empty text box for Pass-through Entity Name]

Entity's FEIN

▶ [Empty grid for Entity's FEIN]

Enter Dollars and Cents

5. Overpayment carryforward from prior period

▶ 5 [Empty grid for line 5]

6. Estimated and voucher payments made for tax year 2023

▶ 6 [Empty grid for line 6]

7. Total of payments/credits. Add lines 4, 5, and 6

▶ 7 [Empty grid for line 7]

8. If line 7 is more than line 1, subtract line 1 from line 7.
This is the amount you overpaid

▶ 8 [Empty grid for line 8]

9. Amount of line 8 to be applied to 2024 IA PTE-C return

▶ 9 [Empty grid for line 9]

10. Amount of line 8 to be REFUNDED. Subtract line 9 from line 8

▶ 10 [Empty grid for line 10]

10a. Routing number

▶ [Empty grid for 10a]

10b. Savings Checking

▶ [Empty grid for 10b]

10c. Account number

▶ [Empty grid for 10c]

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 [Empty grid for line 11]

12. Penalty

▶ 12 [Empty grid for line 12]

13. Interest

▶ 13 [Empty grid for line 13]

14. TOTAL AMOUNT DUE. Add lines 11, 12, and 13

▶ 14 [Empty grid for line 14]



Pass-through Entity Name

▶ [Text input field]

Entity's FEIN

▶ [FEIN input field]

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

Designee's Name

▶ [Text input field]

Mailing address

▶ [Text input field]

ID Number (optional)

▶ [Text input field]

City

▶ [Text input field]

State

▶ [State dropdown]

ZIP

▶ [ZIP input field]

Designee's phone number

▶ [Phone number input field]

Email

▶ [Email input field]

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.

Authorized person or pass-through representative's name (printed)

▶ [Text input field]

Title

▶ [Text input field]

Phone number

▶ [Phone number input field]

Signature of authorized person, or pass-through representative

Sign Here

▶ [Signature line]

Date

▶ [Date input field]

M M D D Y Y Y Y

Preparer's signature

Sign Here

▶ [Signature line]

Date

▶ [Date input field]

M M D D Y Y Y Y

Preparer's name (printed)

▶ [Text input field]

Preparer's phone number

▶ [Phone number input field]

Preparer's address

▶ [Text input field]

Preparer's PTIN

▶ [Text input field]

City

▶ [Text input field]

State

▶ [State dropdown]

ZIP

▶ [ZIP input field]

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



**IA PTE-C
Nonresident
Member Schedule**

Entity's FEIN

▶

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

A Nonresident member's name and address	B Social Security Number	C Federal Employer Identification Number (FEIN)	D Entity Type Code	E Percent ownership	F Exemption Code (if applicable)	G Iowa-source income from Iowa K-1	H Applicable Iowa tax rate	I Amount of Composite Tax Due (Column G x Column H. If less than \$0, enter \$0)
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1. Totals from columns G and I for this page.....						<input type="text"/>	▶	<input type="text"/>
2. Summary totals from additional pages.....						<input type="text"/>	▶	<input type="text"/>
3. Totals of columns G and I (line 1 + line 2).....						<input type="text"/>	▶	<input type="text"/>



Use additional pages if necessary.