

Step 1

Tax Period
 ▶ - - to ▶ - -
M M D D Y Y Y Y M M D D Y Y Y Y

Check the box if: Amended Return Short Period

Legal Name Doing Business As Name

Address

Address 2

City State ZIP

Federal Employer Identification Number (FEIN)

NAICS Code County No.

Is this the first or final return?	New Business	Successor	Entering Iowa			
First Return	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	Reorganized	Merged	Dissolved	Withdrawn	Bankruptcy	Other
Final Return	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Step 2 Filing Status

Type of Entity	Corporation	Limited Liability Company	Association	Government	Other
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Filing Status	Separate Iowa/ Separate Federal	Separate Iowa/ Consolidated Federal	Consolidated Iowa/ Consolidated Federal		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Type of Return	Regular Corporation	Cooperative	UBIT		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

	Yes	No	
Is this an inactive corporation?	<input type="checkbox"/>	<input type="checkbox"/>	Prior period if yes (MM/DD/YY): <input type="text"/>
Was federal income or tax changed for any prior period?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you have property in Iowa?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you have employees in Iowa?	<input type="checkbox"/>	<input type="checkbox"/>	



Corporation Name

FEIN

Enter Dollars and Cents

**Step 3
Net Income
and
Additions
to Income**

- 1. Taxable Income from federal return. See instructions
- 2. Total additions from Schedule A
- 3. Net Income after additions.
Add lines 1 and 2

▶ 1		
▶ 2		
▶ 3		

**Step 4
Reductions
to Income**

- 4. Total reductions from Schedule A
- 5. Net income after reductions. Subtract line 4 from line 3

▶ 4		
▶ 5		

**Step 5
Taxable
Income**

- 6. Nonbusiness income from Schedule D, line 17
- 7. Income subject to apportionment. Subtract line 6 from line 5
- 8. Iowa percentage from Schedule E. See instructions
- 9. Income apportioned to Iowa. Multiply line 7 by line 8
- 10. Iowa nonbusiness income from Schedule D, line 8
- 11. Income before Net Operating Loss. Add lines 9 and 10
- 12. Net Operating Loss carryforward for losses incurred prior to 2023
- 13. Income subject to tax. Subtract line 12 from line 11.
Do not enter an amount below \$0

▶ 6		
▶ 7		
▶ 8		%
▶ 9		
▶ 10		
▶ 11		
▶ 12		
▶ 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
Payments**

- 14. Total tax. For tax rates, see page 6. **Check box if tax is annualized.**
- 15. Credits from Schedule C1, line 5. Do not include estimated tax credit
- 16. Payments from Schedule C2, line 4
- 17. Total credits and payments. Add lines 15 and 16
- 18. Net amount. Subtract line 17 from line 14

▶ 14		
▶ 15		
▶ 16		
▶ 17		
▶ 18		



Corporation Name

FEIN

**Step 7
Balance Due**

- 19. Tax due if line 18 is greater than \$0
- 20. Penalty; underpayment of estimated tax. Include IA 2220
- 21. Filing and payment penalties.....
- 22. Interest
- 23. Total amount due. Add lines 19 through 22.
Pay electronically or submit payment with voucher.....

▶19		
▶20		
▶21		
▶22		
▶23		

**Step 8
Overpayment**

- 24. Overpayment if line 18 is less than \$0.....
- 25. Credit to next period's estimated tax
- 26. Refund requested. Subtract line 25 from line 24

▶24		
▶25		
▶26		

26a. Routing number

26b. Savings Checking

26c. Account number

Schedule A - Additions and Reductions

Type of Income

Additions

Reductions

- 1. RESERVED FOR FUTURE USE.....
- 2. RESERVED FOR FUTURE USE.....
- 3. Capital Loss Adjustments for filing status 2 or 3.....
- 4. Contribution Adjustments for filing status 2 or 3.....
- 5. RESERVED FOR FUTURE USE
- 6. Interest Expense Adjustments from IA 163
- 7. Qualifying COVID-19 Grants
- 8. Expensing/Depreciation Adjustment from IA 4562A.....
- 9. Tax Exempt Interest and Dividends. See instructions
- 10. RESERVED FOR FUTURE USE
- 11. RESERVED FOR FUTURE USE
- 12. RESERVED FOR FUTURE USE
- 13. Foreign Dividend Exclusion from Schedule B below.....
- 14. Federal Securities Interest and Dividends. See instructions...
- 15. Nonconformity Adjustments from IA 101
- 16. All-source PTE modifications from Iowa K-1s

▶ 1		
▶ 2		
▶ 3		
▶ 4		
▶ 5		
▶ 6		
▶ 7		
▶ 8		
▶ 9		
▶10		
▶11		
▶12		
▶13		
▶14		
▶15		
▶16		



Corporation Name

FEIN

Type of Income

Additions

Reductions

- 17. Pre 2023 federal NOL addback. See Instructions
- 18. Charitable Contribution Adjustment from Iowa Credit
- 19. Other. Must include schedule
- 20. Totals. Add lines 1-19

▶ 17				
▶ 18				
▶ 19				
▶ 20				

Enter total on page 2, line 2.

Enter total on page 2, line 4.

Schedule B - Foreign Dividend Exclusion

Type of Dividend Income

Total Dividend

Exclusion

- 1. Less than 20% owned
- 2. 20% owned
- 3. Small Business Investment Company
- 4. Qualifying Dividends
- 5. Total. Add lines 1 through 4. Enter on Schedule A, line 13

▶ 1		x50%		
▶ 2		x65%		
▶ 3		x100%		
▶ 4		x100%		
▶ 5				

Schedule C1 - Credits

Amount

- 1. Fuel Credit. Include IA 4136
- 2. Total Nonrefundable Credits. Include IA 148
- 3. Total Refundable Credits, excluding Fuel Credit. Include IA 148
- 4. Total Composite and PTET Credits. Include Schedule CC
- 5. Total Credits. Add lines 1-4. Enter on page 2, line 15

▶ 1		
▶ 2		
▶ 3		
▶ 4		
▶ 5		

Schedule C2 - Payments

Amount

- 1. Estimated Tax Payments
 - a. Credit from prior period
 - b. First quarter
 - c. Second quarter
 - d. Third quarter
 - e. Fourth quarter
 - f. Other
- 2. Voucher Payment
- 3. Other Payments. Include statement
- 4. Total. Add lines 1-3. Enter on page 2, line 16

▶ a		
▶ b		
▶ c		
▶ d		
▶ e		
▶ f		
▶ 2		
▶ 3		
▶ 4		



Corporation Name

FEIN

Additional Information

1. Year business was started in Iowa:

2. Last period filed as S corporation (if any):

 to

3. Information from the prior period Iowa return:

Corporation Name

FEIN

Income before net operating loss

Corporation Name

FEIN

4. If part of a federal consolidated group, please provide information about the corporate parent:

Schedule E - Business Activity Ratio (BAR)

(see instructions)

Type of Income

**Column A
Iowa Receipts**

**Column B
Receipts Everywhere**

- 1a. Gross Receipts from sale of tangible personal property
- 1b. Gross receipts from performance of services.....
- 1c. Gross receipts from railroad, trucking, aviation, or other transportation activities.....
- 1d. Gross receipts from telecommunication services
- 1e. Gross receipts from radio and television broadcasts
- 1f. Gross receipts from printed and electronic media.....
- 1g. Gross receipts from utilities services.....
- 1h. Gross receipts from financial activities.....
- 2. Net Dividends (see instructions).....
- 3. Exempt Interest from Schedule A, line 9
- 4. Accounts Receivable Interest.....
- 5. Other Interest
- 6. Rent.....
- 7. Royalties.....
- 8. Capital Gain.....
- 9. Ordinary Gain
- 10. Partnership Gross Receipts. Include schedule
- 11. Other. Must include schedule
- 12. Total. Add lines 1a through 11

Type of Income	Column A Iowa Receipts	Column B Receipts Everywhere
▶ a		
▶ b		
▶ c		
▶ d		
▶ e		
▶ f		
▶ g		
▶ h		
▶ 2		
▶ 3		
▶ 4		
▶ 5		
▶ 6		
▶ 7		
▶ 8		
▶ 9		
▶ 10		
▶ 11		
▶ 12		

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. For example, 0.1234505 becomes 12.3451%.

▶ 13 %



Corporation Name

▶ [Text input field for Corporation Name]

FEIN

▶ [Text input field for FEIN]

A complete copy of your federal return, as filed with the Internal Revenue Service, must be filed with this return. For federal consolidated filers, you must include pages 1-5 of your consolidated federal return, consolidating income statements, federal 851 (for status 3), Iowa Schedule H and any other forms related to the Iowa return.

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 for Designee's Name]

Mailing address

▶ [Text input field for Mailing address]

ID Number (optional)

▶ [Text input field for ID Number (optional)]

City

▶ [Text input field for City]

State

▶ [Dropdown menu for State]

ZIP

▶ [Text input field for ZIP]

Designee's phone number

▶ [Text input field for Designee's phone number]

Email

▶ [Text input field for Email]

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

Officer's name (Printed)

▶ [Text input field for Officer's name (Printed)]

Title

▶ [Text input field for Title]

Phone

▶ [Text input field for Phone]

Officer's signature

Sign Here

▶ [Text input field for Officer's signature]

Date

▶ [Date input field with labels M M D D Y Y Y Y]

Signature of preparer if other than taxpayer

Sign Here

▶ [Text input field for Signature of preparer if other than taxpayer]

Date

▶ [Date input field with labels M M D D Y Y Y Y]

Signature must be signed by hand or via a digital signature with a digital certificate. Stamped or typed signatures are not accepted.

Name of preparer or preparer's employer

▶ [Text input field for Name of preparer or preparer's employer]

Preparer's phone number

▶ [Text input field for Preparer's phone number]

Address of preparer or preparer's employer

▶ [Text input field for Address of preparer or preparer's employer]

Preparer's ID

▶ [Text input field for Preparer's ID]

City

▶ [Text input field for City]

State

▶ [Dropdown menu for State]

ZIP

▶ [Text input field for ZIP]

Tax Rates

If income shown on page 2, line 13 is:

- \$100,000 or less; multiply line 13 by 5.5% (.055).
- Over \$100,000; multiply line 13 by 8.4% (.084) and subtract \$2,900.

If annualizing, include a schedule showing computation.

To obtain schedules and forms:

Website: tax.iowa.gov

Tax Research Library: itr1.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

Iowa Department of Revenue
PO Box 10468
Des Moines, IA 50306-0468

