



Legal name: \_\_\_\_\_

Tax period: \_\_\_\_\_ to \_\_\_\_\_ ▲

Doing business as: \_\_\_\_\_

Check if short period

Address: \_\_\_\_\_

FEIN: \_\_\_\_\_ ▲

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

NAICS code: \_\_\_\_\_ ▲

**Filing Status:**

Separate Iowa/Federal S Corporation

Separate Iowa/Consolidated Federal

Name of consolidated parent: \_\_\_\_\_

Parent's FEIN: \_\_\_\_\_

Separate Iowa/Separate Federal

Is this a first or final return? If yes, check the appropriate box.

First Return: ▲ New Business  Successor  Entering Iowa

Final Return: ▲ Reorganized  Merged  Dissolved  Withdrawn  Bankruptcy  Other

Type of entity: Corporation  Limited Liability Company  Other

Type of return: 100% Iowa  Not 100% Iowa  No Iowa banking locations  Inactive bank

**Was federal income or federal tax changed for any prior period(s)?**

No  Yes  Periods changed: \_\_\_\_\_ Reason: Federal audit  1120X  1139

1. Taxable income from federal return (see instructions) .....	1.	_____	▲
2. Interest and dividends exempt from federal income tax .....	2.	_____	▲
3. Other additions from Schedule A.....	3.	_____	▲
4. Total Iowa income. Add lines 1 through 3.....	4.	_____	
5. Other reductions from Schedule A.....	5.	_____	
6. Income subject to apportionment. Subtract line 5 from line 4.....	6.	_____	
7. Iowa business activity ratio from IA Franchise Schedule 59F, line 17.....	7.	_____ %	
8. Deduction for apportioned income from IA Franchise Schedule 59F, line 20 .....	8.	_____	
9. Iowa net operating loss carryforward from IA 124 .....	9.	_____	
10. Total reductions. Add lines 5, 8, and 9 .....	10.	_____	▲
11. Iowa net income subject to franchise tax. Subtract line 10 from line 4.....	11.	_____	▲
12. Total tax. Multiply line 11 by 4.4% (.044).....	12.	_____	
13. Credits. Include IA 148.....	13.	_____	▲
14. Subtract line 13 from line 12 .....	14.	_____	
15. Composite and PTET Credits. Include Schedule CC .....	15.	_____	
16. Payments from Schedule C, line 4.....	16.	_____	
17. Total credits and payments. Add lines 13, 15, and 16.....	17.	_____	
18. Net amount. Subtract line 17 from line 12 .....	18.	_____	▲
19. Penalty for underpayment of estimated tax. Include IA 2220 .....	19.	_____	
20. Filing and payment penalties .....	20.	_____	
21. Total penalties. Add lines 19 and 20.....	21.	_____	▲
22. Interest .....	22.	_____	▲
23. Total due. Add lines 18, 21, and 22. If less than 0, enter 0. Pay electronically or submit payment with the Iowa Tax Payment Voucher (96-048).....	23.	_____	▲
24. Net overpayment. If line 12 is less than line 17, subtract line 21 from line 18.....	24.	_____	
25. Credit to next period's estimated tax .....	25.	_____	▲
26. Refund requested. Subtract line 25 from line 24 .....	26.	_____	

26a. Routing number:

26b. Type Checking  Savings

26c. Account number:



\*2343001019999\*

**Schedule A – Other Additions and Reductions**

	Other Additions	Other Reductions
1. Cash to accrual adjustments	▲	▲
2. Expense to carry adjustment subsidiary	▲	
3. Interest expenses disallowed under IRC sections 265(b) and 291(e)(1)(B)		▲
4. Contribution adjustments	▲	▲
5. Capital loss adjustments	▲	▲
6. Depreciation adjustment from IA 4562A; submit Schedule IA 4562A and IA 4562B	▲	▲
7. Iowa franchise tax reported on federal return	▲	▲
8. Pre-2023 federal net operating loss carryforward	▲	
9. Other	▲	▲
10. Totals	▲	▲

Enter total on IA 1120F, line 3

Enter total on IA 1120F, line 5

**Schedule C – Payments**

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 through 3. Enter on IA 1120F, line 16.....

**Additional Information**

Reason for short period: \_\_\_\_\_  
 Year business was started in Iowa: \_\_\_\_\_  
 Information from the prior return: Name: \_\_\_\_\_  
 FEIN: \_\_\_\_\_ Net income: \_\_\_\_\_  
 Accounting method: Cash  Accrual  Year accrual method began: \_\_\_\_\_

A complete copy of your federal return, as filed with the Internal Revenue Service, must be filed with this return.  
 Third Party Disclosure Designee. Do you want to allow an individual to discuss this return with the Department? See instructions.  
 Designee's name: \_\_\_\_\_ ID number (optional): \_\_\_\_\_  
 Mailing address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 Phone: \_\_\_\_\_ 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.

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

Officer's name (print): \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Officer's signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Preparer's name: \_\_\_\_\_ ▲ Preparer's phone number: \_\_\_\_\_ ▲  
 Address: \_\_\_\_\_ ▲ Preparer's ID: \_\_\_\_\_ ▲  
 City: \_\_\_\_\_ ▲ State: \_\_\_\_\_ ▲ Zip: \_\_\_\_\_ ▲

**Efile or mail your return to:** Franchise Tax Processing  
 Iowa Department of Revenue  
 PO Box 10413  
 Des Moines IA 50306-0413



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