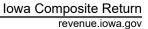
2024 IA PTE-C



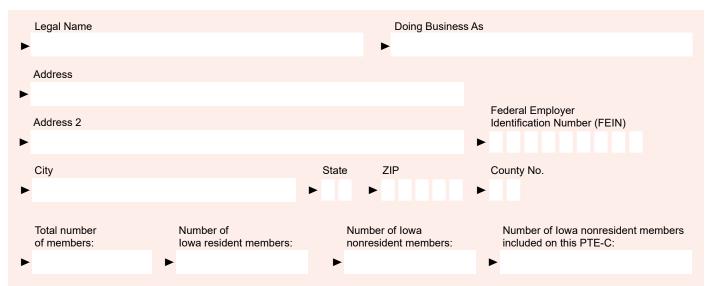


Department of Revenue_

For	Cal	end	lar Y	'ear	202	4 or	· oth	ner fisca	l ye	ar						
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Check all			Amended return (Include IA 102)					Short	iod	Fir	nal F	Return				
that apply:		/:										•				

	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	. ,							

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 IA 1120F, IA 1041, IA 1065, IA 1120S	▶ 3
4.	Net composite credits/PTET credits claimed on this PTE-C return. Subtract line 3 from line 2	▶ 4



2024	IA	PT	E-C,	page	2
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Pass-through Entity Name	Entity's FEIN
	Enter Dollars and Cents
5. Overpayment carryforward from prior period	▶ 5
6. Estimated and voucher payments made for tax year 2024	▶ 6
7. Total of payments/credits. Add lines 4, 5, and 6	▶ 7
7a. Amended Returns Only. Refunds and carryforwards (see instructions)	► 7a
7b. Amended Returns Only. Subtract line 7a from line 7	► 7b
 If line 7 (or 7b for amended returns) is more than line 1, subtract line 1 from line 7 (or 7b for amended returns). This is the amount you overpaid 	▶ 8
9. Amount of line 8 to be applied to 2025 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 Image: Checking in the second secon	ber
11. If line 1 is more than line 7 (or line 7b), subtract line 7 (or 7b for amended returns) 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



►

2024 IA PTE-C, page 3

	Pass-through Entity Name		Entit	y's FE	IN		
►		►					

	Designee's Name			
►				
	Mailing address			ID Number (optional)
►				•
	City	State	ZIP	Designee's phone number
►		•	•	► · · ·
	Email			

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.

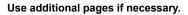
Returns must be signed by hand or via a digital signature with a digital certificate. Stamped or typed signatures are not accepted.

A	utho	rize	d person or pass-through representative's name (printed)		Phone number	
•				•		
			Signature of authorized person, or pass-through representati	ve		Date
Sign He	ere	►				►
						MMDDYYYY
			Preparer's signature			Date
Sign He	ere					M M D D Y Y Y Y
r	Propo	vror ³	s name (printed)			Preparer's phone number
	Тера		s hame (phinteu)			
F	Prepa	arer'	s address			Preparer's PTIN
►						•
(City		State		ZIP	
►			•	►		

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



	Department of F	Revenue _																	Com	A PTE-C posite Return evenue.iowa.gov	
No	PTE-C nresident mber Schedule	Ent	ity's Fl	ΞIN				Þ	For C		r Year	2024 o Y Y		to ► M M	D D	Y Y Y	Y		I	evenue.iowa.gov	
	A Nonresident mem name and addre		ŝ	Social	B Securi mber	ity	l	Fed Identi	C eral E ficatio (FEI	mploy on Num	er 1ber	D Entity Type Code		E Percent ownership	C	F emption ode (if licable)	G Iowa-source income from Iowa K-1	H Applie Iov tax i	cable va	I Amount of Composite Tax Due (Column G x Column H. If less than \$0, enter \$0)	[
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