

For Calendar Year 2024 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 IA 1120F, IA 1041, IA 1065, IA 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 2024 .....

▶ 6 [Empty grid for line 6]

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

▶ 7 [Empty grid for line 7]

7a. Amended Returns Only. Refunds and carryforwards (see instructions) .....

▶ 7a [Empty grid for line 7a]

7b. Amended Returns Only. Subtract line 7a from line 7 .....

▶ 7b [Empty grid for line 7b]

8. 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 [Empty grid for line 8]

9. Amount of line 8 to be applied to 2025 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 | 10b. Savings   | Checking       | 10c. Account number |
|---------------------|----------------|----------------|---------------------|
| ▶ [Empty grid]      | ▶ [Empty grid] | ▶ [Empty grid] | ▶ [Empty grid]      |

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 [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.

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 2024 or other fiscal year

▶

▶  to ▶

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

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

Use additional pages if necessary.



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