



Legal name: _____

Tax period: _____ to _____ ▲

Doing business as: _____

Check if short period ☐

Address: _____

FEIN: _____ ▲

City: _____ State: _____ ZIP: _____

NAICS code: _____ ▲

Iowa Filing Status:

Separate Iowa ☐

Combined Iowa ☐

Federal Filing Status

Federal S Corporation ☐

Separate Federal ☐

Consolidated Federal ☐

Name of consolidated parent: _____

Parent's FEIN: _____

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Final Return: ▲ Reorganized ☐ Merged ☐ Dissolved ☐ Withdrawn ☐ Bankruptcy ☐ Other ☐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 ☐

No longer filing Combined: ☐

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. Income apportioned to Iowa. Multiply line 6 by line 7 8. _____
9. Iowa net operating loss carryforward from IA 124 9. _____
10. Iowa net income subject to franchise tax. Subtract line 9 from line 8 10. _____ ▲
11. Total tax. Multiply line 10 by 4.1% (.041) 11. _____
12. Credits. Include IA 148 12. _____ ▲
13. Subtract line 12 from line 11 13. _____
14. Composite and PTET Credits. Include Schedule CC 14. _____
15. Payments from Schedule C, line 4 15. _____
16. Total credits and payments. Add lines 12, 14, and 15 16. _____
17. Net amount. Subtract line 16 from line 11 17. _____ ▲
18. Penalty for underpayment of estimated tax. Include IA 2220 18. _____
19. Filing and payment penalties 19. _____
20. Total penalties. Add lines 18 and 19 20. _____ ▲
21. Interest 21. _____ ▲
22. Total due. Add lines 17, 20, and 21. If less than 0, enter 0. Pay electronically or submit payment with the Iowa Tax Payment Voucher (96-048) 22. _____ ▲
23. Net overpayment. If line 11 is less than line 16, subtract line 20 from line 17 23. _____
24. Credit to next period's estimated tax 24. _____ ▲
25. Refund requested. Subtract line 24 from line 23 25. _____

26a. Routing number: 26b. Type Checking ☐ Savings ☐

26c. Account number:



Schedule A – Other Additions and Reductions

	Additions	Reductions
1. Cash to accrual adjustments	▲	▲
2. Adjustment for expense to carry investment 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 15.....

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.

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: _____

Mailing address: _____

City: _____ State: _____ ZIP: _____

Preparer's name: _____ ▲ Preparer's phone number: _____ ▲

Address: _____ ▲ Preparer's ID: _____ ▲

City: _____ ▲ State: _____ ▲ Zip: _____ ▲

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



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