



Department of Revenue

2025 IA 1040
Iowa Individual Income Tax Return
revenue.iowa.gov**Step 1: Personal information.****You must fill in your Social Security Number (SSN).**

Fiscal or short year filers only:

► to ►

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

If this is an amended return, check
the box and include the IA 102. ► ☐

Last Name

First Name

MI

Social Security Number (SSN)

► ► ► ►

Spouse's Last Name

Spouse's First Name

MI

Spouse's Social
Security Number (SSN)

► ► ►

Current mailing address (number, street, apartment, lot, or suite number) or PO Box

►

City

State

ZIP

Date of Birth

► ►

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

Use residence as of 12/31/2025.
See instructions.

County No.

School District No.

Spouse Date of Birth

► ►

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

Step 2: Filing status from federal 1040.**Mark one box only**

- ☐ 1. Single: Were you claimed on another person's Iowa return?
- ☐ 2. Married filing jointly
- ☐ 3. Married filing separately. Enter your spouse's information
above. Spouse's Iowa taxable income:
- ☐ 4. Head of Household (HOH)
- ☐ 5. Qualifying Surviving Spouse (QSS)

Yes

No

► ☐ ► ☐

3

If you checked the HOH or QSS box,
enter the child's full legal name if the
qualifying person is a child but not your dependent

Last Name

First Name

► ►

Step 3: Exemptions

a. Personal Credit: Enter 1 (enter 2 if filing status 2 or 4)

► x \$40 = ►

b. Enter 1 for each taxpayer 65 or older and/or 1 for each
taxpayer who is blind

► x \$20 = ►

Check if:

You are 65 or older

► ☐

You are blind

► ☐

Spouse is 65 or older

► ☐

Spouse is blind

► ☐c. Dependents: Enter 1 for each dependent.
List dependents below

► x \$40 = ►

d. Total. Add lines a, b and c

►



Taxpayer's Name

Taxpayer's SSN

If more than four dependents, check the box and see instructions



Dependent's first name

Dependent's last name

Dependent's SSN

Relationship to you

| | | | | | | | |
|---|--|---|--|---|--|---|--|
| ▶ | | ▶ | | ▶ | | ▶ | |
| ▶ | | ▶ | | ▶ | | ▶ | |
| ▶ | | ▶ | | ▶ | | ▶ | |
| ▶ | | ▶ | | ▶ | | ▶ | |

Step 4: Iowa Taxable Income

- 1a. Federal total income from federal 1040, line 9
- 1b. Federal adjustments to income from federal 1040, line 10
- 1c. Federal adjusted gross income from federal 1040, line 11a
- 1d. Standard deduction or itemized deductions from federal 1040, line 12e
- 1e. Qualified business income deduction from federal 1040, line 13a
- 1f. Enhanced Deduction for Seniors (personal exemption) from federal Schedule 1-A, line 37
2. Federal taxable income from federal 1040, line 15
3. Net Iowa modifications from IA 1040 Schedule 1, line 21
4. Iowa taxable income. Add lines 2 and 3. Do not include lines 1a through 1f

- ▶ 1a
- ▶ 1b
- ▶ 1c
- ▶ 1d
- ▶ 1e
- ▶ 1f
- ▶ 2
- ▶ 3
- ▶ 4

| | |
|--|--|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

Step 5: Tax, Non-refundable Credits, and Check-off Contributions

- Check if using alternate tax (line 5), tax reduction calculation (line 12), or low-income exemption. See instructions
5. Iowa tax. Multiply line 4 by 3.8% or amount from alternate tax calculation
6. Iowa lump-sum tax. See instructions
7. Total tax. Add lines 5 and 6
8. Total exemption credit amount from Step 3
9. Tuition and textbook credit for dependents in grades K-12
10. Volunteer firefighter/EMS/reserve peace officer credit
11. Total Credits. Add lines 8, 9, and 10
12. BALANCE. Subtract line 11 from line 7
13. Nonresident or part-year resident credit. Include IA 126
14. BALANCE. Subtract line 13 from line 12
15. Out-of-State tax credit. Include IA 130

- ▶
- ▶ 5
- ▶ 6
- ▶ 7
- ▶ 8
- ▶ 9
- ▶ 10
- ▶ 11
- ▶ 12
- ▶ 13
- ▶ 14
- ▶ 15

| | |
|--|--|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |



Taxpayer's Name

Taxpayer's SSN

16. BALANCE. Subtract line 15 from line 14.....
17. Other non-refundable Iowa credits. Include IA 148.....
18. BALANCE. Subtract line 17 from line 16.....
19. School district surtax or EMS surtax. Multiply line 18 by the percentage from list.....
20. Total state tax and local surtax. Add lines 18 and 19.....
21. Contributions will reduce your refund or add to the amount you owe.

Fish/Wildlife

Child Abuse
Prevention

Enter total here.....

22. TOTAL STATE TAX, LOCAL TAX, AND CONTRIBUTIONS. Add lines 20 and 21.....

▶ 16

▶ 17

▶ 18

▶ 19

▶ 20

Step 6: Refundable Credits and Payments

23. Iowa fuel tax credit. Include IA 4136.....
24. Check one: Child and dependent care credit ▶ OR
Early childhood development credit ▶
25. Iowa earned income tax credit.....
26. Other refundable credits. Include IA 148.....
27. Composite and PTET credit. Include IA Schedule CC.....
28. Iowa income tax withheld.....
29. Estimated and other payments made for tax year 2025. Amended returns see instructions.
30. Total refundable credits and payments. Add lines 23 through 29.....

▶ 23

▶ 24

▶ 25

▶ 26

▶ 27

▶ 28

▶ 29

▶ 30

Step 7: Refund

- 31a. If line 30 is more than line 22, subtract line 22 from line 30; otherwise, go to line 34.....
- 31b. AMENDED RETURN ONLY. Previous refunds. See instructions.....
32. Amount of line 31 to be REFUNDED. Subtract line 31b from line 31a, if applicable.....

▶ 31a

▶ 31b

▶ 32

a. Routing Number ▶

b. Account Number ▶

c. Account
Type ▶

Checking

Savings

33. Amount of line 31a to be applied to your 2026 estimated tax.....

▶ 33



Taxpayer's Name

Taxpayer's SSN

Step 8: Amount due

34. If line 30 is less than line 22, subtract line 30 from line 22. Amended returns see instructions.....

▶ 34

35. Penalty for underpayment of estimated tax from IA 2210, IA 2210AI, or IA 2210F

▶ 35

Check if using either method: annualized income (IA 2210AI) ▶ or farmer/fisher (IA 2210F) ▶

36. Penalty and Interest

36a. Penalty

36b. Interest Enter total here

▶ 36

37. TOTAL AMOUNT DUE. ADD lines 34, 35, and 36.....

▶ 37

Continue to pages 5 and 6 for IA 1040 Schedule 1 and signatures. The return must be signed to be valid.



Taxpayer's Name

Taxpayer's SSN

IA 1040 Schedule 1

Iowa Modifications to Federal Total Income

A
Additions

B
Subtractions

| | | | | | |
|---|------|--|------|--|--|
| 1. Interest | ▶ 1 | | ▶ | | |
| 2. Dividends..... | ▶ 2 | | ▶ | | |
| 3. Partnership, S corporation, or Fiduciary modifications..... | ▶ 3 | | ▶ | | |
| 4. Military retirement income | ▶ 4 | | ▶ | | |
| 5. Social Security benefits from federal 1040, line 6(b)..... | ▶ 5 | | ▶ | | |
| 6. Active duty military pay..... | ▶ 6 | | ▶ | | |
| 7. IRA/Pension/Railroad retirement income | ▶ 7 | | ▶ | | |
| 8. Railroad unemployment income..... | ▶ 8 | | ▶ | | |
| 9. Bonus depreciation/section 179 expenses..... | ▶ 9 | | ▶ | | |
| 10. Federal Net Operating Loss prior to 1/1/23. Include IA 124 | ▶ 10 | | ▶ | | |
| 11. Other income..... Code: | ▶ 11 | | ▶ | | |
| 12. Total modifications to federal total income. Add lines 1 through 11..... | ▶ 12 | | ▶ | | |
| 13. Net modifications to federal total income. Subtract line 12 column B from A. If less than zero, enter as a (negative) number | | | ▶ 13 | | |

Iowa Modifications to Federal Taxable Income

| | | | | | |
|--|------|--|------|--|--|
| 14. College Savings Iowa or Iowa Advisor 529 Education Savings Plans..... | ▶ 14 | | ▶ | | |
| 15. Health insurance deduction. See instructions | ▶ 15 | | ▶ | | |
| 16. Iowa capital gains deduction. Include applicable IA 100(s)..... | ▶ 16 | | ▶ | | |
| 17. Iowa net operating loss prior to 1/1/23. Include IA 124 | ▶ 17 | | ▶ | | |
| 18. Farm Tenancy Income Exclusion. Include IA 125..... | ▶ 18 | | ▶ | | |
| 19. Other Adjustments..... Code: | ▶ 19 | | ▶ | | |
| 20. Net modifications to federal taxable income. Add lines 14 through 19. Enter as a (negative) number..... | | | ▶ 20 | | |

Net Modifications

| | | | | | |
|--|------|--|--|--|--|
| 21. Net Iowa modifications. Add lines 13 and 20. If less than zero, enter as a (negative) number. Enter here and IA 1040, line 3..... | ▶ 21 | | | | |
|--|------|--|--|--|--|



Taxpayer's Name

▶

Taxpayer's SSN

▶

Step 9:
Third Party
Designee

Do you want to allow an individual to discuss this return with the Department? See instructions.

Designee's Name

▶

Mailing address

▶

ID Number (optional)

▶

City

▶

State

▶

ZIP

▶

Designee's phone number

▶

Designee's Email

▶

Step 10:
Signatures

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

Your Signature

Sign Here

▶

Date

▶

M M D D Y Y Y Y

Date of death

Check if deceased: ▶ ☐

▶

M M D D Y Y Y Y

Spouse's Signature

Sign Here

▶

Date

▶

M M D D Y Y Y Y

Date of death

Check if deceased: ▶ ☐

▶

M M D D Y Y Y Y

Taxpayer's phone number

▶

Taxpayer's email address

▶

Your Driver License or State Issued ID number (optional)

▶

Spouse's Driver License or State Issued ID number (optional)

▶

Paid
Preparer
Use

Preparer's Signature

▶

Date

▶

M M D D Y Y Y Y

Preparer's PTIN, STIN, or SSN

▶

Firm's FEIN

▶

Preparer's phone number

▶

This return is due April 30, 2026. Sign, include federal return, W-2s, and verify SSNs.
MAILING ADDRESS: Iowa Income Tax Document Processing
PO BOX 9187, Des Moines IA 50306-9187
Make checks payable to Iowa Department of Revenue

