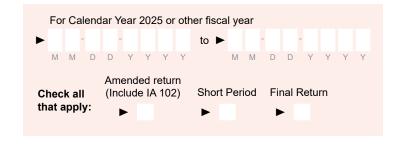
revenue.iowa.gov



	Partnership	Limited Liability Company	Limited Liability Partnership	Corporation	Association	ion Estate/Trust Othe		
Type of Entity:	•	•	•	•	•	>	•	
		Partnership (IA 1065)		S corporation (IA 1120S)		Fiduciary (IA 1041)		
Filing Pass-thro	ugh Return Typ	pe: ▶		•		•		

Pass-through Entity Name and Address

Legal Name		Doing Busines	s As
•		•	
Address			
>			
Address 2			Federal Employer Identification Number (FEIN)
•			▶
City		State ZIP	County No.
► Only		► ► ►	► County No.
Total number	Number of	Number of Iowa	Number of lowa nonresident members
of members:	lowa resident members:	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
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



2025 IA PTE-C, page 2

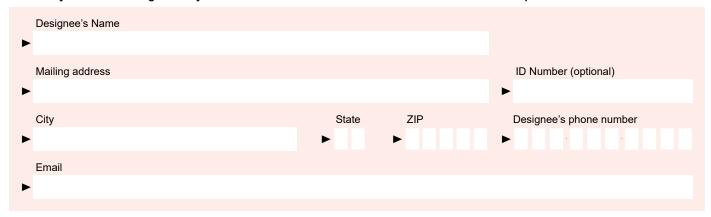
Pass-through Entity Name	Entity's FEIN
	>
	Enter Dollars and Cents
Overpayment carryforward from prior period	▶ 5
Estimated and voucher payments made for tax year 2025	▶ 6
7. Total of payments/credits. Add lines 4, 5, and 6	▶ 7
7a. Amended Returns Only. Refunds and carryforwards (see instructions)	▶ 7a
	▶ 7b
7b. Amended Returns Only. Subtract line 7a from line 7	
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
9. Amount of line 8 to be applied to 2026 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	er
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
12. Penalty	12
13. Interest	▶13
	▶14
14. TOTAL AMOUNT DUE. Add lines 11, 12, and 13	



2025 IA PTE-C, page 3



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.

Autho	orized person or pass-through representative's name (printed)	Title	Phone number
	Signature of authorized person, or pass-through representative	ve	Date
Sign Here	Contact address if different than what is on the form:		City M M D D Y Y Y Y
	State ZIP Email		•
Sign Here	Preparer's signature ▶		Date M M D D Y Y Y Y
Prep	arer's name (printed)		Preparer's phone number ▶
Prep	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







revenue.iowa.gov

Entity's FEIN

For Calendar Year 2025 or other fiscal year

IA PTE-C

Nonresident

Member Schedule

Entity's FEIN

For Calendar Year 2025 or other fiscal year

to

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

		A Nonresident member's name and address		B Social Security Number	Federal Employer lal Security Identification Number			Ent Typ Cod	ity oe	E Percent ownership			G lowa-source income from lowa K-1	Applicable		I Amount of Composite Tax Due (Column G x Column H. If less than \$0, enter \$0)	
	•		>		r			•	٠		% ►	٠		٠	% ▶		
	•		•		r			•	٠		% ►	٠		٠	% ▶		
	٠		•		•			•	٠		% ►	٠		٠	% ▶		
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	٠								•					•			
	•			1. Totals from		G and I for	this page					>		•			
2. Summary totals from additional pages				2. Summary to	otals from	additional	pages					٠					

