



For filing status 3 only. Include additional schedules to list all companies, if necessary.

Corporation Name: _____

Federal Employer Identification Number (FEIN): _____ Tax Period: _____

Complete all columns for each company that has nexus in Iowa and is not claiming protection under Public Law 86-272 in this state.

Column C – List the income/loss (-) from federal form 1120, line 30 (before the federal loss carryforward) from each company. The total of Column C should match IA 1120, line 1.

Column D – List the additional income/adjustments from each company. The total of Column D should match IA 1120, line 3.

Column E – List the reductions/adjustments from each company. The total of Column E should match IA 1120, line 6.

A Company name	B FEIN	C Income/Loss	D Other additions	E Other reductions
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				

Total\$ _____ \$ _____ \$ _____



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