

Step 1

Tax Period
 ▶ - - to ▶ - -
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Check the box if: **Amended return** ▶ **Short Period** ▶

Legal Name ▶ **Doing Business As Name** ▶

Address ▶

Address 2 ▶ **Federal Employer Identification Number (FEIN)** ▶

City ▶ **State** ▶ **ZIP** ▶ **NAICS Code** ▶ **County No.** ▶

Is this the first or final return?	New Business	Successor	Entering Iowa
First Return	▶ <input type="checkbox"/>	▶ <input type="checkbox"/>	▶ <input type="checkbox"/>
	Reorganized	Merged	Dissolved
Final Return	▶ <input type="checkbox"/>	▶ <input type="checkbox"/>	▶ <input type="checkbox"/>
	Withdrawn	Bankruptcy	Other
	▶ <input type="checkbox"/>	▶ <input type="checkbox"/>	▶ <input type="checkbox"/>

Step 2

Filing Status

Type of Entity	Corporation	Limited Liability Company	Association	Government	Other
	▶ <input type="checkbox"/>	▶ <input type="checkbox"/>	▶ <input type="checkbox"/>	▶ <input type="checkbox"/>	▶ <input type="checkbox"/>
Filing Status	Separate Iowa/ Separate Federal	Separate Iowa/ Consolidated Federal	Consolidated Iowa/ Consolidated Federal		
	▶ <input type="checkbox"/>	▶ <input type="checkbox"/>	▶ <input type="checkbox"/>		
Type of Return	Regular Corporation	Cooperative	UBIT		
	▶ <input type="checkbox"/>	▶ <input type="checkbox"/>	▶ <input type="checkbox"/>		

Is this an inactive corporation?	Yes	No	▶ <input type="text"/> Prior period if yes (MM/DD/YY):
Was federal income or tax changed for any prior period?	▶ <input type="checkbox"/>	▶ <input type="checkbox"/>	
Do you have property in Iowa?	▶ <input type="checkbox"/>	▶ <input type="checkbox"/>	



Corporation Name

▶ [Text input field for Corporation Name]

FEIN

▶ [Text input field for FEIN]

Enter Dollars and Cents

**Step 3
Net Income
and
Additions
to Income**

- 1. Net income from federal return before federal net operating loss.
- 2. Total additions from Schedule A
- 3. Net income after additions. Add lines 1 and 2

▶ 1		
▶ 2		
▶ 3		

**Step 4
Reductions
to Income**

- 4. Total reductions from Schedule A
- 5. Net income after reductions. Subtract line 4 from line 3

▶ 4		
▶ 5		

**Step 5
Taxable
Income**

- 6. Nonbusiness income from Schedule D, line 17
- 7. Income subject to apportionment. Subtract line 6 from line 5
- 8. Iowa percentage from Schedule E. See instructions
- 9. Income apportioned to Iowa. Multiply line 7 by line 8
- 10. Iowa nonbusiness income from Schedule D, line 8
- 11. Income before net operating loss. Add lines 9 and 10
- 12. Net operating loss carryforward from Schedule F. Include Schedule F
- 13. Income subject to tax. Subtract line 12 from line 11. Do not enter an amount below \$0

▶ 6		
▶ 7		
▶ 8		%
▶ 9		
▶ 10		
▶ 11		
▶ 12		
▶ 13		

Check here if the corporation or any member of the consolidated group is claiming P.L.86-272 protection in Iowa

▶

**Step 6
Tax,
Credits and
Payments**

- 14. Total tax. For tax rates, see page 6. **Check box if tax is annualized.**
- 15. Credits from Schedule C1, line 5. Do not include estimated tax credit
- 16. Payments from Schedule C2, line 4
- 17. Total credits and payments. Add lines 15 and 16
- 18. Net amount. Subtract line 17 from line 14

▶ <input type="checkbox"/>	▶ 14		
	▶ 15		
	▶ 16		
	▶ 17		
	▶ 18		



Corporation Name

FEIN

**Step 7
Balance Due**

- 19. Tax due if line 18 is greater than \$0.....
- 20. Penalty; underpayment of estimated tax. Include IA 2220
- 21. Filing and payment penalties.....
- 22. Interest.....
- 23. Total amount due. Add lines 19 through 22.
Pay electronically, or submit payment with form IA 1120V

▶ 19		
▶ 20		
▶ 21		
▶ 22		
▶ 23		

**Step 8
Overpayment**

- 24. Overpayment if line 18 is less than \$0.....
- 25. Credit to next period's estimated tax
- 26. Refund requested. Subtract line 25 from line 24

▶ 24		
▶ 25		
▶ 26		

▶ 26a. Routing number	▶ 26b. Savings	▶ Checking	▶ 26c. Account number
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Schedule A - Additions and Reductions

Type of Income	Additions	Reductions
1. Percentage Depletion.....	▶ 1	
2. TIP Credit from federal form 8846.....	▶ 2	
3. Capital Loss Adjustments for filing status 2 or 3.....	▶ 3	
4. Contribution Adjustments for filing status 2 or 3.....	▶ 4	
5. Safe Harbor Lease Adjustments. Must include Schedule.....	▶ 5	
6. Interest Expense Adjustments from IA 163.....	▶ 6	
7. Qualifying COVID-19 Grants.....	▶ 7	
8. Expensing/Depreciation Adjustment from IA 4562A.....	▶ 8	
9. Tax Exempt Interest and Dividends. See instructions.....	▶ 9	
10. Iowa Tax Expense/Refund.....	▶ 10	
11. Work Opportunity Credit Wage Reduction from federal form 5884.....	▶ 11	
12. Alcohol & Cellulosic Biofuel Credit from federal form 6478.....	▶ 12	
13. Foreign Dividend Exclusion from Schedule B below.....	▶ 13	
14. Federal Securities Interest and Dividends. See instructions....	▶ 14	
15. Adjustments due to 2018 Nonconformity. See instructions.....	▶ 15	
16. All-source PTE modifications from Iowa K-1s.....	▶ 16	
17. Other. Must include schedule.....	▶ 17	
18. Totals.....	▶ 18	

Enter total on page 2, line 2. Enter total on page 2, line 4.



Corporation Name

FEIN

Schedule B - Foreign Dividend Exclusion

Type of Dividend Income

Total Dividend

Exclusion

Type of Dividend Income	Total Dividend	Exclusion
1. Less than 20% owned	▶ 1	x50%
2. 20% owned	▶ 2	x65%
3. Small Business Investment Company	▶ 3	x100%
4. Qualifying Dividends	▶ 4	x100%
5. Total. Add lines 1 through 4. Enter on Schedule A, line 13	▶ 5	

Schedule C1 - Credits

Amount

1. Fuel Credit. Include IA 4136	▶ 1
2. Total Nonrefundable Credits. Include IA 148	▶ 2
3. Total Refundable Credits, excluding Fuel Credit. Include IA 148	▶ 3
4. Total Composite Credits. Include Schedule CC	▶ 4
5. Total Credits. Add lines 1-4. Enter on page 2, line 15	▶ 5

Schedule C2 - Payments

Amount

1. Estimated Tax Payments	
a. Credit from prior period	▶ a
b. First quarter	▶ b
c. Second quarter	▶ c
d. Third quarter	▶ d
e. Fourth quarter	▶ e
f. Other	▶ f
2. Voucher Payment	▶ 2
3. Other Payments. Include statement	▶ 3
4. Total. Add lines 1-3. Enter on page 2, line 16	▶ 4



Corporation Name

FEIN

Additional Information

1. Year business was started in Iowa:
2. Last period filed as S corporation (if any):
3. Information from the prior period Iowa return:
4. If part of a federal consolidated group, please provide information about the corporate parent:

Y Y Y Y

- to -
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Corporation Name

FEIN Income before net operating loss

Corporation Name

FEIN

Schedule E - Business Activity Ratio (BAR)
(see instructions)

Type of Income

1. Gross Receipts.....
2. Net Dividends (see instructions).....
3. Exempt Interest from Schedule A, line 9.....
4. Accounts Receivable Interest.....
5. Other Interest.....
6. Rent.....
7. Royalties.....
8. Capital Gain.....
9. Ordinary Gain.....
10. Partnership Gross Receipts. Include schedule.....
11. Other. Must include schedule.....
12. Total. Add lines 1 - 11.....
13. Divide column A total by column B total. Enter % on page 2, line 8. Round to six decimal places and enter as a percentage. For example, 0.1234505 becomes 12.3451%.....

**Column A
Iowa Receipts**

**Column B
Receipts Everywhere**

	Column A Iowa Receipts	Column B Receipts Everywhere
▶ 1		
▶ 2		
▶ 3		
▶ 4		
▶ 5		
▶ 6		
▶ 7		
▶ 8		
▶ 9		
▶ 10		
▶ 11		
▶ 12		
▶ 13	<input type="text"/> %	



Corporation Name

▶ [Text input field for Corporation Name]

FEIN

▶ [Grid input field for FEIN]

A complete copy of your federal return, as filed with the Internal Revenue Service, must be filed with this return. For filing status 2 or 3, you must include pages 1-5 of your consolidated federal return, consolidating income statements, federal 851 (for status 3), Iowa Schedule H and any other forms related to the Iowa return.

Tax Rates

If income shown on page 2, line 13 is:

- \$100,000 or less; multiply line 13 by 5.5% (.055).
- \$100,001 to \$250,000; multiply line 13 by 9% (.09) and subtract \$3,500.
- Over \$250,000; multiply line 13 by 9.8% (.098) and subtract \$5,500.

If annualizing, include a schedule showing computation.

To obtain schedules and forms:

Website: tax.iowa.gov

Tax Research Library: itrl.idr.iowa.gov/

Questions:

515-281-3114 or 800-367-3388

Email: idr@iowa.gov

eFile or mail your return to:

Corporation Tax Return Processing
Iowa Department of Revenue
PO Box 10468
Des Moines, IA 50306-0468

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.

Officer's name (Printed)

▶ [Text input field for Officer's name]

Title

▶ [Text input field for Title]

Phone

▶ [Grid input field for Phone]

Officer's signature

Sign Here

▶ [Text input field for Officer's signature]

Date

▶ [Grid input field for Date: M M D D Y Y Y Y]

Signature of preparer if other than taxpayer

Sign Here

▶ [Text input field for Signature of preparer]

Date

▶ [Grid input field for Date: M M D D Y Y Y Y]

Name of preparer or preparer's employer

▶ [Text input field for Name of preparer]

Preparer's phone number

▶ [Grid input field for Preparer's phone number]

Address of preparer or preparer's employer

▶ [Text input field for Address of preparer]

Preparer's ID

▶ [Text input field for Preparer's ID]

City

▶ [Text input field for City]

State

▶ [Grid input field for State]

ZIP

▶ [Grid input field for ZIP]

