

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Contact Person \_\_\_\_\_

Period Ending (MM/YY) \_\_\_\_/\_\_\_\_▲  
FEIN \_\_\_\_\_▲  
Check if short period   
Phone Number (\_\_\_\_) \_\_\_\_\_

**Filing Status:**

Separate Iowa/Federal Corporation   
Separate Iowa/Separate Federal

Separate Iowa/Consolidated Federal   
Name of consolidated parent: \_\_\_\_\_  
Parent's FEIN \_\_\_\_\_

**If this is a first or final return, check the appropriate boxes:**

First return  Successor  Final return  Merged   
New business  Entering Iowa  Reorganized  Dissolved

**Type of return:** 100% Iowa  Not 100% Iowa  No Iowa banking locations  Inactive bank

**Check the appropriate box:** Pay return  No pay return  Amended pay  Amended no pay

**Was federal income or federal tax changed for any prior period(s)?**

No  Yes  Periods changed \_\_\_\_\_ Reason: Federal audit  1120X  1139

1. Net Income from Federal Return before Net Operating Loss .....	1.	_____	.00▲
2. Interest and Dividends exempt from Federal Income Tax.....	2.	_____	.00▲
3. Iowa Franchise tax expensed on Federal Return.....	3.	_____	.00▲
4. Other Additions from Schedule A .....	4.	_____	.00▲
5. Total Iowa Income. Add lines 1 through 4 .....	5.	_____	.00
6. Other Reductions from Schedule D.....	6.	_____	.00
7. Income Subject To Apportionment. Subtract line 6 from line 5 .....	7.	_____	.00
8. Iowa Percentage from IA Schedule 59F, line 17 .....	8.	_____	%
9. Deduction for Apportioned Income from IA Schedule 59F, line 20 .....	9.	_____	.00
10. Iowa Net Operating Loss from IA1120 Schedule F .....	10.	_____	.00
11. Total Reductions. Add lines 6, 9, and 10.....	11.	_____	.00▲
12. Iowa Net Income subject to franchise tax. Subtract line 11 from line 5.....	12.	_____	.00▲
13. Computed Tax. Multiply line 12 by 5% (.05).....	13.	_____	.00
14. Iowa Alternative Minimum Tax from IA 4626F.....	14.	_____	.00▲
15. Total Tax. Add lines 13 and 14.....	15.	_____	.00
16. Credits. Include IA 148 .....	16.	_____	.00▲
17. Payments from Schedule C, line 8 .....	17.	_____	.00
18. Total Credits and Payments. Add lines 16 and 17 .....	18.	_____	.00
19. Net Amount. Subtract line 18 from line 15.....	19.	_____	.00▲
20. Penalty for underpayment of estimated tax: Include IA 2220.....	20.	_____	.00
21. Penalty for failure to pay or failure to file .....	21.	_____	.00
22. Total Penalties. Add lines 20 and 21 .....	22.	_____	.00▲
23. Interest .....	23.	_____	.00▲
24. Total Due. If line 15 is more than line 18, add lines 19, 22, and 23. Make check payable to "Treasurer, State of Iowa" and submit payment with the franchise tax payment voucher .....	24.	_____	.00▲
25. Net Overpayment. If line 15 is less than line 18, subtract line 20 from line 19.....	25.	_____	.00
26. Credit to Next Period's Estimated Tax.....	26.	_____	.00▲
27. Refund Requested. Subtract line 26 from line 25.....	27.	_____	.00

A complete copy of your federal return, as filed with the Internal Revenue Service, must be filed with this return.

Under penalties of perjury, I declare that I have examined this return and included schedules/statements, believe it to be true, correct, and complete.

Officer's Signature \_\_\_\_\_ Date \_\_\_\_\_ Title \_\_\_\_\_ Phone \_\_\_\_\_

Preparer's Signature \_\_\_\_\_ Date \_\_\_\_\_ ID No \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ FEIN \_\_\_\_\_

**Schedule A – Other Additions.** Round to nearest whole dollar.

- 1. Cash to Accrual Adjustments..... 1. \_\_\_\_\_
- 2. Expense to Carry Investment Subsidiary ..... 2. \_\_\_\_\_
- 3. Contribution Adjustments..... 3. \_\_\_\_\_
- 4. Capital Loss Adjustments ..... 4. \_\_\_\_\_
- 5. Depreciation Adjustment from IA 4562A. Submit Schedule IA 4562A and IA 4562B ..... 5. \_\_\_\_\_
- 6. Other ..... 6. \_\_\_\_\_
- 7. Total. Enter on Line 4, IA 1120F..... 7. \_\_\_\_\_

**Schedule D – Other Reductions.** Round to nearest whole dollar.

- 1. Cash to Accrual Adjustments..... 1. \_\_\_\_\_
- 2. Expenses to Carry Tax Exempt sections 291 and 265 ..... 2. \_\_\_\_\_
- 3. Contribution Adjustments..... 3. \_\_\_\_\_
- 4. Capital Loss Adjustments ..... 4. \_\_\_\_\_
- 5. Iowa Franchise Tax Refund Reported on Federal Return..... 5. \_\_\_\_\_
- 6. Depreciation Adjustment from IA 4562A. Submit Schedule IA 4562A and IA 4562B ..... 6. \_\_\_\_\_
- 7. Other ..... 7. \_\_\_\_\_
- 8. Total. Enter on Line 6, IA 1120F ..... 8. \_\_\_\_\_

**Schedule C – Payments**

- 1. Prior Period's Overpayment Credits to Current Period ..... 1. \_\_\_\_\_

Current Period's Estimated Tax Payments	Amount	Date of Payment
2. First Installment		
3. Second Installment		
4. Third Installment		
5. Fourth Installment		
6. Voucher Payments		
7. Other Payments		

- 8. Total Payments. Add lines 1 through 7. Enter on line 17..... 8. \_\_\_\_\_

**Additional Information**

Short period information: Period \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_

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 \_\_\_\_\_

**Mail your return to:**  
 Franchise Tax Processing  
 Iowa Department of Revenue  
 PO Box 10413  
 Des Moines IA 50306-0413

**Questions:**  
 idr@iowa.gov  
 515-281-3114 or 800-367-3388