



Franchise Return for Financial Institutions

Period Ending \_\_\_/\_\_\_(mm/yy) ▲

Check all that apply:

This is a short period return

Mailing address change

Name and Address

Contact Person Phone No. ( )

Official Use Only

Please check the appropriate box

Pay return 01 No pay return 03

Amended Pay 02 Amended no pay 05

FEIN: ▲

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 New business Successor Entering Iowa Final return Reorganized Merged Dissolved

Was federal income or federal tax changed for any prior period(s)? Yes No Periods changed: Reason: Federal audit 1120X 1139

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

Use Whole Dollars

Table with 27 rows for tax calculations including Net Income, Interest, Iowa Franchise tax, Total Tax, Credits, and Penalties.

A complete copy of your federal return, as filed with the Internal Revenue Service, must be filed with this return. If no copy is included, this will not be considered a complete return.

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

Officer's Signature: Date: Title: Phone:

Preparer's Signature: Date: ID No: Phone:

Name of Financial Institution: \_\_\_\_\_

FEIN: \_\_\_\_\_

Round to nearest whole dollar.

	Schedule A	Schedule D
1. Cash to Accrual Adjustments		
2. Expenses to Carry Tax Exempt sections 291 and 265 .....		
3. Expense to Carry Investment Subsidiary		
4. Contribution Adjustments		
5. Capital Loss Adjustments		
6. Iowa Franchise Tax Refund Reported on Federal Return.....		
7. Depreciation Adjustment from IA 4562A. Submit Schedules IA 4562A and IA 4562b		
8. Other:		
9. Totals		

Enter Totals On:

Line 4, IA 1120F

Line 6, IA 1120F

**2014 IA 1120F Schedule C - Payments**

Current Period's Estimated Tax Payments

	Amount	Date of Payment
1. Prior Period's Overpayment Credited to Current Period		
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.		

**Additional Information**

- Short period information: Period \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_  
Reason for short period: \_\_\_\_\_
- Year business was started in Iowa: \_\_\_\_\_
- Information from the prior return:  
Financial Institution 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?**  
Contact Taxpayer Services  
idr@iowa.gov  
515-281-3114 or 800-367-3388

When you pay by check, you authorize the Department of Revenue to convert your check to a one-time electronic banking transaction.