Iowa Department of Revenue
www.iowa.gov/tax

IA 1139-CAP

Application for Refund Due to the Carryback of Capital Losses

Do **not** attach to Iowa return; mail in **separate** envelope.

Corporation Name and Address: ▲

Check box if name, address, or FEIN has changed. ☐
Phone No. (_____)_____-_____

Do **not** attach to Iowa return; mail in **separate** envelope.

FEIN: ▲

Type of Tax: ▲
☐ Corporation ☐ Franchise

Loss Return for the period ended ____/____/____ ▲

An Iowa capital loss can be carried back three tax periods.

Amount of Capital Loss $ _____ ▲

Remaining to be carried forward $ _____ ▲

Federal Audit Involved ☐ YES ☐ NO ▲

NOTE: The net operating loss and alternative minimum tax loss can only be carried forward for tax years beginning on or after January 1, 2009.	3rd preceding tax period____/____/____ ▲		2nd preceding tax period____/____/____ ▲		1st preceding tax period____/____/____ ▲	
	as last reported on _____	after carryback	as last reported on _____	after carryback	as last reported on _____	after carryback
1. Net Income						
2. Iowa Capital Loss						
3. Capital Loss Subtotal. Subtract line 2 from 1.						
4. 50% Federal Refund From Capital Loss						
5. Subtotal. Add lines 3 and 4.						
6. Nonbusiness Income						
7. Income Subject To Apportionment						
8. Iowa Percentage						
9. Income Apportioned To Iowa						
10. Iowa Nonbusiness Income						
11. Income Before Net Operating Losses						
12. Iowa Net Operating Loss Carryforward						
13. Iowa Net Operating Loss Carryback						
14. Income Subject To Tax						
15. Computed Tax						
16. Alternative Minimum Tax. Attach forms.						
17. Total Tax Liability						
18. Recomputed Tax Liability from line 17.						
19. Decrease In Tax. Subtract line 18 from line 17.		▲		▲		▲

Under penalties of perjury, I declare that I have examined this return and attached schedules/statements, and, to the best of my knowledge, believe it to be true, correct, and complete. If prepared by a person other than the taxpayer, the declaration is based on all information of which there is any knowledge.

Officer's Signature: _____ Date: _____ Title: _____

Preparer's Signature: _____ Date: _____ Preparer's Phone: _____

Preparer's ID No.: _____

You must attach a copy of page 1 of the company's Iowa returns as filed and any federal forms 1120X or 1139 filed for all periods involved with this claim.

Interest on claim will accrue starting on the date all required information is received by the Department.

IA 1139-CAP Instructions

All amounts should be in whole dollars.

Tax periods beginning *on or after* January 1, 2009

For tax periods beginning on or after January 1, 2009, both the Iowa net operating loss (NOL) and alternative minimum tax net operating loss (AMT NOL) can only be carried forward 20 taxable periods.

Tax years beginning *prior to* January 1, 2009

For tax years beginning prior to January 1, 2009, an Iowa net operating loss or an Iowa alternative minimum tax net operating loss can be carried back by using form IA 1139-NOL.

General Instructions

Form IA 1139-CAP can be used only for the carryback of an Iowa capital loss. If any other changes are involved, form IA 1120X must be filed.

An Iowa capital loss can be carried back three tax periods and carryback claims must be filed within three years of the due date of the return producing the capital loss. Attach copies of page 1 of your Iowa return for all periods involved with this claim, including the loss year and any federal claims involved (1139 or 1120X).

Specific Instructions

Corporation name and address and FEIN: Check box if different than on returns as filed.

Tax Type: Check the appropriate box.

Loss Information: Provide the amount of Iowa capital loss. Show the remaining loss to be carried forward after this carryback. Indicate whether any year involved in this claim has been adjusted by federal audit. If yes, include a copy of the federal audit.

As Last Reported On: The figures used should be from the last form filed (IA 1120, IA 1120A, IA 1120X or IA 1120F, 1139 claim for refund, amended return, or last audit completed). Provide the form number of the last form filed or the date of the last Iowa audit.

Line Instructions

1. **Net Income:** Iowa income as last computed after additions and reductions on line 8 of the IA 1120 or IA 1120A. Include adjustments to federal domestic production activities deduction.
2. **Iowa Capital Loss:** Amount of loss from federal return or refund claim.
4. **50% Federal Refund from Capital Loss (accrual basis only):** 50% of the amount from any applicable federal claim. If refund is due to both a capital loss and a net operating loss, compute the amount attributable to the capital loss in the following manner: federal capital loss ÷ (capital loss + net operating loss) x federal refund x 50%. **This line does not apply to IA 1120F.**
6. **Nonbusiness Income:** Amount from line 9, IA 1120, or from IA 1120F and/or schedules, or as last computed.
7. **Income Subject to Apportionment:** Subtract line 6 from line 5.
8. **Iowa Percentage:** Amount from line 11, IA 1120 or as last computed. For IA 1120A, enter 100%.
9. **Income Apportioned to Iowa:** Multiply line 7 by line 8.
10. **Iowa Nonbusiness Income:** Amount from line 13, IA 1120, as last computed, or from IA 1120F and/or schedules.
11. **Income Before Net Operating Loss:** Add lines 9 and 10.
12. **Iowa Net Operating Loss Carryforward:** Amount from line 15, IA 1120, or line 9, IA 1120A, as last computed, or from IA 1120F and/or schedules.
13. **Iowa Net Operating Loss:** "As last reported" and "After carryback" - loss previously carried back.
14. **Income Subject to Tax:** Subtract lines 12 and 13 from line 11.
15. **Computed Tax:** Multiply line 14 by the following:

Corporation Tax

If line 14 is:

Under $25,000 ..... 6%
$25,000 to $100,000 .... 8% minus $500
$100,000 to $250,000 .. 10% minus $2,500
Over $250,000 ..... 12% minus $7,500

Franchise Tax on Financial Institutions

Total income subject to tax: 5%

16. **Alternative Minimum Tax:** Amount from IA 4626, from IA 4626F, or as last computed. If the amount of alternative minimum tax or alternative minimum tax credit is changed, the original computation and the revised computation must be included, as well as an updated IA 148.
17. **Total Tax Liability:** Add lines 15 and 16.
18. **Recomputed Tax Liability:** Amount from line 17 "after carryback."

Preparer's ID No: Enter the preparer's PTIN or FEIN.

Mail completed form with applicable attachments to:

Compliance Services
Iowa Department of Revenue
PO Box 10465
Des Moines IA 50306-0465

Questions?

Call: 515-281-3114 (Des Moines, out of state) or 1-800-367-3388 (Iowa, Omaha, Rock Island, Moline)

E-mail: idr@iowa.gov