

IA 1040 Iowa Individual Income Tax Long Form 2007

or fiscal year beginning ___/___/2007 and ending ___/___/___

STEP 1: Fill in all spaces. You MUST fill in your Social Security Number.

Your last name A.	Your first name/middle initial	Your Social Security Number	
Spouse's last name B.	Spouse's first name/middle initial	Spouse's Social Security Number	<input type="checkbox"/> Check this box if you or your spouse were 65 or older as of 12/31/07.

Current mailing address (number and street, apartment, lot or suite number) or PO Box	Are your name, your spouse's name, if applicable, and your address the same as on last year's return? <input type="checkbox"/> YES <input type="checkbox"/> NO	Your Occupation	
City, State, ZIP		Spouse's Occupation	

STEP 2 Filing Status: Mark one box only.

1	Single: Were you claimed as a dependent on another person's Iowa return? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
2	Married filing a joint return. (Two-income families may benefit by using status 3 or 4)	
3	Married filing separately on this combined return. Spouse use column B.	
4	Married filing separate returns. Spouse's name: _____ SSN: _____ <input checked="" type="checkbox"/> Income: \$ _____	
5	Head of household with qualifying person. If qualifying person is not claimed as a dependent on this return, enter the person's name and Social Security Number below.	
6	Qualifying widow(er) with dependent child. Name: _____ SSN: _____	

STEP 3 Exemptions

YOU (and spouse IF filing jointly)	a. Personal Credit: Enter 1 (Enter 2 if filing joint or head of household) <input checked="" type="checkbox"/> X \$ 40 = \$ _____ b. Enter 1 for each spouse who is 65 or older and/or 1 for each spouse who is blind ... <input checked="" type="checkbox"/> X \$ 20 = \$ _____ c. Dependents: Enter 1 for each dependent <input checked="" type="checkbox"/> X \$ 40 = \$ _____ d. Enter first names of dependents here: _____ e. TOTAL \$ _____
SPOUSE (IF filing status 3)	a. Personal Credit: Enter 1 <input checked="" type="checkbox"/> X \$ 40 = \$ _____ b. Enter 1 if 65 or older and/or 1 if blind <input checked="" type="checkbox"/> X \$ 20 = \$ _____ c. Dependents: Enter 1 for each dependent <input checked="" type="checkbox"/> X \$ 40 = \$ _____ d. Enter first names of dependents here: _____ e. TOTAL \$ _____

	B. Spouse/Status 3	A. You or Joint	B. Spouse/Status 3	A. You or Joint
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STEP 4	1. Wages, salaries, tips, etc.	1. _____ .00	_____ .00		
Figure your gross income	2. Taxable interest income. If more than \$1,500, complete Sch. B	2. _____ .00	_____ .00		
	3. Ordinary dividend income. If more than \$1,500, complete Sch. B	3. _____ .00	_____ .00		
	4. Alimony received	4. _____ .00	_____ .00		
	5. Business income/(loss) from Federal Schedule C or C-EZ	5. _____ .00	_____ .00		
	6. Capital gain/(loss) from Federal Schedule D	6. _____ .00	_____ .00		
	7. Other gains/(losses) from Federal form 4797	7. _____ .00	_____ .00		
	8. Taxable IRA distributions	8. _____ .00	_____ .00		
	9. Taxable pensions and annuities	9. _____ .00	_____ .00		
	10. Rents, royalties, partnerships, estates, etc.	10. _____ .00	_____ .00		
	11. Farm income/(loss) from Federal Schedule F	11. _____ .00	_____ .00		
	12. Unemployment compensation	12. _____ .00	_____ .00		
	13. Taxable Social Security benefits	13. _____ .00	_____ .00		
	14. Other income, gambling income, bonus depreciation adjustment ...	14. _____ .00	_____ .00		
		15. GROSS INCOME. ADD lines 1-14	15. _____ .00	_____ .00	

STEP 5	16. Payments to an IRA, KEOGH or SEP	16. _____ .00	_____ .00		
Figure your adjustments to income	17. One-half of self-employment tax	17. _____ .00	_____ .00		
	18. Health insurance deduction	18. _____ .00	_____ .00		
	19. Penalty on early withdrawal of savings	19. _____ .00	_____ .00		
	20. Alimony paid	20. _____ .00	_____ .00		
	21. Pension/retirement income exclusion	21. _____ .00 <input checked="" type="checkbox"/>	_____ .00		
	22. Moving expense deduction from Federal form 3903	22. _____ .00	_____ .00		
	23. Iowa capital gains deduction.	23. _____ .00 <input checked="" type="checkbox"/>	_____ .00		
	24. Other adjustments	24. _____ .00	_____ .00		
	25. Total adjustments. ADD lines 16-24	25. _____ .00 <input checked="" type="checkbox"/>	_____ .00		
		26. NET INCOME. SUBTRACT line 25 from line 15	26. _____ .00	_____ .00	

STEP 6	27. Federal income tax refund / overpayment received in 2007	27. _____ .00 <input checked="" type="checkbox"/>	_____ .00		
Figure your Federal tax addition and deduction	28. Self-employment/household employment taxes	28. _____ .00 <input checked="" type="checkbox"/>	_____ .00		
	29. Addition for Federal taxes. ADD lines 27 and 28	29. _____ .00	_____ .00		
	30. Total. ADD lines 26 and 29	30. _____ .00	_____ .00		
	31. Federal tax withheld	31. _____ .00 <input checked="" type="checkbox"/>	_____ .00		
	32. Federal estimated tax payments made in 2007	32. _____ .00 <input checked="" type="checkbox"/>	_____ .00		
	33. Additional Federal tax paid in 2007 for 2006 and prior years	33. _____ .00 <input checked="" type="checkbox"/>	_____ .00		
	34. Deduction for Federal taxes. ADD lines 31, 32, and 33	34. _____ .00	_____ .00		
	35. BALANCE. SUBTRACT line 34 from line 30. Enter here and on line 36, side 2	35. _____ .00	_____ .00		

Staple W-2s, payment, and voucher here.

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		B. Spouse/Status 3	A. You or Joint	B. Spouse/Status 3	A. You or Joint
STEP 7	36. BALANCE. From side 1, line 35.	36.	.00	.00	.00
Figure your taxable income	37. Total itemized deductions from Federal Schedule A Taxpayers with bonus depreciation must use Iowa Schedule A	37.	.00	.00	.00
	38. Iowa income tax if included in line 5 of Federal Schedule A	38.	.00	.00	.00
	39. BALANCE. Subtract line 38 from line 37 or enter the amount of itemized deductions from the Iowa Schedule A	39.	.00	.00	.00
	40. Other deductions.	40.	.00	.00	.00
	41. Deduction. Check one box. <input type="checkbox"/> Itemized. Add lines 39 and 40. <input type="checkbox"/> Standard.	41.	.00 ▲	.00	.00
	42. TAXABLE INCOME. SUBTRACT line 41 from line 36.	42.	.00	.00	.00

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Complete lines 37-40 ONLY if you itemize.

STEP 8	43. Tax from tables or alternate tax	43.	.00 ▲	.00	.00
Figure your tax, credits and checkoff contributions	44. Iowa lump-sum tax. 25% of Federal tax from form 4972.	44.	.00 ▲	.00	.00
	45. Iowa minimum tax. Attach IA 6251.	45.	.00 ▲	.00	.00
	46. Total tax. ADD lines 43, 44 and 45.	46.	.00	.00	.00
	47. Total exemption credit amount(s) from Step 3, side 1	47.	.00	.00	.00
	48. Tuition and textbook credit.	48.	.00 ▲	.00	.00
	49. Total credits. ADD lines 47 and 48.	49.	.00	.00	.00
	50. BALANCE. SUBTRACT line 49 from line 46. If less than zero, enter zero.	50.	.00 ▲	.00	.00
	51. Credit for nonresident or part-year resident. Attach IA 126 and Federal return.	51.	.00 ▲	.00	.00
	52. BALANCE. SUBTRACT line 51 from 50. If less than or equal to zero, enter zero.	52.	.00	.00	.00
	53. Other nonrefundable Iowa credits. Attach IA 148 Tax Credits Schedule.	53.	.00 ▲	.00	.00
54. BALANCE. SUBTRACT line 53 from line 52.	54.	.00	.00	.00	
55. School district surtax/EMS surtax. (take percentage from table, multiply by line 54).	55.	.00 ▲	.00	.00	
56. Total Tax. ADD lines 54 and 55.	56.	.00 ▲	.00	.00	
57. Total tax before contributions. ADD Columns A & B on line 56 and enter here.	57.	.00	.00	.00	
58. Contributions. Contributions will reduce your refund or add to the amount you owe. Amounts must be in whole dollars. Fish/Wildlife 58a: ▲ _____ StateFair 58b: ▲ _____ Firefighters/KeepIowaBeautiful 58c: ▲ _____ Veterans 58d: ▲ _____ Enter total. ..	58.	.00	.00	.00	
59. TOTAL TAX AND CONTRIBUTIONS. ADD lines 57 and 58.	59.	.00	.00	.00	
60. Iowa income tax withheld.	60.	.00 ▲	.00	.00	

STEP 9	61. Estimate and voucher payments made for tax year 2007	61.	.00 ▲	.00	.00
Figure your credits	62. Out-of-state tax credit. Attach IA 130.	62.	.00 ▲	.00	.00
	63. Motor fuel tax credit. Attach IA 4136.	63.	.00 ▲	.00	.00
	64. Check One: <input type="checkbox"/> Child and dependent care credit OR <input type="checkbox"/> Early childhood development credit	64.	.00 ▲	.00	.00
	65. Iowa earned income credit: 7.0% (.07) of Federal credit	65.	.00 ▲	.00	.00
	66. Other refundable credits. Attach IA 148 Tax Credits Schedule.	66.	.00 ▲	.00	.00
	67. TOTAL. ADD lines 60 - 66.	67.	.00	.00	.00
	68. TOTAL CREDITS. ADD columns A and B on line 67 and enter here.	68.	.00	.00	.00

STEP 10	69. If line 68 is more than line 59, SUBTRACT line 59 from line 68. This is the amount you overpaid.	69. ▲	.00	.00	.00
Figure your refund or amount you owe	70. Amount of line 69 to be REFUNDED REFUND	70. ▲	.00	.00	.00
	Mail return to Iowa Income Tax - Refund Processing, Hoover State Office Bldg, Des Moines IA 50319-0120				
	71. Amount of line 69 to be applied to your 2008 estimated tax	71.	.00 ▲	.00	.00
	72. If line 68 is less than line 59, SUBTRACT line 68 from line 59. This is the AMOUNT OF TAX YOU OWE.	72. ▲	.00	.00	.00
	73. Penalty for underpayment of estimated tax. From IA 2210 or IA 2210F. <input type="checkbox"/> Check if annualized income method is used	73. ▲	.00	.00	.00
74. Penalty and interest. 74a. Penalty. 74b. Interest	74.	.00 ▲	.00 ▲	.00	
75. TOTAL AMOUNT DUE. ADD lines 72, 73 and 74, and enter here. PAY THIS AMOUNT	75. ▲	.00	.00	.00	

ePay by credit card or direct debit. Go to www.state.ia.us/tax.
To pay by mail: Iowa Income Tax - Document Processing, PO Box 9187, Des Moines IA 50306-9187. Make check payable to Treasurer, State of Iowa

STEP 11 POLITICAL CHECKOFF. This checkoff does not increase the amount of tax you owe or decrease your refund.

SPOUSE ▲	YOURSELF
\$1.50 to Democratic Party <input type="checkbox"/>	\$1.50 to Democratic Party <input type="checkbox"/>
\$1.50 to Republican Party <input type="checkbox"/>	\$1.50 to Republican Party <input type="checkbox"/>
\$1.50 to Campaign Fund <input type="checkbox"/>	\$1.50 to Campaign Fund <input type="checkbox"/>

STEP 12 NEXT YEAR,
 Would you like to receive a booklet? This option is not available to electronic filers.

0. Yes
 ▲ 1. No

STEP 13 COW-CALF REFUND Attach IA 132.
 Do NOT use these amounts to increase your overpayment (line 69) or reduce the amount you owe (line 72).
 Spouse: \$ _____ .00
 You: \$ _____ .00 ▲

STEP 14 PLEASE SIGN HERE

I (We), the undersigned, declare under penalty of perjury that I (we) have examined this return, including all accompanying schedules and statements, and, to the best of my (our) knowledge and belief, it is a true, correct, and complete return. Declaration of preparer (other than taxpayer) is based on all information of which the preparer has any knowledge.

Your Signature	Date	Preparer's Signature	Date
Spouse's Signature	Date	Address	
Daytime Telephone Number		Daytime Telephone Number	Identification Number