



Franchise Return For Financial Institutions

Period Ending ____ / ____ (mm/yy) ▲

OFFICIAL USE ONLY

Check all that apply:

- This is a Short Period Return. Mailing Address Change
The bank has opened, closed, or moved branch locations. (Provide a schedule.)

Contact Person

Phone No.: (____) ____-____

Name and Address

- 01 Pay Return 02 Amended Pay
03 No Pay Return 05 Amended No Pay

Please check the appropriate box

Federal TIN: _____ ▲

Is this a first or final return? If yes, check the appropriate boxes.

- First Return: New Business, Successor, Entering Iowa
Final Return: Reorganized, Merged, Dissolved

Type of Return:

- 100% Iowa, Not 100% Iowa
No Iowa banking locations, Inactive bank

Filing Status: Separate Iowa/Federal S Corporation
Separate Iowa/Separate Federal
Separate Iowa/Consolidated Federal
Name of Consolidated Parent:
Parent's Federal TIN:

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

- Yes. Periods Changed: Reason: Federal audit, 1120X, 1139
No

USE WHOLE DOLLARS ONLY

Table with 28 rows and 2 columns: Description and Amount. Includes lines for NET INCOME, INTEREST, TAX EXPENSES, TOTAL IOWA INCOME, REDUCTIONS, NET OPERATING LOSS, COMPUTED TAX, MINIMUM TAX, CREDITS, PAYMENTS, NET AMOUNT, PENALTIES, and REFUND REQUESTED.

29. FOR OFFICIAL USE ONLY 29.

A complete copy of your federal return, as filed with the Internal Revenue Service, MUST be filed with this return. If no copy is attached, this WILL NOT be considered a complete return.

Under penalties of perjury, I declare that I have examined this return, any 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 ID No.

Schedules A & D

	Schedule A	Schedule D
1. Cash to Accrual Adjustments		
2. Expenses to Carry Tax Exempts section 291 & 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 (IA 4562A)		
8. Other:		
9. TOTALS		
Enter Totals On:	LINE 4, IA 1120F, Schedule A	LINE 6, IA 1120F, Schedule D

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 1-7.		
Enter on line 18, IA 1120F		

Allocation Schedule

Principal IOWA Branch Address	Name of Iowa Incorporated City Where Principal Branch is Located	Name of County	OFFICIAL USE ONLY
			00-00

Additional Information

- Short period information: Period ___ / ___ to ___ / ___
Reason for short period: _____
- Year business was started in Iowa: _____
- Information from the prior return:
Corporation Name: _____
Federal TIN: _____ Net Income: _____
- Accounting method: Cash Accrual Year accrual method began: _____

Name of Financial Institution: _____ TIN: _____

Please note:

Use whole dollars for all amounts shown on this return and any schedules or attachments.

Mail your return to:

Franchise Tax Return Processing
Iowa Department of Revenue
PO Box 10413
Des Moines IA 50306-0413

Any questions?

Iowa is in the Central Time Zone.
Call 1-800-367-3388 (Iowa only)
or 515/281-3114
Hours: 9 a.m. - 4 p.m.,
Monday-Friday
Web site: www.state.ia.us/tax
E-mail: idr@iowa.gov