



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

FEIN: _____ ▲

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 FEIN:

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 for tax calculations: NET INCOME, INTEREST, IOWA FRANCHISE TAX, OTHER ADDITIONS, TOTAL IOWA INCOME, OTHER REDUCTIONS, INCOME SUBJECT TO APPORTIONMENT, IOWA PERCENTAGE, DEDUCTION, NET OPERATING LOSS, TOTAL REDUCTIONS, IOWA NET INCOME, COMPUTED TAX, MINIMUM TAX, TOTAL TAX, MINIMUM TAX CREDIT, OTHER CREDITS, PAYMENTS, TOTAL CREDITS and PAYMENTS, NET AMOUNT, PENALTY, TOTAL PENALTIES, INTEREST, TOTAL DUE, NET OVERPAYMENT, CREDIT TO NEXT PERIOD'S ESTIMATED TAX, 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.:

	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		
8. Other:		
9. TOTALS		
Enter Totals On:	Line 4, IA 1120F	Line 6, IA 1120F

2009 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 18, IA 1120F		

Additional Information

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

Name of Financial Institution: _____ FEIN: _____

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

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