



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

Contact Person

Phone No.: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Name and Address

Please check the appropriate box

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

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

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 27 rows of tax calculations including NET INCOME, INTEREST, TAX EXPENSES, and TOTAL DUE.

A complete copy of your federal return, as filed with the Internal Revenue Service, MUST be filed with this 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.

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

**2013 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, IA 1120F.		

**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

<p><b>Questions?</b> <b>Contact Taxpayer Services</b> idr@iowa.gov 515-281-3114 / 800-367-3388</p>
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<p><b>When you pay by check,</b> you authorize the Department of Revenue to convert your check to a one-time electronic banking transaction.</p>
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