

# 2015 IA 1040 Iowa Individual Income Tax Form

For fiscal year beginning \_\_\_\_/\_\_\_\_/2015 and ending \_\_\_\_/\_\_\_\_/\_\_\_\_

## Step 1: Fill in all spaces. You must fill in your Social Security Number (SSN).

Your last name \_\_\_\_\_ Your first name/middle initial \_\_\_\_\_

Spouse's last name \_\_\_\_\_ Spouse's first name/middle initial \_\_\_\_\_

Current mailing address (number and street, apartment, lot, or suite number) or PO Box \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

Spouse SSN • _____	Your SSN • _____	Email Address: _____
<b>Step 2 Filing Status: Mark one box only.</b>		Check this box if you or your spouse were 65 or older as of 12/31/15. <input type="checkbox"/> •
1 <input type="checkbox"/> Single: Were you claimed as a dependent on another person's Iowa return? Yes <input type="checkbox"/> No <input type="checkbox"/> ▲		Residence on 12/31/15: County No. • _____ School District No. • _____
2 <input type="checkbox"/> Married filing a joint return. (Two-income families may benefit by using status 3 or 4.)		<b>Dependent children for whom an exemption is claimed in Step 3</b> How many have health care coverage?(including Medicaid or hawk-i) _____ • How many do not have health care coverage? _____ •
3 <input type="checkbox"/> Married filing separately on this combined return. Spouse use column B.		
4 <input type="checkbox"/> Married filing separate returns. Spouse's name: _____ ▲ SSN: _____ Net Income: \$ _____		
5 <input type="checkbox"/> Head of household with qualifying person. If qualifying person is not claimed as a dependent on this return, enter the person's name and SSN below.		
6 <input type="checkbox"/> Qualifying Widow(er) with dependent child. Name: _____ SSN: _____		

Step 3 Exemptions		B. Spouse (Filing Status 3 ONLY)		A. You or Joint	
a. Personal Credit: Col. A: Enter 1 (enter 2 if filing status 2 or 5); Col. B: Enter 1 if filing status 3	▲ _____	X \$ 40 = \$ _____	▲ _____	X \$ 40 = \$ _____	
b. Enter 1 for each taxpayer who is 65 or older and/or 1 for each taxpayer who is blind	▲ _____	X \$ 20 = \$ _____	▲ _____	X \$ 20 = \$ _____	
c. Dependents: Enter 1 for each dependent	▲ _____	X \$ 40 = \$ _____	▲ _____	X \$ 40 = \$ _____	
d. Enter first names of dependents here _____		e. Total \$ _____		e. Total \$ _____	

Step 4 Reportable Social Security Benefits as calculated on line 11 of Iowa social security worksheet		B. Spouse/Status 3 ▲		A. You or Joint ▲	

Step 5 Gross Income		B. Spouse/Status 3		A. You or Joint		B. Spouse/Status 3		A. You or Joint	
1. Wages, salaries, tips, etc.....	1. _____	_____	_____	_____	_____	_____	_____	_____	_____
2. Taxable interest income. If more than \$1,500, complete Sch. B.....	2. _____	_____	_____	_____	_____	_____	_____	_____	_____
3. Ordinary dividend income. If more than \$1,500, complete Sch. B.....	3. _____	_____	_____	_____	_____	_____	_____	_____	_____
4. Alimony received.....	4. _____	_____	_____	_____	_____	_____	_____	_____	_____
5. Business income/(loss) from federal Schedule C or C-EZ.....	5. _____	_____	_____	_____	_____	_____	_____	_____	_____
6. Capital gain/(loss), federal Sch. D if required for federal purposes.....	6. _____	_____	_____	_____	_____	_____	_____	_____	_____
7. Other gains/(losses) from federal form 4797.....	7. _____	_____	_____	_____	_____	_____	_____	_____	_____
8. Taxable IRA distributions.....	8. _____	_____	_____	_____	_____	_____	_____	_____	_____
9. Taxable pensions and annuities.....	9. _____	_____	_____	_____	_____	_____	_____	_____	_____
10. Rents, royalties, partnerships, estates, etc.....	10. _____	_____	_____	_____	_____	_____	_____	_____	_____
11. Farm income/(loss) from federal Schedule F.....	11. _____	_____	_____	_____	_____	_____	_____	_____	_____
12. Unemployment compensation. See instructions.....	12. _____	_____	_____	_____	_____	_____	_____	_____	_____
13. Gambling winnings.....	13. _____	_____	_____	_____	_____	_____	_____	_____	_____
14. Other income, bonus depreciation, and section 179 adjustment.....	14. _____	_____	_____	_____	_____	_____	_____	_____	_____
15. Gross Income. Add lines 1-14.....	15. _____	_____	_____	_____	_____	_____	_____	_____	_____

**NOTE:** Use only blue or black ink, no pencils or red ink.

Step 6 Adjustments to Income		B. Spouse/Status 3		A. You or Joint		B. Spouse/Status 3		A. You or Joint	
16. Payments to an IRA, Keogh, or SEP.....	16. _____	_____	_____	_____	_____	_____	_____	_____	_____
17. Deductible part of self-employment tax.....	17. _____	_____	_____	_____	_____	_____	_____	_____	_____
18. Health insurance deduction.....	18. _____	_____	_____	_____	_____	_____	_____	_____	_____
19. Penalty on early withdrawal of savings.....	19. _____	_____	_____	_____	_____	_____	_____	_____	_____
20. Alimony paid.....	20. _____	_____	_____	_____	_____	_____	_____	_____	_____
21. Pension/retirement income exclusion.....	21. _____	_____	▲ _____	_____	_____	_____	_____	_____	_____
22. Moving expense deduction from federal form 3903.....	22. _____	_____	_____	_____	_____	_____	_____	_____	_____
23. Iowa capital gain deduction; certain sales only. Include IA 100.....	23. _____	_____	▲ _____	_____	_____	_____	_____	_____	_____
24. Other adjustments.....	24. _____	_____	_____	_____	_____	_____	_____	_____	_____
25. Total adjustments. Add lines 16-24.....	25. _____	_____	_____	_____	_____	_____	_____	_____	_____
26. Net Income. Subtract line 25 from line 15.....	26. _____	_____	_____	_____	_____	_____	_____	_____	_____

Step 7 Federal Tax Addition and Deduction		B. Spouse/Status 3		A. You or Joint		B. Spouse/Status 3		A. You or Joint	
27. Federal income tax refund/overpayment received in 2015.....	27. _____	_____	▲ _____	_____	_____	_____	_____	_____	_____
28. Self-employment/household employment/other federal taxes.....	28. _____	_____	▲ _____	_____	_____	_____	_____	_____	_____
29. Addition for federal taxes. Add lines 27 and 28.....	29. _____	_____	_____	_____	_____	_____	_____	_____	_____
30. Total. Add lines 26 and 29.....	30. _____	_____	_____	_____	_____	_____	_____	_____	_____
31. Federal tax withheld.....	31. _____	_____	▲ _____	_____	_____	_____	_____	_____	_____
32. Federal estimated tax payments made in 2015.....	32. _____	_____	▲ _____	_____	_____	_____	_____	_____	_____
33. Additional federal tax paid in 2015 for 2014 and prior years.....	33. _____	_____	▲ _____	_____	_____	_____	_____	_____	_____
34. Deduction for federal taxes. Add lines 31, 32, and 33.....	34. _____	_____	_____	_____	_____	_____	_____	_____	_____
35. Balance. Subtract line 34 from line 30. Enter here and on line 36, page 2.....	35. _____	_____	_____	_____	_____	_____	_____	_____	_____



2015 IA 1040, page 2

	B. Spouse/Status 3	A. You or Joint	B. Spouse/Status 3	A. You or Joint
<b>Step 8 Taxable Income</b>				
36. BALANCE. From side 1, line 35.....			36. _____	_____
37. Deduction. Check one box <input checked="" type="checkbox"/> Itemized.(Include IA Schedule A) <input type="checkbox"/> Standard <input type="checkbox"/> .....			37. _____	_____
38. TAXABLE INCOME. SUBTRACT line 37 from line 36.....			38. _____	_____
<b>Step 9 Tax, Credits, and Check-off Contributions</b>				
39. Tax from tables or alternate tax.....	39. _____	_____	_____	_____
40. Iowa lump-sum tax. 25% of federal tax from form 4972.....	40. _____	_____	_____	_____
41. Iowa alternative minimum tax. Include IA 6251.....	41. _____	_____	_____	_____
42. Total tax. ADD lines 39, 40, and 41.....	42. _____	_____	_____	_____
43. Total exemption credit amount(s) from Step 3, side 1.....	43. _____	_____	_____	_____
44. Tuition and textbook credit for dependents K-12.....	44. _____	_____	_____	_____
45. Volunteer firefighter/EMS/reserve peace officer credit.....	45. _____	_____	_____	_____
46. Total credits. ADD lines 43, 44, and 45.....	46. _____	_____	_____	_____
47. BALANCE. SUBTRACT line 46 from line 42. If less than zero, enter zero.....	47. _____	_____	_____	_____
48. Credit for nonresident or part-year resident. Include IA 126 and federal return.....	48. _____	_____	_____	_____
49. BALANCE. SUBTRACT line 48 from 47. If less than zero, enter zero.....	49. _____	_____	_____	_____
50. Out-of-state tax credit. Include IA 130.....	50. _____	_____	_____	_____
51. BALANCE. SUBTRACT line 50 from 49. If less than zero, enter zero.....	51. _____	_____	_____	_____
52. Other nonrefundable Iowa credits. Include IA 148 Tax Credits Schedule.....	52. _____	_____	_____	_____
53. BALANCE. SUBTRACT line 52 from line 51. If less than zero, enter zero.....	53. _____	_____	_____	_____
54. School district surtax or EMS surtax. Take percentage from table; multiply by line 53.....	54. _____	_____	_____	_____
55. Total state and local tax. ADD lines 53 and 54.....	55. _____	_____	_____	_____
56. TOTAL state and local tax before contributions. Combine columns A and B on line 55 and enter here.....	56. _____	_____	_____	_____
57. Contributions will reduce your refund or add to the amount you owe. Amounts must be in whole dollars. Fish/Wildlife 57a: <input checked="" type="checkbox"/> State Fair 57b: <input checked="" type="checkbox"/> Firefighters/Veterans 57c: <input checked="" type="checkbox"/> Child abuse Prevention 57d: <input checked="" type="checkbox"/> Enter here.....	57. _____	_____	_____	_____
58. TOTAL STATE AND LOCAL TAX, AND CONTRIBUTIONS. Add line 56 and line 57 and enter here.....	58. _____	_____	_____	_____
<b>Step 10 Credits</b>				
59. Iowa Fuel tax credit. Include IA 4136.....	59. _____	_____	_____	_____
60. Check One: Child and dependent care credit <input type="checkbox"/> OR <input type="checkbox"/> <input checked="" type="checkbox"/> Early childhood development credit	60. _____	_____	_____	_____
61. Iowa earned income tax credit. 15.0% (.15) of federal credit.....	61. _____	_____	_____	_____
62. Other refundable credits. Include IA 148 Tax Credits Schedule.....	62. _____	_____	_____	_____
63. Total refundable Iowa credits. ADD lines 59 - 62.....	63. _____	_____	_____	_____
64. RESERVED FOR FUTURE USE.....	64. 0	0	0	0
65. Taxpayers trust fund tax credit. The credit for 2015 is \$0.....	65. 0	0	0	0
66. Iowa income tax withheld.....	66. _____	_____	_____	_____
67. Estimated and voucher payments made for tax year 2015.....	67. _____	_____	_____	_____
68. TOTAL. ADD lines 63, 65, 66, and 67.....	68. _____	_____	_____	_____
69. TOTAL CREDITS. ADD columns A and B on line 68 and enter here.....	69. _____	_____	_____	_____
<b>Step 11 Refund or Amount Due</b>				
70. If line 69 is more than line 58, Subtract line 58 from line 69. This is the amount you overpaid.....	70. _____	_____	_____	_____
71. Amount of line 70 to be REFUNDED.....	71. _____	_____	REFUND	_____
For a faster refund file electronically. Go to <a href="https://tax.iowa.gov">https://tax.iowa.gov</a> for details				
72. Amount of line 70 to be applied to your 2016 estimated tax.....	72. _____	_____	_____	_____
73. If line 69 is less than line 58, Subtract line 69 from line 58. This is the AMOUNT OF TAX YOU OWE.....	73. _____	_____	_____	_____
74. Penalty for underpayment of estimated tax from IA 2210, IA 2210S, or IA 2210F. Check if annualized income method is used. <input type="checkbox"/>	74. _____	_____	_____	_____
75. Penalty and interest <input checked="" type="checkbox"/> 75a. Penalty _____ .00 <input checked="" type="checkbox"/> 75b. Interest _____ .00 ADD. Enter total.....	75. _____	_____	_____	_____
76. TOTAL AMOUNT DUE. ADD lines 73, 74, and 75. Enter here.....	76. _____	_____	PAY THIS AMOUNT	_____

Step 12					
Political Checkoff - This checkoff does not increase the amount of tax you owe or decrease your refund.	<input type="checkbox"/>	\$1.50 to Democratic Party	<input type="checkbox"/>	\$1.50 to Democratic Party	<input type="checkbox"/>
	<input checked="" type="checkbox"/> Spouse	\$1.50 to Republican Party	<input type="checkbox"/>	<input checked="" type="checkbox"/> Yourself	\$1.50 to Republican Party
	<input type="checkbox"/>	\$1.50 to Campaign Fund	<input type="checkbox"/>	<input type="checkbox"/>	\$1.50 to Campaign Fund

**Step 13** 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.

<b>SIGN HERE</b>	_____	_____	<input checked="" type="checkbox"/>	_____	_____	_____	_____
Your Signature	Date	Check if Deceased	Date of Death	Preparer's Signature	Date		
<b>SIGN HERE</b>	_____	_____	<input checked="" type="checkbox"/>	_____	_____	_____	_____
Spouse's Signature	Date	Check if Deceased	Date of Death	Preparer's PTIN	Firm's FEIN		
	_____ Daytime Telephone Number			_____ Daytime Telephone Number			

This return is due May 2, 2016. Please sign, enclose W-2s, and verify SSNs. You can pay online at <https://tax.iowa.gov> Make check payable to Treasurer, State of Iowa. MAILING ADDRESS: Iowa Income Tax Document Processing, PO BOX 9187, Des Moines IA 50306-9187.

