

2017 IA 1040 Iowa Individual Income Tax Return

For fiscal year beginning ____/____/2017 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 _____

Step 2 Filing Status: Mark one box only

1	Single: Were you claimed as a dependent on another person's Iowa return? Yes <input type="checkbox"/> No <input type="checkbox"/>	Email Address: _____
2	Married filing a joint return. (Two-income families may benefit by using status 3 or 4.)	Check this box if you or your spouse was 65 or older as of 12/31/17. <input type="checkbox"/>
3	Married filing separately on this combined return. Spouse use column B.	Residence on 12/31/17: County No. _____ School District No. _____
4	Married filing separate returns. Spouse's name: _____ ▲ SSN: _____ Net 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 SSN below.	
6	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 ▲

	B. Spouse/Status 3	A. You or Joint	B. Spouse/Status 3	A. You or Joint
1. Wages, salaries, tips, etc..... 1.	_____ .00	_____ .00		
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), federal Sch. D if required for federal purposes..... 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. See instructions..... 12.	_____ .00	_____ .00		
13. Gambling winnings..... 13.	_____ .00	_____ .00		
14. Other income, bonus depreciation, and section 179 adjustment..... 14.	_____ .00	_____ .00		
15. Gross Income. Add lines 1-14..... 15.	_____ .00 ▲	_____ .00		

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

Step 6 Adjustments to Income

16. Payments to an IRA, Keogh, or SEP..... 16.	_____ .00	_____ .00
17. Deductible part of self-employment tax..... 17.	_____ .00	_____ .00
18. Health insurance premium..... 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 ▲	_____ .00
22. Moving expense deduction from federal form 3903..... 22.	_____ .00	_____ .00
23. Iowa capital gain deduction; certain sales only. Include IA 100..... 23.	_____ .00 ▲	_____ .00
24. Other adjustments..... 24.	_____ .00	_____ .00
25. Total adjustments. Add lines 16-24..... 25.	_____ .00 ▲	_____ .00
26. Net Income. Subtract line 25 from line 15..... 26.	_____ .00 ▲	_____ .00

Step 7 Federal Tax Addition and Deduction

27. Federal income tax refund/overpayment received in 2017..... 27.	_____ .00 ▲	_____ .00
28. Self-employment/household employment/other federal taxes..... 28.	_____ .00 ▲	_____ .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 ▲	_____ .00
32. Federal estimated tax payments made in 2017..... 32.	_____ .00 ▲	_____ .00
33. Additional federal tax paid in 2017 for 2016 and prior years..... 33.	_____ .00 ▲	_____ .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, page 2..... 35.	_____ .00 ▲	_____ .00



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B. Spouse/Status 3 A. You or Joint B. Spouse/Status 3 A. You or Joint

Step 8 Taxable Income	36. BALANCE. From side 1, line 35.....	36. _____	.00	_____	.00
	37. Deduction. Check one box <input checked="" type="checkbox"/> Itemized.(Include IA Schedule A) <input type="checkbox"/> Standard <input type="checkbox"/>	37. _____	.00	▲	_____
	38. TAXABLE INCOME. SUBTRACT line 37 from line 36.....	38. _____	.00	_____	.00

Step 9 Tax, Credits, and Check-off Contributions	39. Tax from tables or alternate tax.....	39. _____	.00	▲	_____
	40. Iowa lump-sum tax. 25% of federal tax from form 4972.....	40. _____	.00	▲	_____
	41. Iowa alternative minimum tax. Include IA 6251.....	41. _____	.00	▲	_____
	42. Total tax. ADD lines 39, 40, and 41.....	42. _____	.00	_____	.00
	43. Total exemption credit amount(s) from Step 3, side 1.....	43. _____	.00	_____	.00
	44. Tuition and textbook credit for dependents K-12.....	44. _____	.00	▲	_____
	45. Volunteer firefighter/EMS/reserve peace officer credit.....	45. _____	.00	▲	_____
	46. Total credits. ADD lines 43, 44, and 45.....	46. _____	.00	_____	.00
	47. BALANCE. SUBTRACT line 46 from line 42. If less than zero, enter zero.....	47. _____	.00	▲	_____
	48. Credit for nonresident or part-year resident. Include IA 126 and federal return.....	48. _____	.00	▲	_____
	49. BALANCE. SUBTRACT line 48 from 47. If less than zero, enter zero.....	49. _____	.00	▲	_____
	50. Out-of-state tax credit. Include IA 130.....	50. _____	.00	▲	_____
	51. BALANCE. SUBTRACT line 50 from 49. If less than zero, enter zero.....	51. _____	.00	_____	.00
	52. Other nonrefundable Iowa credits. Include IA 148 Tax Credits Schedule.....	52. _____	.00	▲	_____
	53. BALANCE. SUBTRACT line 52 from line 51. If less than zero, enter zero.....	53. _____	.00	▲	_____
	54. School district surtax or EMS surtax. Take percentage from table; multiply by line 53.....	54. _____	.00	▲	_____
	55. Total state and local tax. ADD lines 53 and 54.....	55. _____	.00	▲	_____
	56. TOTAL state and local tax before contributions. Combine columns A and B on line 55 and enter here.....	56. _____	.00	_____	.00
	57. Contributions will reduce your refund or add to the amount you owe. Amounts must be in whole dollars. Fish/Wildlife 57a: ▲ _____ State Fair 57b: ▲ _____ Firefighters/Veterans 57c: ▲ _____ Child Abuse Prevention 57d: ▲ _____ Enter here.....	57. _____	.00	_____	.00
	58. TOTAL STATE AND LOCAL TAX, AND CONTRIBUTIONS. Add line 56 and line 57 and enter here.....	58. _____	.00	▲	_____

Step 10 Credits	59. Iowa Fuel tax credit. Include IA 4136.....	59. _____	.00	▲	_____
	60. Check One: Child and dependent care credit <input type="checkbox"/> OR ▲ Early childhood development credit <input type="checkbox"/>	60. _____	.00	▲	_____
	61. Iowa earned income tax credit. 15.0% (.15) of federal credit.....	61. _____	.00	▲	_____
	62. Other refundable credits. Include IA 148 Tax Credits Schedule.....	62. _____	.00	▲	_____
	63. Total refundable Iowa credits. ADD lines 59 - 62.....	63. _____	.00	▲	_____
	64. RESERVED FOR FUTURE USE.....	64. 0	.00	▲	0
	65. Taxpayers trust fund tax credit. The credit for 2017 is \$0.....	65. 0	.00	▲	0
	66. Iowa income tax withheld.....	66. _____	.00	▲	_____
	67. Estimated and voucher payments made for tax year 2017.....	67. _____	.00	▲	_____
	68. TOTAL. ADD lines 63, 65, 66, and 67.....	68. _____	.00	▲	_____
	69. TOTAL CREDITS. ADD columns A and B on line 68 and enter here.....	69. _____	.00	_____	.00

Step 11 Refund	70. If line 69 is more than line 58, Subtract line 58 from line 69. This is the amount you overpaid.....	70. _____	.00	▲	_____
	71. Amount of line 70 to be REFUNDED.....	REFUND 71. _____	.00	▲	_____
	71a. Routing Number: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	71b. Type Checking <input type="checkbox"/> Savings <input type="checkbox"/>			
	71c. Account Number: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>				
	72. Amount of line 70 to be applied to your 2018 estimated tax.....	72. _____	.00	▲	_____

Step 12 Pay	73. If line 69 is less than line 58, Subtract line 69 from line 58. This is the AMOUNT OF TAX YOU OWE.....	73. _____	.00	▲	_____
	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. _____	.00	▲	_____
	75. Penalty and interest ▲ 75a. Penalty _____ .00 ▲ 75b. Interest _____ .00 ADD. Enter total.....	75. _____	.00	_____	.00
	76. TOTAL AMOUNT DUE. ADD lines 73, 74, and 75. Enter here.....	PAY THIS AMOUNT 76. _____	.00	▲	_____

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.

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

**This return is due April 30th, 2018. Sign, enclose W-2s, and verify SSNs.
MAILING ADDRESS: Iowa Income Tax Document Processing,
PO BOX 9187, Des Moines IA 50306-9187
Make check payable to Treasurer, State of Iowa**

