

For Calendar Year 2018 or other fiscal year (MMDDYY) _____ to _____

Check all that apply: Name/Address Change ☐ Short Period ☐ Amended Return ☐**Part I: Corporation Name and Address**

Name _____

Federal Employer Identification Number (FEIN) _____

Street Address _____

Business Code _____

Total Number of Shareholders _____

City _____ State _____ ZIP _____

Number of Iowa Shareholders _____

County Number _____

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

Name of Contact Person _____

First Return ☐ New Business ☐ Successor ☐ Entering Iowa ☐

Phone Number _____

Final Return ☐ Reorganized ☐ Merged ☐Dissolved ☐ Withdrawn ☐Bankruptcy ☐ Other ☐**Part II: Corporation Information**Type of Return: S Corporation ☐ Interest Charge Domestic International Sales Corporation ☐ Foreign Sales Corporation ☐Is this an inactive corporation? Yes ☐ No ☐Was federal income or tax changed for any prior period(s)? Yes ☐ No ☐ Tax Period(s) _____Is the corporation's business carried on entirely within Iowa? Yes ☐ No ☐

Date of S corporation election (MM/DD/CCYY) _____

Part III: Modification of Corporation Income**Enter Whole Dollars**

1. Net income per federal form 1120S Schedule K. (See instructions)..... 1. _____
2. Interest and dividends exempt from federal income tax. (See instructions)..... 2. _____
3. Other additions. Include schedule 3. _____
4. Total additions. Add lines 2 and 3..... 4. _____
5. 50% of federal income tax 5. _____
6. Interest and dividends from federal securities. (See instructions)..... 6. _____
7. Other reductions. Include schedule 7. _____
8. Total reductions. Add lines 5, 6, and 7 8. _____
9. Net modifications. Subtract line 8 from line 4..... 9. _____
10. Modified federal net income. Add line 1 and line 9 10. _____
11. Tax on built-in gains or passive investment income. (See instructions)..... 11. _____

Amount owed: Make check payable to Treasurer, State of Iowa. Submit with form IA 1120V. If a refund is needed, see instructions.**Part IV: Business Activity Ratio (BAR) See instructions****Enter Whole Dollars****Types of Income****Column A-Iowa Receipts****Column B-Receipts Everywhere**

Types of Income	Column A-Iowa Receipts	Column B-Receipts Everywhere
1. Gross receipts		
2. Net dividends. (See instructions)		
3. Exempt interest.....		
4. Accounts receivable interest.....		
5. Other interest.....		
6. Rent.....		
7. Royalties.....		
8. Capital gain/(loss).....		
9. Ordinary gains/(loss).....		
10. Partnership gross receipts. Include schedule		
11. Other. Include schedule.....		
12. TOTALS..... 12. _____		
13. BAR to six decimal places. Divide line 12, column A, by line 12, column B..... 13. _____ %		

Part V: Information from Prior Period Iowa Return

Corporation Name _____ Net Income/(Loss) \$ _____ FEIN _____

File electronically. A complete copy of your federal return must be filed with this return, not including federal K-1s.**Declaration:** Under penalties of perjury, I declare that I have examined this return and any included 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 _____ Title _____ Date _____

Preparer's Signature _____ Preparer's ID Number _____ Date _____

Preparer's Address _____

Mail To: Corporation Return Processing, Iowa Department of Revenue, PO Box 10468, Des Moines IA 50306-0468

Part I: General Information
Corporation Information:Name _____
Federal Employer Identification Number (FEIN) _____**Shareholder Information:**Name _____
Social Security Number/FEIN _____
Address _____
City _____ State _____ ZIP _____
Resident Shareholder ☐ Nonresident Shareholder ☐Amended K-1 ☐**Shareholder's Entity Type: ▲**Individual ☐ Estate ☐Trust ☐ Bank ☐Exempt Organization ☐

Shareholder's Ownership Percentage %

S Corp Iowa Receipts.....\$00

S Corp Total Receipts.....\$00

S Corp Business Activity Ratio from
page 1, Part IV, line 13 of IA1120S..... %**Part II: Shareholder's Pro Rata Share Items**

Completed Iowa Schedule K-1s for all shareholders must be included with the IA 1120S Return for S Corporation.

Income/Adjustments	(a) Federal K-1 Amount	(b) Nonresident Business Activity Ratio	(c) Nonresident Apportionable to Iowa (a) x (b)
1. Ordinary business income/(loss)			
2. Net rental real estate income/(loss)			
3. Other net rental income/(loss).....			
4. Interest income			
5. Dividends line 5a, federal K-1			
6. Royalties			
7. Net short-term capital gain/(loss).....			
8. Net long-term capital gain/(loss) line 9a, federal K-1			
9. Net section 1231 gain/(loss)			
10. Other income/(loss)			
Total Income. Add lines 1 through 10.....			
11. Section 179 deduction as adjusted for Iowa			
12. Other deductions			
Total deductions. Add lines 11 and 12			
Balance. Subtract total deductions from total income			▲
13. Credits from the credit section of federal K-1			
14. a) Post-1986 depreciation adjustment			
b) Adjusted gain/(loss)			
c) Depletion other than oil and gas			
d) Gross income from oil, gas, and geothermal properties .			
e) Deductions allocable to oil, gas, and geothermal properties.....			
f) Other adjustments and tax preference items. Include schedule			
15. Modifications Schedule			
a) All Source Modifications			
b) Business Activity Ratio			
c) Apportionable to Iowa (a) x (b)			

Part III: Shareholders Portion of IA Credits/Withholding

Type of Iowa Credit	Certificate Number	Current Year Amount
IA Income Tax Withheld		

To The Shareholder: You may have a filing requirement with the State of Iowa, even if you are not a resident. The corporation may file a composite return on behalf of its nonresident shareholders and should notify you if they have done so. To claim any withholding or tax credits, a return must be filed. Filing information for individuals, corporations, and other entities are provided on our website: <https://tax.iowa.gov> or by calling 515-281-3114 or 800-367-3388.

Legal Name _____

Doing Business As _____

Federal Employer ID Number _____ or Social Security Number _____

Pass-Through Entity (if applicable) _____

Pass-Through FEIN _____ Tax Period Ending Date _____

Check appropriate box(es):**Fuel used for:** 1.Farming ☐ 2.Commercial ☐ 3.Commercial Fishing ☐ 4.Other ☐
(specify) _____**1. Gasoline**

	Invoice Date	Invoice Gallons	Highway Gallons	Claimed Gallons	Tax Rate	Fuel Tax Paid	Sales Tax	Fuel Tax Credit
1a.	01/01/2018 to 06/30/2018				\$0.305	\$	\$	\$
1b.	07/01/2018 to end of tax year				\$0.307	\$	\$	\$

2. Ethanol - Blended Gasoline

	Invoice Date	Invoice Gallons	Highway Gallons	Claimed Gallons	Tax Rate	Fuel Tax Paid	Sales Tax	Fuel Tax Credit
	01/01/2018 to end of tax year				\$0.29	\$	\$	\$

3. Undyed Diesel Fuel - B0 to B10

	Invoice Date	Invoice Gallons	Highway Gallons	Claimed Gallons	Tax Rate	Fuel Tax Paid	Sales Tax	Fuel Tax Credit
	01/01/2018 to end of tax year				\$0.325	\$	\$	\$

4. Undyed Biodiesel Fuel - Blends B11 or Higher

Invoice Date	Invoice Gallons	Highway Gallons	Claimed Gallons	Tax Rate	Fuel Tax Paid	Sales Tax	Fuel Tax Credit
01/01/2018 to end of tax year				\$0.295	\$	\$	\$

5. Special Fuel - LPG

Invoice Date	Invoice Gallons	Highway Gallons	Claimed Gallons	Tax Rate	Fuel Tax Paid	Sales Tax	Fuel Tax Credit
01/01/2018 to end of tax year				\$0.30	\$	\$	\$

6. Pass-Through Fuel Tax Credit

Report pass-through Fuel Tax Credit from partnership, LLC, S corporation, estate, or trust.6. _____

7. Total Fuel Tax Credit

Add Fuel Tax Credit columns from lines 1 through 5 and line 6. Report on line 59 of the IA 1040, line 13 of the IA 1040C, line 31 of the IA 1041, or on line 1 of Schedule C1 on the IA 1120.7. _____

Name(s) _____ SSN or FEIN _____

Industry in Which Researching Entity is Engaged (see instructions) _____

Pass-Through Entity (if applicable) _____

Pass-Through FEIN _____ Tax Period Ending Date _____

PART I – Calculation of U.S. Qualified Research Expenses

1. Did the researching entity claim the federal research credit for this same tax year?
Yes ☐ Continue to Part I, line 2 (if pass-through only, continue to Part II, line 32).
No ☐ Taxpayer is not eligible for the Iowa Research Activities Tax Credit. Stop.
2. Certain amounts paid or incurred to energy consortia2. _____
3. Basic research payments to qualified organizations3. _____
4. Qualified organization base period amount.....4. _____
5. Wages for qualified research services5. _____
6. Cost of supplies used in conducting qualified research6. _____
7. Rental or lease costs of computers used in conducting qualified research.....7. _____
8. Applicable portion of contract research expenses.....8. _____
9. Total qualified research expenses. Add lines 5 through 8.....9. _____
10. Fixed-base percentage to four decimals, but not more than 16.00%..... 10. _____ %
11. Average U.S. annual gross receipts for tax years 2014 through 2017 11. _____
12. Multiply line 11 by the percentage on line 10 12. _____
13. Subtract line 12 from line 9. If zero or less, enter zero 13. _____
14. Multiply line 9 by 50% (0.5) 14. _____
15. Enter the smaller of line 13 or line 14 15. _____
16. Total allowable U.S. qualified research expenses. Add lines 2 and 15..... 16. _____

PART II – Calculation of Tax Credit Based on Percentage of Research Occurring within Iowa

17. Basic research payments to qualified organizations in Iowa 17. _____
18. Iowa apportioned qualified organization base period amount 18. _____
19. Subtract line 18 from line 17. If zero or less, enter zero 19. _____
20. Multiply line 19 by 6.5% (0.065) 20. _____
21. Wages for qualified research services performed in Iowa 21. _____
22. Cost of supplies used in conducting qualified research in Iowa 22. _____
23. Rental or lease costs of computers used in conducting qualified research
in Iowa..... 23. _____
24. Applicable portion of contract research expenses incurred in Iowa..... 24. _____
25. Total Iowa qualified research expenses. Add lines 21 through 24..... 25. _____
26. Total U.S. qualified research expenses. Add lines 2 and 9 26. _____
27. Iowa share of research. Divide line 25 by line 26, enter percentage to four
decimals (ex. 72.18%)..... 27. _____ %
28. Expenses allocable to Iowa. Multiply line 16 by the percentage on line 27 28. _____
29. Multiply line 28 by 6.5% (0.065) 29. _____

30. Iowa Research Activities Tax Credit. Add lines 20 and 29.
Enter in column K of Part II on the IA 148 Tax Credits Schedule 30. _____
31. Supplemental Research Activities Tax Credit. See instructions. Enter in column K
of Part II on the IA 148 and include the tax credit certificate number in column J .. 31. _____
32. Pass-through Iowa Research Activities Tax Credit received from partnership,
LLC, S corporation, estate, or trust. Enter on Part II and Part IV of the IA 148..... 32. _____
33. Pass-through Supplemental Research Activities Tax Credit received from
partnership, LLC, S corporation, estate, or trust. Enter on Part II and Part IV
of the IA 148 and include the tax credit certificate number 33. _____

IA 148 Tax Credits Schedule must be completed.

Name(s) _____ SSN or FEIN _____

Pass-Through Entity (if applicable) _____

Pass-Through FEIN _____ Tax Period Ending Date _____

1. Total number of E85 gasoline gallons sold at retail in Iowa during the tax year 1. _____
2. E85 Gasoline Promotion Tax Credit. Multiply line 1 by the tax credit rate per gallon of \$0.16 (sixteen cents). Enter in column K of Part II on the IA 148 Tax Credits Schedule 2. _____
3. Pass-through E85 Gasoline Promotion Tax Credit from partnership, LLC, S corporation, estate, or trust. Enter in column K of Part II on the IA 148 Tax Credits Schedule and complete Part IV on the IA 148 3. _____

Instructions

An E85 Gasoline Promotion Tax Credit is available to retail dealers of gasoline who operate fuel pumps at an Iowa retail fuel site. Tank wagons are considered retail fuel sites. To qualify for the tax credit, retail dealers must sell E85 gasoline, which is ethanol blended gasoline formulated with a minimum percentage between 70% and 85% by volume of ethanol. A taxpayer may claim the E85 Gasoline Promotion Tax Credit even if the taxpayer claims the Ethanol Promotion Tax Credit (Form IA 137) for the same ethanol gallons.

The tax credit equals sixteen cents multiplied by the total number of gallons of E85 gasoline sold during the tax year. Provide your name, SSN or FEIN, and tax period ending date. Individuals and C corporations must report the tax credit claim in column K of Part II on the IA 148 Tax Credits Schedule; use tax credit code 55 in column I and leave column J blank.

If the retailer is a partnership, LLC, S corporation, estate, or trust, this form must be completed and included with the Iowa tax return. The tax credit must be allocated to the individual members in the ratio of each member's share of the earnings of the entity to the entity's total earnings. On Schedule K-1 or

on an attachment to Schedule K-1, report the tax credit for each member and instruct the members to report the apportioned tax credit on line 3 of form IA 135 and include the form with their tax returns.

If the taxpayer has received any pass-through E85 Gasoline Promotion Tax Credit from a partnership, LLC, S corporation, estate, or trust, indicate that amount on line 3 of this form. Also enter the amount in column K of Part II on the IA 148 Tax Credits Schedule; use tax credit code 55 in column I and leave column J blank. Provide the pass-through entity name in column M and FEIN in column N of Part IV on the IA 148 Tax Credits Schedule.

File a separate IA 135 for each pass-through E85 Gasoline Promotion Tax Credit received. Also list the claims separately on Part II of the IA 148 Tax Credits Schedule, providing each pass-through entity name and FEIN in Part IV.

Any tax credit in excess of tax liability can be refunded or credited to tax liability for the following year.

Include this form and the IA 148 with your IA 1040, IA 1041, or IA 1120.

IA 148 Tax Credits Schedule must be completed.

Name(s) _____ SSN or FEIN _____ Tax Period Ending Date _____

Pass-Through Entity (if applicable) _____ Pass-Through FEIN _____

PART I – Determination of Biofuel Threshold Percentage Disparity

Indicate determination method: Company-Wide <input type="checkbox"/> Site-by-Site <input type="checkbox"/>	2018 GALLONS - Beginning of tax year through 12-31-18			2019 GALLONS - 01-01-19 through end of tax year		
	A	B	C (AxB)	D	E	F (DxE)
1. E10 gallons sold at retail	1. _____	10%	_____	1. _____	10%	_____
2. E15 gallons sold at retail	2. _____	15%	_____	2. _____	15%	_____
3. E85 gallons sold at retail	3. _____	79%	_____	3. _____	79%	_____
4. Ethanol gallons sold not E10, E15, or E85	4. _____	%	_____	4. _____	%	_____
5. Total ethanol sold. Add lines 1 through 4	5. _____		_____	5. _____		_____
6. Non-ethanol gasoline gallons sold.....	6. _____			6. _____		
7. Total gasoline gallons sold at retail Add lines 5 and 6.....	7. _____			7. _____		
8. Biodiesel gallons sold at retail						
a. B2 gallons	8a. _____	2%	_____	8a. _____	2%	_____
b. B5 gallons	8b. _____	5%	_____	8b. _____	5%	_____
c. B11 gallons	8c. _____	11%	_____	8c. _____	11%	_____
d. B20 gallons	8d. _____	20%	_____	8d. _____	20%	_____
e. Other biodiesel gallons.....	8e. _____	%	_____	8e. _____	%	_____
9. Total pure biofuel sold. Add lines 5, 8a-8e...	9. _____		_____	9. _____		_____
10. Biofuel distribution percentage – Divide line 9 by line 7, enter percentage to 4 decimals, i.e. 19.05%.....	10. _____ %			10. _____ %		
11. Biofuel threshold percentage – Based on annualized sales at all retail locations	11. _____ %			11. _____ %		
Fiscal year filers see instructions to annualize line 7						
12. Biofuel threshold percentage disparity – Subtract line 10 from line 11, enter to 4 decimals. If zero or less, enter zero	12. _____ %	If 4.01% or more, you are not eligible for this credit		12. _____ %	If 4.01% or more, you are not eligible for this credit	

If line 7 for all sites in 2018 is 200,000 gallons or less, enter 19%
If line 7 for all sites in 2018 exceeds 200,000 gallons, enter 23%

If line 7 for all sites in 2019 is 200,000 gallons or less, enter 21%
If line 7 for all sites in 2019 exceeds 200,000 gallons, enter 25%

PART II – Determination of Credit

For Site-by-Site method, provide name and address of Iowa Retail Fuel Site

Name

Address

City and ZIP

Credit calculation for both Company-Wide and Site-by-Site methods		2018 GALLONS Beginning of tax year through 12-31-18 A	2019 GALLONS 01-01-19 through end of tax year B
1. Total pure ethanol sold. Enter line 5 of Part I, Column C/F	1.	_____	1. _____
2. Eligible tax credit rate per gallon....	2.	_____	2. _____
		If column A, line 12 of Part I=0.00%, enter \$0.08 (eight cents) If column A, line 12 of Part I=0.01 to 2.00%, enter \$0.06 (six cents) If column A, line 12 of Part I=2.01 to 4.00%, enter \$0.04 (four cents)	If column D, line 12 of Part I=0.00%, enter \$0.08 (eight cents) If column D, line 12 of Part I=0.01 to 2.00%, enter \$0.06 (six cents) If column D, line 12 of Part I=2.01 to 4.00%, enter \$0.04 (four cents)
3. Credit for ethanol sold. Multiply line 1 by line 2	3.	_____	3. _____
4. Add lines 3A and 3B	4.	_____	

PART III – Final Credit Calculation (complete only once for Site-by-Site method)

1. Ethanol Promotion Tax Credits:

Company-Wide method - Line 4 of Part II

Site-by-Site method - Add all line 4's from all Part II's

Enter in column K of Part II on the IA 148 Tax Credits Schedule

1. _____

2. Pass-through Ethanol Promotion Tax Credit from partnership, LLC, S corporation, estate, or trust.

Enter in column K of Part II on the IA 148 Tax Credits Schedule and complete Part IV on the IA 148

2. _____

IA 148 Tax Credits Schedule must be completed.

41-151b (06/29/18)

Name(s) _____ SSN or FEIN _____

Pass-Through Entity (if applicable) _____

Pass-Through FEIN _____ Tax Period Ending Date _____

1. Number of E15 Plus gasoline gallons sold at retail in Iowa during the 2018 tax year between:
 - 1a. January 1, 2018 and May 31, 2018.....1a. _____
 - 1b. September 16, 2018 and December 31, 20181b. _____
 - 1c. January 1, 2019 and May 31, 2019 (fiscal year filers only)1c. _____
 - 1d. September 16, 2019 and November 30, 2019 (fiscal year filers only)1d. _____
2. Add lines 1a through 1d.....2. _____
3. E15 Plus Gasoline Promotion Tax Credit for non-summer months. Multiply line 2 by the tax credit rate per gallon of \$0.03 (three cents) 3. _____
4. Number of E15 Plus gasoline gallons sold at retail in Iowa during the 2018 tax year between:
 - 4a. June 1, 2018 and September 15, 20184a. _____
 - 4b. June 1, 2019 and September 15, 2019 (fiscal year filers only).....4b. _____
5. Add lines 4a and 4b5. _____
6. E15 Plus Gasoline Promotion Tax Credit for summer months. Multiply line 5 by the tax credit rate per gallon of \$0.10 (ten cents)6. _____
7. E15 Plus Gasoline Promotion Tax Credit. Add lines 3 and 6. Enter in column K of Part II on the IA 148 Tax Credits Schedule7. _____
8. Pass-through E15 Plus Gasoline Promotion Tax Credit from partnership, LLC, S corporation, estate, or trust. Enter in column K of Part II on the IA 148 Tax Credits Schedule and complete Part IV on the IA 148 8. _____

IA 148 Tax Credits Schedule must be completed.

Name(s) _____ SSN or FEIN _____

Pass-Through Entity (if applicable) _____

Pass-Through FEIN _____ Tax Period Ending Date _____

1. Total number of biodiesel fuel gallons containing a minimum of 5% to 10% pure biodiesel sold at retail in Iowa 1. _____
2. Biodiesel Blended Fuel Tax Credit for B5-B10 blends. Multiply line 1 by the tax credit rate per gallon of \$0.035 (three and one-half cents) 2. _____
3. Total number of biodiesel fuel gallons containing a minimum of 11% pure biodiesel sold at retail in Iowa 3. _____
4. Biodiesel Blended Fuel Tax Credit for B11 plus blends. Multiply line 3 by the tax credit rate per gallon of \$0.055 (five and one-half cents) 4. _____
5. Biodiesel Blended Fuel Tax Credit. Add lines 2 and 4. Enter in column K of Part II on the IA 148 Tax Credits Schedule 5. _____
6. Pass-through Biodiesel Blended Fuel Tax Credit from partnership, LLC, S corporation, estate, or trust. Enter in column K of Part II on the IA 148 Tax Credits Schedule and complete Part IV of the IA 148 6. _____

IA 148 Tax Credits Schedule must be completed.

For calendar year 2018 or tax year beginning _____, 2018, ending _____, 20 _____

Name of S Corporation: _____

Federal Employer Identification Number (FEIN): _____

Part I Tax Return Information

1. Net income per federal form 1120S Schedule K (IA 1120S, Part III, line 1)..... 1. _____
2. Total additions (IA 1120S, Part III, line 4) 2. _____
3. Total reductions (IA 1120S, Part III, line 8) 3. _____
4. Modified federal net income (IA 1120S, Part III, line 10) 4. _____

Part II Declaration of Officer (Be sure to keep a copy of the tax return)

Under penalties of perjury, I declare that I am the president or other duly authorized officer of the above S Corporation and that I have examined the information on this electronic 2018 Iowa S Corporation income tax return, including any schedules, attachments, and statements, and certify to the best of my knowledge and belief, it is true, correct and complete. I further declare that the amounts in Part I above are the amounts shown on the copy of this electronic S Corporation return. I consent that this return, including accompanying schedules, attachments, and statements be sent to Iowa Department of Revenue (IDR) through the Internal Revenue Service (IRS) by the Electronic Return Originator (ERO). In addition, by using software to prepare and transmit this return electronically, I consent to the disclosure to Iowa of all information pertaining to the transmission of this tax return electronically. I authorize IDR to inform the ERO and/or transmitter when this electronic return has been accepted. In the event that it is rejected, I authorize IDR to identify the reasons for rejection so that the return can be corrected and re-transmitted. I understand that this declaration with required attachments must be forwarded upon request to the IDR.

Officer's Signature: _____ Date: _____ Title: _____

Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer

I declare that I have reviewed the above S Corporation income tax return and that entries on form IA 8453-S are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. I have obtained the president's or other duly authorized officer of the above S Corporation's signature before submitting this return to the IRS. I have provided the president or other duly authorized officer of the above S Corporation with a copy of all forms and information to be filed with IDR and have followed all other requirements described in the Iowa Modernized e-File (MeF) Information for e-File Providers publication. I understand that the original form IA 8453-S should not be sent to IDR, but must be retained by the ERO for a period of three years from the due date of the return or the filing date, whichever is later, to which the IA 8453-S relates was filed. I will make a copy available to IDR upon request. If I am a paid preparer, under penalties of perjury, I declare that I have examined the above S Corporation return and accompanying schedules, attachments, and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I have based this declaration on all information available to me.

ERO Signature	Date	Check if also paid preparer <input type="checkbox"/>	Check if self- employed <input type="checkbox"/>	ERO PTIN
Firm's name (or yours if self-employed) Address and zip code				FEIN Phone Number ()
Paid Preparer Signature	Date	Check if self- employed <input type="checkbox"/>		Preparer PTIN
Firm's name (or yours if self-employed) Address and zip code				FEIN Phone Number ()