

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 _____

City _____ State _____ ZIP _____

Total Number of Shareholders _____

County Number _____

Number of Iowa Shareholders _____

Name of Contact Person _____

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

Phone Number _____

First Return ☐ New Business ☐ Successor ☐ Entering Iowa ☐Final Return ☐ Reorganized ☐ Merged ☐Dissolved ☐ Withdrawn ☐Bankruptcy ☐ Other ☐**Part II: Corporation Information**Type of Return: S Corporation ☐ Interest Charge Domestic International Sales Corporation ☐ Foreign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**

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.

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**

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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

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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.

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 - Background Information – 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 25).
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. Average U.S. annual gross receipts for tax years 2014 through 20179. _____

PART II – Calculation of Tax Credit Based on Iowa Qualified Research Expenses

10. Basic research payments to qualified organizations in Iowa 10. _____
11. Iowa apportioned qualified organization base period amount 11. _____
12. Subtract line 11 from line 10. If zero or less, enter zero 12. _____
13. Multiply line 12 by 6.5% (0.065) 13. _____
14. Wages for qualified research services performed in Iowa 14. _____
15. Cost of supplies used in conducting qualified research in Iowa 15. _____
16. Rental or lease costs of computers used in conducting qualified research
in Iowa 16. _____
17. Applicable portion of contract research expenses incurred in Iowa 17. _____
18. Total Iowa qualified research expenses. Add lines 14 through 17..... 18. _____
19. Total qualified research expenses in Iowa for the prior three years. If you had
no qualified research expenses in Iowa during all of those years, enter zero
and skip lines 20 and 21 19. _____
20. Divide line 19 by six (6.0) 20. _____
21. Subtract line 20 from line 18. If zero or less, enter zero 21. _____
22. Multiply line 21 by 4.55% (0.0455)
If you skipped lines 20 and 21, multiply line 18 by 1.95% (0.0195) 22. _____

23. Iowa Alternative Simplified Research Activities Tax Credit. Add lines 13 and 22.
Enter in column K of Part II on the IA 148 Tax Credits Schedule 23. _____
24. 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 24. _____
25. Pass-through Alternative Simplified Research Activities Tax Credit received
from partnership, LLC, S corporation, estate, or trust. Enter on Part II and
Part IV of the IA 148 Tax Credits Schedule 25. _____
26. 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 26. _____

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 _____

Tax credit certificate number for 260E agreement with a community college _____

If you claimed the New Jobs Tax Credit under this agreement in a prior tax year, you are NOT eligible to claim it again for the same new jobs.

Part I - Eligibility for New Jobs Tax Credit

1. Base employment level at the location with the 260E agreement 1. _____
2. Number of new jobs directly resulting from the project covered by the agreement for which the tax credit is being claimed from line 1 of Schedule A... 2. _____
3. Number of new jobs directly related to the jobs in line 2 for which the tax credit is being claimed from line 1 of Schedule B..... 3. _____
4. Total new jobs claimed. Add lines 2 and 3. If partial jobs were reported, round down to the nearest whole number 4. _____
5. Total employment level in the current tax year at the location with the 260E agreement 5. _____
6. Total employment gain at the location with the 260E agreement. Subtract line 1 from line 5..... 6. _____
7. Total eligible new jobs. Enter the smaller of line 4 or line 6..... 7. _____
8. Increased employment percentage. Divide line 7 by line 1 and round to three decimals (ex. 10.3%). If line 1 equals zero, report 10.0%. If this number is less than 10.0%, you are not eligible for the New Jobs Tax Credit for this tax year; do not claim this tax credit..... 8. _____ %

Part II - Calculation of the New Jobs Tax Credit

9. Qualifying taxable wages for new jobs for which the tax credit is being claimed in tax year 2018. Add total qualifying taxable wages from line 2 of Schedule A and line 2 of Schedule B 9. _____
10. New Jobs Tax Credit. Multiply line 9 by the tax credit rate of 6% (0.06). Enter in column D of Part I on the IA 148 Tax Credits Schedule..... 10. _____

Part III - Pass-through or Carryforward of the New Jobs Tax Credit

11. Pass-through New Jobs Tax Credit from partnership, LLC, S corporation, estate or trust. Enter in column D of Part I and complete Part IV on the IA 148 Tax Credits Schedule 11. _____
12. Carryforward of New Jobs Tax Credit from tax year 2017 under the tax credit certificate number listed above. Enter in column C of Part I on the IA 148 Tax Credits Schedule 12. _____

IA 148 Tax Credits Schedule must be completed.

Schedule A - Employees in New Jobs Directly Resulting from the Project

A Employee Name	B Employee SSN	C Job Title	D Wages Paid During the Tax Year	E Hours Share	F Qualifying Taxable Wages: Report the lesser of Column D or \$29,900 multiplied by Column E

1. Total New Jobs (sum column E Hours Share). Enter on line 2 of the IA 133 1. _____

2. Total Qualifying Taxable Wages (sum column F)..... 2. _____

Schedule B – Employees in New Jobs Directly Related to the New Jobs in Schedule A

A Employee Name	B Employee SSN	C Job Title	D Wages Paid During the Tax Year	E Hours Share	F Qualifying Taxable Wages: Report the lesser of Column D or \$29,900 multiplied by Column E

1. Total New Jobs (sum column E Hours Share), Enter on line 3 of the IA 133 1. _____

2. Total Qualifying Taxable Wages (sum column F)..... 2. _____

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 ()