

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

**Check all that apply:** Name/Address Change ☐ Short Period ☐ Amended Return ☐ Final Return ☐**Part I: Partnership Name and Address**Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
County Number \_\_\_\_\_  
Name of Contact Person \_\_\_\_\_  
Phone Number \_\_\_\_\_Federal Employer Identification Number \_\_\_\_\_  
Business Code \_\_\_\_\_  
Principal Activity \_\_\_\_\_  
Total Number of Partners \_\_\_\_\_  
Number of Iowa Partners \_\_\_\_\_  
List other states in which the partnership operates:  
\_\_\_\_\_**Part II: Partnership Information**Type of Return (check one): Partnership ☐ Limited Liability Company ☐ Limited Liability Partnership ☐ Other ☐ \_\_\_\_\_  
Does the partnership have income/loss from business activities carried on within Iowa? ..... Yes ☐ No ☐  
Is any of the partnership's income/loss from real property within Iowa? ..... Yes ☐ No ☐  
Does the partnership's income/loss come from any activity other than interest, dividends, or capital gain  
from the sale of stocks or bonds? ..... Yes ☐ No ☐**Part III: Modification of Partnership Income****Enter Whole Dollars**

1. Federal partnership taxable income (loss) from federal form 1065 Schedule K ..... 1. \_\_\_\_\_
2. Interest from state and municipal bonds and securities ..... 2. \_\_\_\_\_
3. Other additions. Include schedule ..... 3. \_\_\_\_\_
4. Total additions. Add lines 2 and 3 ..... 4. \_\_\_\_\_
5. Interest and dividends from federal securities ..... 5. \_\_\_\_\_
6. Other reductions. Include schedule ..... 6. \_\_\_\_\_
7. Total reductions. Add lines 5 and 6 ..... 7. \_\_\_\_\_
8. Net modifications. Subtract line 7 from line 4 ..... 8. \_\_\_\_\_
9. Total all-source partnership income. Add lines 1 and 8 ..... 9. \_\_\_\_\_

**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: Enter Iowa net income for three preceding years:** 2015 \_\_\_\_\_ 2016 \_\_\_\_\_ 2017 \_\_\_\_\_**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.**Signature of Partner or Member:**\_\_\_\_\_  
Date \_\_\_\_\_  
Title \_\_\_\_\_  
Daytime Telephone Number \_\_\_\_\_**Preparer's Signature:**\_\_\_\_\_  
Date \_\_\_\_\_  
Preparer's Address \_\_\_\_\_  
Preparer's ID Number \_\_\_\_\_  
Telephone Number \_\_\_\_\_

Mail To: Income Tax Return Processing, Iowa Department of Revenue, Hoover State Office Building, Des Moines IA 50319-0120

**Part I: General Information****Partnership or Limited Liability Company Information:**

Name \_\_\_\_\_

Federal Employer Identification Number (FEIN) \_\_\_\_\_

**Partner Information:**

Name \_\_\_\_\_

Social Security Number/FEIN \_\_\_\_\_

Address \_\_\_\_\_

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

Resident Partner ☐Nonresident Partner ☐Amended K-1 ☐**Partner's Entity Type:** ▲Individual ..... ☐Corporation ..... ☐Trust ..... ☐Partnership ..... ☐S Corporation .... ☐Other ..... ☐

Partner's Ownership Percentage ..... %

Partnership Iowa Receipts .....\$ .....00

Partnership Total Receipts .....\$ .....00

Partnership Business Activity Ratio from  
page 1, Part IV, line 13 of IA 1065 ..... %**Part II: Partner's Pro Rata Share Items**

Completed Iowa Schedule K-1s for all partners must be included with the IA 1065 Partnership Return.

| Income/Adjustments   | (a) Federal K-1<br>Amount | (b) Nonresident<br>Business Activity<br>Ratio | (c) Nonresident<br>Apportionable to<br>Iowa (a) x (b) |
|--|---------------------------|---|---|
| 1. Ordinary business income/(loss) .....                                 |                           |   |   |
| 2. Net rental real estate income/(loss) .....                            |                           |   |   |
| 3. Other net rental income/(loss) .....                                  |                           |   |   |
| 4. Guaranteed payments .....   |                           |   |   |
| 5. Interest income .....   |                           |   |   |
| 6. Dividends line 6a, federal K-1 .....                                  |                           |   |   |
| 7. Royalties .....   |                           |   |   |
| 8. Net short-term capital gain/(loss) .....                              |                           |   |   |
| 9. Net long-term capital gain/(loss) line 9a, federal K-1 .....          |                           |   |   |
| 10. Net section 1231 gain/(loss) .....                                   |                           |   |   |
| 11. Other income/(loss) .....  |                           |   |   |
| <b>Total Income. Add lines 1 through 11</b> .....                        |                           |   |   |
| 12. Section 179 deduction as adjusted for Iowa .....                     |                           |   |   |
| 13. Other deductions .....   |                           |   |   |
| <b>Total deductions. Add lines 12 and 13</b> .....                       |                           |   |   |
| <b>Balance. Subtract total deductions from total income</b> .....        |                           |   | ▲   |
| 14. Credits from the credit section of federal K-1 .....                 |                           |   |   |
| 15. 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<br>properties .....  |                           |   |   |
| f) Other adjustments and tax preference items.<br>Include schedule ..... |                           |   |   |
| 16. <b>Modifications Schedule</b>  |                           |   |   |
| a) All Source Modifications .....  |                           |   |   |
| b) Business Activity Ratio .....   |                           |   |   |
| c) Apportionable to Iowa (a) x (b) .....                                 |                           |   |   |

**Part III: Partner's Portion of IA Credits/Withholding**

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

**To The Partner:** You may have a filing requirement with the State of Iowa, even if you are not a resident. The partnership may file a composite return on behalf of its nonresident partners 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****Partnership or Limited Liability Company Information:**

Name \_\_\_\_\_

Federal Employer Identification Number (FEIN) \_\_\_\_\_

**Partner Information:**

Name \_\_\_\_\_

Social Security Number/FEIN \_\_\_\_\_

Address \_\_\_\_\_

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

Resident Partner ☐Nonresident Partner ☐Amended K-1 ☐**Partner's Entity Type:** ▲Individual ..... ☐Corporation ..... ☐Trust ..... ☐Partnership ..... ☐S Corporation .... ☐Other ..... ☐

Partner's Ownership Percentage ..... %

Partnership Iowa Receipts .....\$ .....00

Partnership Total Receipts .....\$ .....00

Partnership Business Activity Ratio from  
page 1, Part IV, line 13 of IA 1065 ..... %**Part II: Partner's Pro Rata Share Items**

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| Income/Adjustments   | (a) Federal K-1<br>Amount | (b) Nonresident<br>Business Activity<br>Ratio | (c) Nonresident<br>Apportionable to<br>Iowa (a) x (b) |
|--|---------------------------|---|---|
| 1. Ordinary business income/(loss) .....                                 |                           |   |   |
| 2. Net rental real estate income/(loss) .....                            |                           |   |   |
| 3. Other net rental income/(loss) .....                                  |                           |   |   |
| 4. Guaranteed payments .....   |                           |   |   |
| 5. Interest income .....   |                           |   |   |
| 6. Dividends line 6a, federal K-1 .....                                  |                           |   |   |
| 7. Royalties .....   |                           |   |   |
| 8. Net short-term capital gain/(loss) .....                              |                           |   |   |
| 9. Net long-term capital gain/(loss) line 9a, federal K-1 .....          |                           |   |   |
| 10. Net section 1231 gain/(loss) .....                                   |                           |   |   |
| 11. Other income/(loss) .....  |                           |   |   |
| <b>Total Income. Add lines 1 through 11</b> .....                        |                           |   |   |
| 12. Section 179 deduction as adjusted for Iowa .....                     |                           |   |   |
| 13. Other deductions .....   |                           |   |   |
| <b>Total deductions. Add lines 12 and 13</b> .....                       |                           |   |   |
| <b>Balance. Subtract total deductions from total income</b> .....        |                           |   | ▲   |
| 14. Credits from the credit section of federal K-1 .....                 |                           |   |   |
| 15. 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<br>properties .....  |                           |   |   |
| f) Other adjustments and tax preference items.<br>Include schedule ..... |                           |   |   |
| 16. <b>Modifications Schedule</b>  |                           |   |   |
| a) All Source Modifications .....  |                           |   |   |
| b) Business Activity Ratio .....   |                           |   |   |
| c) Apportionable to Iowa (a) x (b) .....                                 |                           |   |   |

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| IA Income Tax Withheld |                    |                     |
|                        |                    |                     |
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Name \_\_\_\_\_

Federal Employer Identification Number (FEIN) \_\_\_\_\_

**Partner Information:**

Name \_\_\_\_\_

Social Security Number/FEIN \_\_\_\_\_

Address \_\_\_\_\_

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

Resident Partner ☐Nonresident Partner ☐Amended K-1 ☐**Partner's Entity Type:** ▲Individual ..... ☐Corporation ..... ☐Trust ..... ☐Partnership ..... ☐S Corporation .... ☐Other ..... ☐

Partner's Ownership Percentage ..... %

Partnership Iowa Receipts .....\$ .....00

Partnership Total Receipts .....\$ .....00

Partnership Business Activity Ratio from  
page 1, Part IV, line 13 of IA 1065 ..... %**Part II: Partner's Pro Rata Share Items**

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| Income/Adjustments   | (a) Federal K-1<br>Amount | (b) Nonresident<br>Business Activity<br>Ratio | (c) Nonresident<br>Apportionable to<br>Iowa (a) x (b) |
|--|---------------------------|---|---|
| 1. Ordinary business income/(loss) .....                                 |                           |   |   |
| 2. Net rental real estate income/(loss) .....                            |                           |   |   |
| 3. Other net rental income/(loss) .....                                  |                           |   |   |
| 4. Guaranteed payments .....   |                           |   |   |
| 5. Interest income .....   |                           |   |   |
| 6. Dividends line 6a, federal K-1 .....                                  |                           |   |   |
| 7. Royalties .....   |                           |   |   |
| 8. Net short-term capital gain/(loss) .....                              |                           |   |   |
| 9. Net long-term capital gain/(loss) line 9a, federal K-1 .....          |                           |   |   |
| 10. Net section 1231 gain/(loss) .....                                   |                           |   |   |
| 11. Other income/(loss) .....  |                           |   |   |
| <b>Total Income. Add lines 1 through 11</b> .....                        |                           |   |   |
| 12. Section 179 deduction as adjusted for Iowa .....                     |                           |   |   |
| 13. Other deductions .....   |                           |   |   |
| <b>Total deductions. Add lines 12 and 13</b> .....                       |                           |   |   |
| <b>Balance. Subtract total deductions from total income</b> .....        |                           |   | ▲   |
| 14. Credits from the credit section of federal K-1 .....                 |                           |   |   |
| 15. 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<br>properties .....  |                           |   |   |
| f) Other adjustments and tax preference items.<br>Include schedule ..... |                           |   |   |
| 16. <b>Modifications Schedule</b>  |                           |   |   |
| a) All Source Modifications .....  |                           |   |   |
| b) Business Activity Ratio .....   |                           |   |   |
| c) Apportionable to Iowa (a) x (b) .....                                 |                           |   |   |

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| IA Income Tax Withheld |                    |                     |
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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<br>Date                     | Invoice<br>Gallons | Highway<br>Gallons | Claimed<br>Gallons | Tax<br>Rate | Fuel Tax<br>Paid | Sales<br>Tax | Fuel Tax<br>Credit |
|-----|-------------------------------------|--------------------|--------------------|--------------------|-------------|------------------|--------------|--------------------|
| 1a. | 01/01/2018<br>to<br>06/30/2018      |                    |                    |                    | \$0.305     | \$               | \$           | \$                 |
| 1b. | 07/01/2018<br>to end of<br>tax year |                    |                    |                    | \$0.307     | \$               | \$           | \$                 |

**2. Ethanol - Blended Gasoline**

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

**3. Undyed Diesel Fuel - B0 to B10**

|  | Invoice<br>Date                     | Invoice<br>Gallons | Highway<br>Gallons | Claimed<br>Gallons | Tax<br>Rate | Fuel Tax<br>Paid | Sales<br>Tax | Fuel Tax<br>Credit |
|--|-------------------------------------|--------------------|--------------------|--------------------|-------------|------------------|--------------|--------------------|
|  | 01/01/2018<br>to end of<br>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 \_\_\_\_\_

Pass-Through Entity (if applicable) \_\_\_\_\_ Pass-Through FEIN \_\_\_\_\_

**Part I - Computation of Iowa depreciation adjustment. See instructions before completing.**

| A. Description of Property              | B. Date Placed in Service | C. Life of Asset | D. Cost or Other Basis | E. Federal 179 Expense | F. Federal Depreciation Deduction | G. Accumulated Federal Depreciation | H. Iowa 179 Expense | I. MACRS Iowa Depreciation Deduction | J. Accumulated Iowa Depreciation |
|---|---------------------------|------------------|------------------------|------------------------|-----------------------------------|-------------------------------------|---------------------|--------------------------------------|----------------------------------|
|   |                           |                  |                        |                        |                                   |                                     |                     |                                      |                                  |
|   |                           |                  |                        |                        |                                   |                                     |                     |                                      |                                  |
|   |                           |                  |                        |                        |                                   |                                     |                     |                                      |                                  |
|   |                           |                  |                        |                        |                                   |                                     |                     |                                      |                                  |
| Total amounts in columns E, F, H, and I |                           |                  |                        |                        |                                   |                                     |                     |                                      |                                  |

**Part II - Disposition adjustments**

If you have disposed of property and an Iowa depreciation adjustment was applied to this property, continue with Part II; otherwise, skip to Part III.

| A. Description of Property Sold or Disposed | B. Date Placed in Service- MM/DD/YY | C. Date Sold or Disposed MM/DD/YY | D. Total Iowa Depreciation + Sec. 179 Expense Taken | E. Total Federal Depreciation + Sec. 179 Expense Taken | F. Adjustment (subtract column E from column D) |
|---|-------------------------------------|-----------------------------------|---|--|---|
|   |                                     |                                   |   |  |   |
|   |                                     |                                   |   |  |   |
|   |                                     |                                   |   |  |   |
|   |                                     |                                   |   |  |   |
| Total amounts in column F                   |                                     |                                   |   |  |   |

**Part III - Summary of adjustments to net income**

1. Enter the sum of amounts from Part I, columns E and F..... 1. \_\_\_\_\_
2. Enter the sum of amounts from Part I, columns H and I..... 2. \_\_\_\_\_
3. Adjustment to depreciation. Subtract line 2 from line 1 ..... 3. \_\_\_\_\_
4. Enter the amount from Part II, column F..... 4. \_\_\_\_\_
5. Add lines 3 and 4. This amount must be reported on your tax return.  
See table in Part III of the instructions for specific form and line references... 5. \_\_\_\_\_

Include this form with your Iowa income tax return.

Name(s) \_\_\_\_\_ SSN or FEIN \_\_\_\_\_

**Part IV – Section 179 pass-through recipient special election and deductions.**

Part IV may only be completed by individuals and certain entities. See instructions.

**1. Section 179 expense allocated from Partnerships, S Corporations, and Limited Liability Companies.**

- a. Enter the section 179 expense amount shown on line 12, column (a) of all IA 1065 Schedule K-1s..... a. \_\_\_\_\_
- b. Enter any section 179 expense amount(s) shown on line 12 of all federal Schedule K-1s, form 1065 from entities that did not provide an IA 1065 Schedule K-1..... b. \_\_\_\_\_
- c. Enter the section 179 expense amount shown on line 11, column (a) of all IA 1120S Schedule K-1s..... c. \_\_\_\_\_
- d. Enter any section 179 expense amount(s) shown on line 11 of all federal Schedule K-1s, form 1120S from entities that did not provide an IA 1120S Schedule K-1.. d. \_\_\_\_\_

Total sum of a, b, c, and d. If more than \$1,000,000, enter \$1,000,000..... 1. \_\_\_\_\_

**Is the amount on line 1 less than \$70,000 (Iowa section 179 expense limitation for tax year 2018)?**

If YES, STOP completing Part IV. You are not eligible for the special election. Complete the IA 4562A as instructed in Part I.

If NO, you are eligible for the special election deduction. Enter \$70,000 in a separate row of the IA 4562A, Part I, column H and write "Part IV" in Part I column A. Continue completing Part IV. If you choose not to make the special election, see instructions.

2. Limitation..... 2. \$70,000
3. Subtract line 2 from line 1. Enter the result here. .... 3. \_\_\_\_\_
4. Special election deduction. Multiply line 3 by 0.20. Enter the result in each box of the table below.
- a. 2019: \_\_\_\_\_ b. 2020: \_\_\_\_\_ c. 2021: \_\_\_\_\_ d. 2022: \_\_\_\_\_ e. 2023: \_\_\_\_\_



Name(s) \_\_\_\_\_ SSN/FEIN \_\_\_\_\_

**Note:** Use this form to record the cumulative effect of depreciation adjustments computed on form IA 4562A.

| Tax Period<br>Ending Date | IA 4562A<br>Adjustment<br>Amount from<br>Part III, Line 5 | Balance |
|---------------------------|---|---------|
|                           |   |         |
|                           |   |         |
|                           |   |         |
|                           |   |         |
|                           |   |         |
|                           |   |         |
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|                           |   |         |
|                           |   |         |
|                           |   |         |
|                           |   |         |

**Instructions to 4562B**

**Tax Period Ending Date:** Start with the tax period that you first made an adjustment for depreciation or section 179 expensing on the Iowa return. Continue entering each subsequent tax period up to, and including, the current period.

**IA 4562A Adjustment:** Enter the amount added/deducted on the Iowa return for each tax period. This should be the amount entered in Part III, line 5 of the IA 4562A. Enter negative numbers in parenthesis. Place an asterisk (\*) after the tax period if the IA 4562A adjustment was changed from the amount originally claimed. You must provide copies of the prior tax periods' IA 4562As if requested by the Department. Failure to provide copies of the prior tax periods' IA 4562As will delay the processing of your return or cause the denial of your adjustment. Do not send copies of the asset listings that are required with the IA 4562A.

**Balance:** The balance amount for the first tax period should be the same as the amount of the adjustment. For each subsequent tax period, the balance amount should be changed by the amount of that tax period's IA 4562A adjustment.

Include this form with your Iowa tax return.

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:<br>Company-Wide <input type="checkbox"/> Site-by-Site <input type="checkbox"/>                                   | 2018 GALLONS - Beginning of<br>tax year through 12-31-18 |  |         | 2019 GALLONS - 01-01-19<br>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<br>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. <b>Biofuel distribution percentage</b> – Divide<br>line 9 by line 7, enter percentage to 4<br>decimals, i.e. 19.05%.....                    | 10. _____ %  |  |         | 10. _____ %  |  |         |
| 11. <b>Biofuel threshold percentage</b> – Based on<br>annualized sales at all retail locations .....  | 11. _____ %  |  |         | 11. _____ %  |  |         |
| <b>Fiscal year filers see instructions to annualize line 7</b>  |  |  |         |  |  |         |
| 12. <b>Biofuel threshold percentage disparity</b> –<br>Subtract line 10 from line 11, enter to 4<br>decimals. If zero or less, enter zero ..... | 12. _____ %  | If 4.01% or more,<br>you are not eligible<br>for this credit |         | 12. _____ %  | If 4.01% or more, you<br>are not eligible for this<br>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<br>Beginning of tax year through 12-31-18<br>A   | 2019 GALLONS<br>01-01-19 through end of tax year<br>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. _____<br>If column A, line 12 of Part I=0.00%, enter \$0.08 (eight cents)<br>If column A, line 12 of Part I=0.01 to 2.00%, enter \$0.06 (six cents)<br>If column A, line 12 of Part I=2.01 to 4.00%, enter \$0.04 (four cents) | 2. _____<br>If column D, line 12 of Part I=0.00%, enter \$0.08 (eight cents)<br>If column D, line 12 of Part I=0.01 to 2.00%, enter \$0.06 (six cents)<br>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.**

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, 2018 .....1b. \_\_\_\_\_
  - 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, 2018 .....4a. \_\_\_\_\_
  - 4b. June 1, 2019 and September 15, 2019 (fiscal year filers only).....4b. \_\_\_\_\_
5. Add lines 4a and 4b .....5. \_\_\_\_\_
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 Schedule .....7. \_\_\_\_\_
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 Partnership: \_\_\_\_\_

Federal Employer Identification Number (FEIN): \_\_\_\_\_

**Part I Tax Return Information**

1. Federal partnership taxable income (loss) from federal Schedule K (IA 1065, Part III, line 1) ... 1. \_\_\_\_\_
2. Total additions (IA 1065, Part III, line 4) ..... 2. \_\_\_\_\_
3. Total reductions (IA 1065, Part III, line 7) ..... 3. \_\_\_\_\_
4. Total all-source partnership income (IA 1065, Part III, line 9) ..... 4. \_\_\_\_\_

**Part II Declaration of General Partner or Limited Liability Company Member Manager**  
**(Be sure to keep a copy of the tax return)**

Under penalties of perjury, I declare that I am a partner or member of the above partnership and that I have examined the information on this electronic 2018 Iowa partnership return of income, 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 partnership return of income. 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.

Signature of Partner or Member: \_\_\_\_\_ Date: \_\_\_\_\_ Title: \_\_\_\_\_

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

I declare that I have reviewed the above partnership return and that entries on form IA 8453-PE 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 partner's or member's signature before submitting this return to the IRS. I have provided the partner or member 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-PE 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-PE 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 partnership 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<br>Signature   | Date | Check if<br>also paid<br>preparer <input type="checkbox"/> | Check if<br>self-<br>employed <input type="checkbox"/> | ERO PTIN                        |
| Firm's name (or yours<br>if self-employed)<br>Address and zip code |      |  |  | FEIN<br>Phone<br>Number (     ) |
| Paid Preparer<br>Signature   | Date | Check if self-<br>employed <input type="checkbox"/>        |  | Preparer PTIN                   |
| Firm's name (or yours<br>if self-employed)<br>Address and zip code |      |  |  | FEIN<br>Phone<br>Number (     ) |