

Step 1Tax Period _____ to _____ ▲
Check the box if ☐ Address Change ☐
Short Period ☐

Corporation Name and Address ▲

Postmark ▲

Office Use Only

Federal Employer Identification Number (FEIN) ▲

County No ▲

Business Code ▲

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

First Return ▲

New Business ☐Successor ☐Entering Iowa ☐

Final Return ▲

Reorganized ☐Merged ☐Dissolved ☐Withdrawn ☐Bankruptcy ☐Other ☐

Name of contact person _____

Phone () _____

Step 2 Filing StatusFiling Status ▲ 1 Separate Iowa/Separate Federal ☐ 2 Separate Iowa/Consolidated Federal.... ☐ 3 Consolidated Iowa/Consolidated Federal . ☐Type of Return ▲ 1 Regular Corporation... ☐2 Cooperative... ☐3 UBIT... ☐Is this an inactive corporation? ▲ Yes ☐ No ☐Was federal income or tax changed for any prior period? ▲ Yes ☐ No ☐

Period(s) _____

Do you have property in Iowa? ▲ Yes ☐ No ☐**Use whole dollars****Step 3**
Net Income
and
Additions to
Income
1. Net Income from federal return before federal net operating loss 1. _____ ▲
2. 50% of federal tax refund. Accrual ☐ Cash ☐ 2. _____ ▲
3. Other additions from Schedule A 3. _____ ▲
4. Net Income after additions. Add lines 1 through 3. 4. _____**Step 4**
Reductions to
Income
5. 50% of federal tax paid or accrued Accrual ☐ Cash ☐ ▲ 5. _____ ▲
6. Other reductions from Schedule A. 6. _____ ▲
7. Total reductions. Add lines 5 and 6 7. _____
8. Net income after reductions. Subtract line 7 from line 4 8. _____**Step 5**
Taxable
Income
9. Nonbusiness income from Schedule D, line 17 9. _____ ▲
10. Income subject to apportionment. Subtract line 9 from line 8. 10. _____
11. Iowa percentage from Schedule E. See instructions 11. _____ % ▲
12. Income apportioned to Iowa. Multiply line 10 by line 11. 12. _____
13. Iowa nonbusiness income from Schedule D, line 8 13. _____ ▲
14. Income before Net Operating Loss. Add lines 12 and 13. 14. _____
15. Net Operating Loss Carryforward from Schedule F. Include Schedule F 15. _____ ▲
16. Income subject to tax. Subtract line 15 from line 14. Do not enter an amount below \$0 16. _____**Step 6**
Tax, Credits
and
Payments
17. Computed tax. For tax rates, see bottom of page 3. Check box if tax is annualized ☐ 17. _____ ▲
18. Alternative Minimum Tax from IA Corp. Form 4626. Check box if claiming small business exemption. ☐ 18. _____ ▲
19. Total tax. Add lines 17 and 18 19. _____
20. Credits from Schedule C1, line 4. Do not include estimated tax credit. 20. _____ ▲
21. Payments from Schedule C2, line 4 21. _____ ▲
22. Total credits and payments. Add lines 20 and 21 22. _____
23. Net amount. Subtract line 22 from line 19 23. _____**Step 7**
Balance Due
24. Tax due if line 23 is greater than \$0 24. _____
25. Penalty; underpayment of estimated tax. Include IA 2220 25. _____ ▲
26. Penalty; failure to timely pay or failure to timely file 26. _____ ▲
27. Interest 27. _____ ▲
28. Total amount due. Add lines 24 through 27. Pay electronically, or submit payment with form IA 1120V 28. _____ ▲**Step 8**
Overpayment
29. Overpayment if line 23 is less than \$0 29. _____
30. Credit to next period's estimated tax 30. _____ ▲
31. Refund requested. Subtract line 30 from line 29 31. _____ ▲

Corporation Name _____ FEIN _____

Schedule A - Other Additions and Reductions

Type of Income	Other Additions	Other Reductions
1. Percentage Depletion		
2. TIP Credit from federal form 8846		
3. Capital Loss Adjustments for filing status 2 or 3		
4. Contribution Adjustments for filing status 2 or 3		
5. Safe Harbor Lease — Rent		
6. Safe Harbor Lease — Interest		
7. Safe Harbor Lease — Depreciation		
8. Expensing/Depreciation Adjustment from IA 4562A		
9. Tax Exempt Interest and Dividends. See instructions.		
10. Iowa Tax Expense/Refund		
11. Work Opportunity Credit Wage Reduction from federal form 5884		
12. Alcohol & Cellulosic Biofuel Credit from federal form 6478		
13. Foreign Dividend Exclusion from Schedule B below		▲
14. Federal Securities Interest and Dividends. See instructions.		
15. Federal Nonconformity. See instructions.		
16. Other. Must include schedule.	▲	▲
17. Totals		

Enter total on line 3 of page 1.

Enter total on line 6 of page 1.

Schedule B - Foreign Dividend Exclusion

Type of Dividend Income	Total Dividend	Exclusion
1. Less than 20% owned	x 70%	
2. 20% to 80% owned	x 80%	
3. More than 80% owned	x 100%	
4. Dividend gross-up (federal section 78)	x 100%	

5. Total. Add lines 1 through 4. Enter on line 13 of Schedule A above. _____

Schedule C1 - Credits

	Amount
1. Fuel Credit. Include IA 4136.	▲
2. Total Nonrefundable Credits. Include IA 148	▲
3. Total Refundable Credits, excluding Fuel Credit. Include IA 148	▲
4. Total Credits. Add lines 1-3. Enter on page 1, line 20	

Schedule C2 - Payments

	Amount
1. Estimated Tax Payments	
a. Credit from prior period	
b. First quarter	
c. Second quarter	
d. Third quarter	
e. Fourth quarter	
f. Other	
2. Voucher Payment	
3. Other Payments. Include statement	
4. Total. Add lines 1-3. Enter on page 1, line 21	

Additional Information

- Year business was started in Iowa _____
- Last period filed as S corporation (if any): _____
- Information from the prior period Iowa return
Corporation name _____
Income before Net Operating Loss, line 14 _____ ▲
FEIN _____ ▲
- If part of a federal consolidated group, please provide information about the Corporate parent:
Corporation name _____
FEIN _____ ▲

Corporation Name _____ FEIN _____

Schedule E - Business Activity Ratio (BAR) (see instructions)

Type of Income	Column A Iowa Receipts	Column B Receipts Everywhere
1. Gross Receipts	▲	▲1
2. Net Dividends. See instructions.		▲2
3. Exempt Interest from line 9, Schedule A.		▲3
4. Accounts Receivable Interest		▲4
5. Other Interest		▲5
6. Rent		▲6
7. Royalties		▲7
8. Capital Gain		▲8
9. Ordinary Gain		▲9
10. Partnership Gross Receipts. Include schedule.		▲10
11. Other. Must include schedule.	▲	▲11
12. Totals	▲	▲12

13. Divide column A total by column B total. For example, 0.1234505 becomes 12.3451%. Enter % on line 11, page 1. _____ %

A complete copy of your federal return, as filed with the Internal Revenue Service, must be filed with this return. For filing status 2 or 3, you must include pages 1-5 of your consolidated federal return, consolidating income statements, Iowa Schedule H and any other forms related to the Iowa return.

Tax Rates

If income shown on line 16 (of page 1) is:

- Under \$25,000; multiply line 16 by 6%.
- \$25,000 to \$100,000; multiply line 16 by 8% and subtract \$500.
- \$100,000 to \$250,000; multiply line 16 by 10% and subtract \$2,500.
- Over \$250,000; multiply line 16 by 12% and subtract \$7,500.

If annualizing, include a schedule showing computation.

To obtain schedules and forms:Website: <https://tax.iowa.gov>**Tax Research Library:** <http://itrl.idr.iowa.gov/>**Questions:**

515-281-3114 or 800-367-3388

Email: idr@iowa.gov**eFile or mail your return to:**

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

Under penalties of perjury, I declare that I have examined this return and any 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 _____

Signature of preparer if other than taxpayer _____ Date _____

Name and address of preparer or preparer's employer

Preparer's telephone No. _____

Preparer's ID No. _____ ▲

Corporation Name _____

Federal Employer Identification Number (FEIN) _____ Tax Period _____

If all corporate business is conducted within Iowa, do not complete Schedule D.

The classification of income by the labels customarily given them, such as interest, dividends, rents, and royalties, is of no aid in determining whether that income is business or nonbusiness income. Provide all documentation to the Department showing why the income must be allocated as nonbusiness income.

Allocated Within Iowa

Type of Income	A Gross Income	B Related Expenses	C Subtotal	D 50% of Applicable Federal Income Tax	E Net Income
1. Net Dividend.					
2. Exempt Interest and Dividends					
3. Other Interest					
4. Rent					
5. Royalties					
6. Capital Gain					
7. Other. Include schedule.					

8. Subtotal. Add column E, lines 1 through 7. Enter on line 13, IA 1120 _____

Allocated Without Iowa

Type of Income	A Gross Income	B Related Expenses	C Subtotal	D 50% of Applicable Federal Income Tax	E Net Income
9. Net Dividend					
10. Exempt Interest and Dividends					
11. Other Interest					
12. Rent					
13. Royalties					
14. Capital Gain					
15. Other. Include schedule.					

16. Subtotal. Add column E, line 9 through 15 _____

17. Total. Add column E, lines 8 and 16. Enter on line 9, IA 1120 _____

Corporation or Financial Institution Name _____

Federal Employer Identification Number (FEIN) _____

Tax Period _____

Enter Whole Dollars

1. Income subject to apportionment from line 10, IA 1120
or line 7, IA 1120F1. _____
2. Adjustments and preferences:
 - a. Depreciation of post-1986 property2a. _____
 - b. Amortization of certified pollution control facilities2b. _____
 - c. Amortization of mining exploration and development costs2c. _____
 - d. Amortization of circulation expenditures (personal holding
companies only)2d. _____
 - e. Adjusted gain or loss2e. _____
 - f. Long-term contracts2f. _____
 - g. Merchant marine capital construction funds2g. _____
 - h. Section 833(b) deduction (Blue Cross, Blue Shield, and similar
type organizations only)2h. _____
 - i. Tax shelter farm activities (personal service corporations only)2i. _____
 - j. Passive activities (closely held corporations and personal
service corporations only)2j. _____
 - k. Loss limitations2k. _____
 - l. Intangible drilling costs2l. _____
 - m. Other adjustments and preferences2m. _____
3. Total adjustments and preferences. Add lines 2a-2m3. _____
4. Add lines 1 and 34. _____
5. Adjusted Current Earnings Adjustment. See instructions5. _____
6. Add lines 4 and 56. _____
7. Iowa Percentage from line 11, IA 1120 or line 8, IA 1120F7. _____
8. Income Apportioned to Iowa. Multiply line 6 by line 78. _____
9. Iowa Nonbusiness Income from line 13, IA 11209. _____
10. Add lines 8 and 910. _____

11. Iowa Alternative Minimum Tax Net Operating Loss. See instructions11. _____
12. Iowa Alternative Minimum Taxable Income before Exemption.
Subtract line 11 from line 10.....12. _____
13. Exemption. See instructions13. _____
14. Iowa Alternative Minimum Taxable Income Subject to Tax.
Subtract line 13 from line 12. If less than zero, enter zero14. _____
15. Iowa Tentative Minimum Tax. For 1120, multiply line 14 by 7.2%.
For 1120F, multiply line 14 by 3%15. _____
16. Iowa Regular Tax from line 17, IA 1120 or line 13, IA 1120F16. _____
17. Iowa Alternative Minimum Tax. Subtract line 16 from line 15. If less
than zero, enter zero. Enter on line 18, IA 1120 or line 14, IA 1120F17. _____

Corporation Name _____

Federal Employer Identification Number (FEIN) _____

Tax Period _____

Enter Whole Dollars

1. Iowa Alternative Minimum Tax from line 18 of the 2017 IA 4626. Enter in column D of Part I on the IA 148 Tax Credits Schedule 1. _____
2. Total carryforward from line 11 of the 2017 IA 8827. Enter in column C of Part I on the IA 148 Tax Credits Schedule 2. _____
3. Total available Iowa Alternative Minimum Tax Credit. Add lines 1 and 2 3. _____
4. Enter your current period regular tax liability from line 17, IA 1120 4. _____
5. Enter your current period tentative minimum tax from line 17, IA 4626 5. _____
6. Subtract line 5 from line 4. If less than zero, enter zero..... 6. _____
7. Maximum Iowa Alternative Minimum Tax Credit. Enter the smaller of line 3 or line 6 7. _____
8. Enter sum of other nonrefundable tax credits reported in column F of Part I on the IA 148 Tax Credits Schedule excluding the Iowa AMT Credit calculated here 8. _____
9. Regular tax less other nonrefundable tax credits. Subtract line 8 from line 4 9. _____
10. Iowa Alternative Minimum Tax Credit. Enter the smaller of line 7 or line 9. Enter on IA 148 Tax Credits Schedule, column F 10. _____
11. Carryforward to next tax period. Subtract line 10 from line 3. Enter in column H of Part I on IA 148 Tax Credits Schedule..... 11. _____

Corporation Name _____

Federal Employer Identification Number (FEIN) _____ Tax Period _____

For filing status 2 or 3 only. If you need more space than provided, you may copy this schedule.

Note: You must enclose pages 1-5 of your consolidated federal return.

	Company Name	Company FEIN	Profit (A)	Loss (B)
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				
21.				
22.				
23.				
24.				
25.				

26. Subtotal. Use in computing federal refund/deduction. _____

27. Consolidating Adjustments and Eliminations..... _____

28. Total. Must equal taxable income per federal return. _____

29. Separate company income/loss _____

30. Federal taxable income/loss from line 26 _____

31. Federal tax/refund as reported to the Internal Revenue Service _____

32. Percent allowed as an addition/reduction..... 50%

33. Federal Refund/Deduction. Divide line 29 by line 30, multiply by line 31,
then multiply by line 32. Enter on IA 1120, line 5..... _____

Corporation Name _____

Federal Employer Identification Number (FEIN) _____ Tax Period _____

For filing status 2 or 3 only.

	Company	Company
Company Name		
Company FEIN		
1a. Gross receipts or sales		
1b. Less returns & allowances		
1c. Balance		
2. Cost of goods sold		
3. Gross Profit		
4. Dividends		
5. Interest		
6. Gross rents		
7. Gross royalties		
8. Capital gain net income		
9. Net gain (or loss) from Form 4797		
10. Other income		
11. Total income		
12. Compensation of officers		
13. Salaries and wages		
14. Repairs and maintenance		
15. Bad debts		
16. Rents		
17. Taxes and licenses		
18. Interest		
19. Charitable contributions		
20. Depreciation		
21. Depletion		
22. Advertising		
23. Pension, profit-sharing, etc., plans		
24. Employee benefit programs		
25. Domestic production activities deduction		
26. Other deductions		
27. Total deductions		
28. Taxable income before NOL & special deductions		
29a. Net Operating Loss (NOL) deduction		
29b. Special deductions		
30. Taxable income		

Corporation Name _____

Federal Employer Identification Number (FEIN) _____ Tax Period _____

For filing status 2 or 3 only.

	Company	Company
Company Name		
Company FEIN		
1a. Gross receipts or sales		
1b. Less returns & allowances		
1c. Balance		
2. Cost of goods sold		
3. Gross Profit		
4. Dividends		
5. Interest		
6. Gross rents		
7. Gross royalties		
8. Capital gain net income		
9. Net gain (or loss) from Form 4797		
10. Other income		
11. Total income		
12. Compensation of officers		
13. Salaries and wages		
14. Repairs and maintenance		
15. Bad debts		
16. Rents		
17. Taxes and licenses		
18. Interest		
19. Charitable contributions		
20. Depreciation		
21. Depletion		
22. Advertising		
23. Pension, profit-sharing, etc., plans		
24. Employee benefit programs		
25. Domestic production activities deduction		
26. Other deductions		
27. Total deductions		
28. Taxable income before NOL & special deductions		
29a. Net Operating Loss (NOL) deduction		
29b. Special deductions		
30. Taxable income		

Corporation Name _____

Federal Employer Identification Number (FEIN) _____ Tax Period _____

For filing status 2 or 3 only.

	Combined	Eliminations	Adjustments	Consolidated Return
1a. Gross receipts or sales				
1b. Less returns & allowances				
1c. Balance				
2. Cost of goods sold				
3. Gross Profit				
4. Dividends				
5. Interest				
6. Gross rents				
7. Gross royalties				
8. Capital gain net income				
9. Net gain (or loss) from Form 4797				
10. Other income				
11. Total income				
12. Compensation of officers				
13. Salaries and wages				
14. Repairs and maintenance				
15. Bad debts				
16. Rents				
17. Taxes and licenses				
18. Interest				
19. Charitable contributions				
20. Depreciation				
21. Depletion				
22. Advertising				
23. Pension, profit-sharing, etc., plans				
24. Employee benefit programs				
25. Domestic production activities deduction				
26. Other deductions				
27. Total deductions				
28. Taxable income before NOL & special deductions				
29a. NOL deduction				
29b. Special deductions				
30. Taxable income				

For filing status 3 only.

Corporation Name _____

Federal Employer Identification Number (FEIN) _____ Tax Period _____

Instructions: List all companies in the affiliated group that are included in the consolidated Iowa return. List only those companies doing business in Iowa. Indicate any payments made or recorded under each company's name and FEIN. Include additional schedules if necessary to list all companies.

A Company Name	B FEIN	C Principal Business Activity	D Filing Period (if different from parent)	E Total Payments
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				

Corporation Name _____

Federal Employer Identification Number (FEIN): _____ Tax Period _____

Instructions for Schedules J1 and J2 Consolidated Business Activity Ratio: For each company listed on Schedule I, list the receipts in Iowa and the receipts everywhere. Any adjustments for intercompany transactions or other consolidating adjustments should be shown in the adjustments column. Total the columns for each row, subtracting or adding the adjustments as needed. Use additional Schedules J1 and J2 when necessary. See instructions for Schedule E for further explanations. Include an explanation if the company has zero Iowa receipts but is included in the consolidated group.

Schedule J1: Receipts in Iowa

Type of Income	FEIN	FEIN	FEIN	Adjustments	Total
1. Gross Receipts					
2. Net Dividends					
3. Exempt Interest					
4. Accounts Receivable Interest.....					
5. Other Interest					
6. Rent					
7. Royalties.....					
8. Capital Gains.....					
9. Ordinary Gains					
10. Partnership Gross Receipts. Include schedule.					
11. Other. Include schedule. ...					
12. Total (to Iowa Schedule E)					

Schedule J2: Receipts Everywhere

Type of Income	FEIN	FEIN	FEIN	Adjustments	Total
1. Gross Receipts					
2. Net Dividends					
3. Exempt Interest.....					
4. Accounts Receivable Interest.....					
5. Other Interest.....					
6. Rent					
7. Royalties.....					
8. Capital Gains					
9. Ordinary Gains.....					
10. Partnership Gross Receipts. Include schedule.					
11. Other. Include schedule.					
12. Total (to Iowa Schedule E)					

For filing status 3 only. If you need more space, include additional schedules if necessary to list all companies.

Corporation Name _____

Federal Employer Identification Number (FEIN) _____ Tax Period _____

Column C – List the income/loss (-) from federal form 1120, line 30 (before the federal loss carryforward) from each company that has nexus in Iowa. The total of Column C should match line 1 of IA 1120.

Column D – List the additional income/adjustments from each company that has nexus in Iowa. The total of Column D should match line 3 of IA 1120.

Column E – List the reductions/adjustments from each company that has nexus in Iowa. The total of Column E should match line 6 of IA 1120.

A Company Name	B FEIN	C Income/Loss	D Other Additions	E Other Reductions
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				

Total.....\$ _____ \$ _____ \$ _____

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.

[illegible]

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 lowa 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 _____

Federal Employer Identification Number (FEIN) _____ Tax Period _____

Computation of Underpayment

Note: If you meet any of the exceptions (see Instruction D) that avoid the underpayment penalty for all quarters, skip lines 1 through 8, and go directly to line 9.

1. 2018 tax from line 19, IA 1120, or line 15, IA 1120F 1. _____
2. Total credits from line 20, IA 1120, or line 16, IA 1120F 2. _____
3. Balance. Subtract line 2 from line 1 3. _____

	1 st Quarter	2 nd Quarter	3 rd Quarter	4 th Quarter
4. Enter in columns 1 through 4 the installment dates that correspond to the last day of the 4th, 6th, 9th, and 12th months of your taxable year.				
5. Enter 25% of line 3 in columns 1 through 4.				
6. (a) Amount paid or credited for each period.				
6. (b) Overpayment of previous installment. An overpayment on line 8 in excess of all prior underpayments is to be applied as a credit against the next installment.				
7. Total of lines 6(a) and 6(b).				
8. Underpayment: Subtract line 7 from line 5. Overpayment: Subtract line 5 from line 7.				

Exceptions that avoid the underpayment penalty (See Instruction D); Exceptions 1 and 2 not applicable for initial year filers.

9. Total cumulative amount paid or credited from the beginning of the taxable year through the installment dates that correspond to the last day of the 4th, 6th, 9th and 12th months of your taxable year.				
10. Exception 1: Prior year's tax.	25% of tax	50% of tax	75% of tax	100% of tax
11. Exception 2: Tax on prior year's income using current year's rates.	25% of tax	50% of tax	75% of tax	100% of tax
12. Exception 3: Tax on annualized income. Include schedule.	25% of tax	50% of tax	75% of tax	100% of tax

Computation of Underpayment Penalty

13. Enter same installment dates used in line 4.				
14. Amount of underpayment from line 8.				
15. Date of payment. See Instructions.				
16. (a) Number of days from due date of installment to date of payment or 12/31/18, whichever is earlier.				
16. (b) Number of days inclusively from 01/01/19, or due date of installment, whichever is later, to the date of payment or the last day of the 4th month after the close of the tax year, whichever is earlier.				
17. (a) 6% a year on the amount shown on line 14, for the number of days shown on line 16(a). See Instructions.				
17. (b) xx% a year on the amount shown on line 14 for the number of days shown on line 16(b). See Instructions.				
18. Total of lines 17(a) and 17(b).				
19. Penalty: Add the four columns of line 18 and enter here. Also, show the amount on line 25, form IA 1120, or line 20, form IA 1120 F.				

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

Name: _____ Federal Employer Identification Number (FEIN): _____

Part I Tax Return Information

1. Net Income after additions (IA 1120, line 4)1. _____
2. Income subject to tax (IA 1120, line 16)2. _____
3. Total tax (IA 1120, line 19)3. _____
4. Total amount due (IA 1120, line 28)4. _____
5. Overpayment (IA 1120, line 29)5. _____

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

6. ☐ I do not want direct deposit or direct debit.
7. ☐ I consent that the corporation's refund be directly deposited as designated below.
- ☐ I authorize the Iowa Department of Revenue (IDR) and its designated financial agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated below for payment of the corporation's Iowa taxes owed on this return, and the financial institution to debit the entry to this account on _____ (the payment/settlement date). I also authorize the financial institution involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. This authorization is to remain in full force and effect until I notify the IDR to terminate the authorization. To revoke (cancel) a payment, I must contact IDR at (515) 281-3114 or idreft@iowa.gov. Payment cancellation requests must be received no later than 5 business days prior to the payment/settlement date. Note: This electronic withdrawal from your bank account will be identified with ACH Company ID 4426004574. If you currently have a debit block on this account, contact your financial institution to request that it allow a withdrawal from your bank account by this ACH Company ID.

Name of financial institution: _____

Routing Number

 The first two digits must be 01 through 12, or 21 through 32.

Account Number

Type of Account: Savings ☐ Checking ☐

Will this refund go to (or payment come from) an account outside the United States? Yes ☐ No ☐

Under penalties of perjury, I declare that I am an officer of the above corporation and that I have examined the information on this electronic 2018 Iowa 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 the corporation's electronic income tax 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. If I have filed a balance due return, I understand that if IDR does not receive full and timely payment of its tax liability, the corporation will remain liable for the tax liability and all applicable penalties and interest. I consent that the corporation's refund be directly deposited as designated in Part II and declare that the information shown in Part II is correct. If the processing of this return, refund, or direct debit is delayed, I authorize IDR to disclose to the ERO and/or transmitter the reason(s) for the delay or the date the refund was sent. 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 corporation's return and that entries on form IA 8453-C 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 officer's signature before submitting this return to the IRS. I have provided the officer 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-C 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-C 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 corporation's 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)				FEIN
Address and zip code				Phone Number ()
Paid Preparer Signature	Date	Check if self-employed <input type="checkbox"/>	Preparer PTIN	
Firm's name (or yours if self-employed)				FEIN
Address and zip code				Phone Number ()