

**Step 1**Tax Period \_\_\_\_\_ to \_\_\_\_\_ ▲  
Check the box if ☐ Address Change ☐  
Short Period ☐

Corporation Name and Address ▲

Name of contact person \_\_\_\_\_

Phone ( ) \_\_\_\_\_

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Reorganized ☐Merged ☐Dissolved ☐Withdrawn ☐Bankruptcy ☐Other ☐**Step 2 Filing Status**Filing Status ▲ 1 Separate Iowa/Separate Federal ....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 Non-Conformity. 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 \_\_\_\_\_ ▲



\*1742001029999\*

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](mailto: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 \_\_\_\_\_

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
<b>Company Name</b>		
<b>Company FEIN</b>		
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		
<b>11. Total income</b>		
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		
<b>27. Total deductions</b>		
28. Taxable income before NOL & special deductions		
29a. Net Operating Loss (NOL) deduction		
29b. Special deductions		
<b>30. Taxable income</b>		

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				
<b>11. Total income</b>				
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				
<b>27. Total deductions</b>				
28. Taxable income before NOL & special deductions				
29a. NOL deduction				
29b. Special deductions				
<b>30. Taxable income</b>				

Legal Name \_\_\_\_\_

Doing Business As \_\_\_\_\_

Federal Employer ID Number \_\_\_\_\_ or Social Security Number \_\_\_\_\_

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

Pass-Through FEIN \_\_\_\_\_ Tax Period Ending Date \_\_\_\_\_

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

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

**2. Ethanol - Blended Gasoline**

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

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

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

**4. Undyed Biodiesel Fuel - Blends B11 or Higher**

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

**5. Special Fuel - LPG**

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

**6. Pass-Through Fuel Tax Credit**

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

**7. Total Fuel Tax Credit**

Add Fuel Tax Credit columns from lines 1 through 5 and line 6. Report on line 59 of the IA 1040, line 13 of the IA 1040C, line 31 of the IA 1041, or on line 1 of Schedule C1 on the IA 1120. ....7. \_\_\_\_\_



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

**Part I – Nonrefundable Tax Credits**

	A Tax Credit Code	B Certificate Number (if applicable)	C Amount Carried Forward from Prior Year	D Current Year Amount (earned or received from pass- through entity)	E Total Available (C+D=E)	F Current Year Amount Applied (may not exceed total tax liability)	G Expired Amount	H Amount Carried Forward to Future Years (E-F-G=H)
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								

**Part I Total** – Sum column F and enter on line 52 of IA 1040, line 10  
of IA 1040C, or line 2 of schedule C1 of IA 1120 ..... \_\_\_\_\_**Part II – Refundable Tax Credits**

	I Tax Credit Code	J Certificate Number (if applicable)	K Current Year Amount (earned or received from pass-through entity)
11			
12			
13			
14			
15			
16			
17			

**Part II Total** - Sum column K and enter on line 62  
of IA 1040, line 14 of IA 1040C, or line 3 of  
schedule C1 of IA 1120 ..... \_\_\_\_\_**Part III – Total Credits**Sum Part I and Part II Totals.  
Enter on line 16 of the IA 1120F, line 32 of  
IA 1041, or the miscellaneous line of the  
Iowa Insurance Premium Tax Return.**Part III Total** \_\_\_\_\_**Part IV – Pass-Through Entity Information from Schedule K-1**

L Line Number from Part I or Part II	M Pass-Through Entity Name	N Pass-Through Entity FEIN	O Taxpayer's Share of Tax Credit from Pass-Through Entity

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 consortia .....2. \_\_\_\_\_
3. Basic research payments to qualified organizations .....3. \_\_\_\_\_
4. Qualified organization base period amount.....4. \_\_\_\_\_
5. Wages for qualified research services .....5. \_\_\_\_\_
6. Cost of supplies used in conducting qualified research .....6. \_\_\_\_\_
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 2017.....9. \_\_\_\_\_

**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 \_\_\_\_\_

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

### Instructions

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

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

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

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

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

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

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

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

**IA 148 Tax Credits Schedule must be completed.**

Name(s) \_\_\_\_\_ SSN or FEIN \_\_\_\_\_ Tax Period Ending Date \_\_\_\_\_

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

**PART I – Determination of Biofuel Threshold Percentage Disparity**

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

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

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

**PART II – Determination of Credit**

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

Name

Address

City and ZIP

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

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

## 1. Ethanol Promotion Tax Credits:

Company-Wide method - Line 4 of Part II

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

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

1. \_\_\_\_\_

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

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

2. \_\_\_\_\_

**IA 148 Tax Credits Schedule must be completed.**

Name(s) \_\_\_\_\_ SSN or FEIN \_\_\_\_\_ Tax Period Ending Date \_\_\_\_\_

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

**PART I – Determination of Biofuel Threshold Percentage Disparity**

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

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

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

**PART II – Determination of Credit**

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

Name

Address

City and ZIP

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

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

## 1. Ethanol Promotion Tax Credits:

Company-Wide method - Line 4 of Part II

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

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

1. \_\_\_\_\_

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

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

2. \_\_\_\_\_

**IA 148 Tax Credits Schedule must be completed.**



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.**

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

Financial Institution Name \_\_\_\_\_ Financial Institution FEIN \_\_\_\_\_

**PART I – Income**

1. Enter income from line 38 of IA 1040; or line 16 of IA 1120; or line 22 of IA 1041 ..... 1. \_\_\_\_\_
2. Enter shareholder's pro rata share of the financial institution's net income multiplied by line 10 of Part III of the IA 1120S S corporation return ..... 2. \_\_\_\_\_
3. Income less pass-through income from financial institution. Subtract line 2 from line 1 ..... 3. \_\_\_\_\_

**PART II – Income Tax without Financial Institution Income**

4. Calculate the tax liability using the amount on line 3 with the appropriate tax table or percentage based on the return type (IA 1040, IA 1120, or IA 1041)..... 4. \_\_\_\_\_
5. Enter any lump sum tax and/or Iowa Alternative Minimum Tax from line 40 and line 41 of IA 1040; or line 18 of IA 1120; or line 24 and line 25 of IA 1041... 5. \_\_\_\_\_
6. Add lines 4 and 5 ..... 6. \_\_\_\_\_
7. Enter the amount of credits from line 46 of IA 1040; or line 27 of IA 1041 ..... 7. \_\_\_\_\_
8. Subtract line 7 from line 6. If zero or less, enter zero..... 8. \_\_\_\_\_

**PART III – Income Tax on All Income**

9. Enter tax from line 39 of the IA 1040; or line 17 of the IA 1120; or line 23 of the IA 1041 ..... 9. \_\_\_\_\_
10. Total income tax liability. Add lines 5 and 9 ..... 10. \_\_\_\_\_
11. Subtract line 7 from line 10. If zero or less, enter zero..... 11. \_\_\_\_\_

**PART IV – Calculation of Franchise Tax Credit**

12. Income tax on financial institution income. Subtract line 8 from line 11. If zero or less, enter zero ..... 12. \_\_\_\_\_
13. Shareholder's pro rata share of the financial institution's franchise tax liability minus any tax credits claimed. Subtract line 16 of the IA 1120F from line 15 of the IA 1120F and multiply by the shareholder's percentage of ownership in the S corporation..... 13. \_\_\_\_\_
14. Franchise Tax Credit. Enter the smaller of line 12 or line 13. Enter in column D of Part I on the IA 148 Tax Credits Schedule..... 14. \_\_\_\_\_

**IA 148 Tax Credits Schedule must be completed.**

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

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.	_____

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.

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

[illegible]

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: \_\_\_\_\_

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 (     )