

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:**

**Preparer's Signature:**

\_\_\_\_\_  
Date \_\_\_\_\_  
Title \_\_\_\_\_  
Daytime Telephone Number \_\_\_\_\_

\_\_\_\_\_  
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****Corporation Information:**

Name \_\_\_\_\_

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

**Shareholder Information:**

Name \_\_\_\_\_ ▲

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

Address \_\_\_\_\_

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

Resident Shareholder ☐ Nonresident Shareholder ☐Amended K-1 ☐**Shareholder's Entity Type: ▲**Individual ☐ Estate ☐Trust ☐ Bank ☐Exempt Organization ☐

Shareholder's Ownership Percentage ..... %

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

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

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

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

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

**Part III: Shareholders Portion of IA Credits/Withholding**

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

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

**Part I: General Information**

**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 Amount	(b) Nonresident Business Activity Ratio	(c) Nonresident Apportionable to Iowa (a) x (b)
1. Ordinary business income/(loss) .....			
2. Net rental real estate income/(loss) .....			
3. Other net rental income/(loss) .....			
4. 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 properties .....			
f) Other adjustments and tax preference items. Include schedule .....			
<b>16. 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**

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

Income/Adjustments	(a) Federal K-1 Amount	(b) Nonresident Business Activity Ratio	(c) Nonresident Apportionable to Iowa (a) x (b)
1. Ordinary business income/(loss) .....			
2. Net rental real estate income/(loss) .....			
3. Other net rental income/(loss) .....			
4. 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 properties .....			
f) Other adjustments and tax preference items. Include schedule .....			
<b>16. 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.

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 Ending Date	IA 4562A Adjustment Amount from Part III, Line 5	Balance

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

Industry in Which Researching Entity is Engaged (see instructions) \_\_\_\_\_

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

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

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

1. Did the researching entity claim the federal research credit for this same tax year?  
Yes ☐ ..... Continue to Part I, line 2 (if pass-through only, continue to Part II, line 32).  
No ☐ ..... Taxpayer is not eligible for the Iowa Research Activities Tax Credit. Stop.
2. Certain amounts paid or incurred to energy 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. Total qualified research expenses. Add lines 5 through 8.....9. \_\_\_\_\_
10. Fixed-base percentage to four decimals, but not more than 16.00%..... 10. \_\_\_\_\_ %
11. Average U.S. annual gross receipts for tax years 2014 through 2017 ..... 11. \_\_\_\_\_
12. Multiply line 11 by the percentage on line 10 ..... 12. \_\_\_\_\_
13. Subtract line 12 from line 9. If zero or less, enter zero ..... 13. \_\_\_\_\_
14. Multiply line 9 by 50% (0.5) ..... 14. \_\_\_\_\_
15. Enter the smaller of line 13 or line 14 ..... 15. \_\_\_\_\_
16. Total allowable U.S. qualified research expenses. Add lines 2 and 15..... 16. \_\_\_\_\_

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

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



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

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

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