

For Calendar Year 2018 or fiscal year beginning (mm/dd) \_\_\_\_ / \_\_\_\_ , 2018, and ending (mm/dd) \_\_\_\_ / \_\_\_\_ , 20 \_\_\_\_

**Check Applicable Boxes:** Initial Return ☐ Final Return ☐ Amended Return ☐

**Is an IA 706 Being Filed?** Yes ☐ No ☐ **Is Income Tax Certificate of Acquittance Requested?** Yes ☐ No ☐

**Check One:** Estate ☐ Grantor Trust ☐ Simple Trust ☐ Complex Trust ☐ Bankruptcy Estate ☐

If trust, check one: Testamentary ☐ Inter Vivos ☐

Name of Estate or Trust \_\_\_\_\_ FEIN \_\_\_\_\_

Name and Title of Fiduciary \_\_\_\_\_ Decedent's SSN \_\_\_\_\_

Address of Fiduciary (city, state, ZIP) \_\_\_\_\_

Iowa County in which estate is pending \_\_\_\_\_ Probate Number \_\_\_\_\_ Date of Death \_\_\_\_\_

Name of Attorney \_\_\_\_\_ Attorney's Phone Number \_\_\_\_\_

Mailing Address (city, state, ZIP) \_\_\_\_\_

Authorization is granted to the attorney listed above to receive confidential tax information under Iowa Code Section 421.60 to act as the trust or estate's representative before the Iowa Department of Revenue and to make written or oral presentations on behalf of the trust or estate.

**Income**

1. Taxable interest income ..... 1. \_\_\_\_\_
2. Ordinary dividend income ..... 2. \_\_\_\_\_
3. Income from partnerships and other fiduciaries. Include supporting schedule ..... 3. \_\_\_\_\_
4. Net rents and royalties ..... 4. \_\_\_\_\_
5. Net business and farm income (loss). Include schedules C or C-EZ and F, federal form 1040.. 5. \_\_\_\_\_
6. Net gain (loss) from capital assets ..... 6. \_\_\_\_\_
7. Ordinary gains (losses). Include federal form 4797 ..... 7. \_\_\_\_\_
8. Other income. State nature of income ..... 8. \_\_\_\_\_
9. Total income. Add lines 1 through 8 ..... 9. \_\_\_\_\_

**Deductions**

10. Interest. Enter on Schedule D, page 2 ..... 10. \_\_\_\_\_
11. Taxes. Enter on Schedule D, page 2 ..... 11. \_\_\_\_\_
12. Fiduciary fees. Enter on Schedule D, page 2 ..... 12. \_\_\_\_\_
13. Charitable deduction from income in compliance with will or trust instrument ..... 13. \_\_\_\_\_
14. Attorney, accountant, and return preparer fees. Enter on Schedule D, page 2 ..... 14. \_\_\_\_\_
15. Other deductions not subject to 2% floor. Enter on Schedule D, page 2 ..... 15. \_\_\_\_\_
16. Allowable miscellaneous itemized deductions. Enter on Schedule D, page 2 ..... 16. \_\_\_\_\_
17. Total Deductions. Add lines 10 through 16 ..... 17. \_\_\_\_\_
18. Balance. Subtract line 17 from line 9 ..... 18. \_\_\_\_\_
19. Distributions to beneficiaries. Include federal schedule K-1 for each beneficiary ..... 19. \_\_\_\_\_
20. Federal Estate tax attributable to income in respect of a decedent (fiduciary's share) ..... 20. \_\_\_\_\_
21. Total. Add lines 19 and 20 ..... 21. \_\_\_\_\_
22. Taxable income of fiduciary. Subtract line 21 from line 18. **Must be zero on final return.** ..... 22. \_\_\_\_\_

**Computed Tax**

23. Compute tax from rate schedule. See page 2 ..... 23. \_\_\_\_\_
24. Iowa lump-sum tax. Include federal Schedule 4972 ..... 24. \_\_\_\_\_
25. Iowa alternative minimum tax. Include IA 1041 Schedule I ..... 25. \_\_\_\_\_
26. Tax before credits. Add lines 23 through 25 ..... 26. \_\_\_\_\_
27. Personal exemption credit. Enter \$40 or the amount on line 26, whichever is smaller ..... 27. \_\_\_\_\_
28. Iowa income tax withheld ..... 28. \_\_\_\_\_
29. Estimated tax paid to date ..... 29. \_\_\_\_\_
30. Out-of-state or nonresident tax credit. Include copy of out-of-state return and Schedule IA 130 or IA 1041 Schedule C ..... 30. \_\_\_\_\_
31. Motor fuel tax credit. Include Schedule IA 4136 ..... 31. \_\_\_\_\_
32. Other Credits. Include IA 148 Tax Credits Schedule ..... 32. \_\_\_\_\_
33. Total Credits. Add lines 27 through 32 ..... 33. \_\_\_\_\_

**Tax Due**

34. Tax Liability. If line 33 is smaller than line 26, enter the difference ..... 34. \_\_\_\_\_
35. Refund. If line 33 is larger than line 26, enter the difference ..... 35. \_\_\_\_\_
36. Penalty and interest 36a. Penalty \_\_\_\_\_ 36b. Interest \_\_\_\_\_ Add. Enter total ..... 36. \_\_\_\_\_
37. Amount Due. Add lines 34 and 36 ..... 37. \_\_\_\_\_

**Mail to: Fiduciary Return Processing, Iowa Department of Revenue, PO Box 10467, Des Moines, IA 50306-0467**

**Sign Here** **Declaration:** The undersigned hereby certifies and declares that this return, and any schedules or papers included hereto, has been duly examined; that to the best knowledge and belief of the undersigned, it is a true, correct, and complete return for the taxable year as required by the income tax law of the state of Iowa and the rules and regulations issued under authority thereof. Note: State tax information may be disclosed to tax officials of another state or of the United States for tax administrative purposes.

Signature of fiduciary or officer representing fiduciary \_\_\_\_\_ Date \_\_\_\_\_

Signature of preparer other than fiduciary \_\_\_\_\_ Date \_\_\_\_\_

Preparer's ID Number \_\_\_\_\_ Address \_\_\_\_\_

**When you pay by check,** you authorize the Department of Revenue to convert your check to a one-time electronic banking transaction.

**Schedule A – Background Information: Answer all applicable questions.**

1. Date estate was opened or created \_\_\_\_\_ 2. Decedent's age at death \_\_\_\_\_
3. Was a decedent's final return filed? ..... Yes ☐ No ☐ 4. Did will of decedent create trust?..... Yes ☐ No ☐
5. Decedent's business or occupation \_\_\_\_\_
6. Did decedent file IOWA return(s) up to the date of death? ... Yes ☐ No ☐ If no, include earnings statement or explanatory affidavit.
7. Enter decedent's name and address \_\_\_\_\_
8. Name and Social Security Number of decedent's spouse, if any \_\_\_\_\_
9. Enter name(s) of executor(s) \_\_\_\_\_
10. Enter date(s) and amount(s) of executor's fees paid to executor(s) \_\_\_\_\_
11. Has a prior return of decedent or the estate or trust been subject to federal audit? Yes ☐ No ☐ Is an audit now in process? Yes ☐ No ☐
12. Have expenses of administration or selling expenses been deducted for federal estate tax purposes?..... Yes ☐ No ☐
13. Did you as fiduciary withhold on income distributions made to nonresident beneficiaries? ..... Yes ☐ No ☐
14. Does the estate/trust elect to recognize the gain (loss) on a distribution of property under section IRC 643(e) (3)? ..... Yes ☐ No ☐

**Schedule D – Explanation of Expenses**

Line Number	Explanation	Amount

**Schedule E – Tax Rates****Taxable Income**

Over	But Not Over			Tax Rate	Of Excess Over	
\$0	\$1,598	\$0	+	(0.36%	X	\$0)
\$1,598	\$3,196	\$5.75	+	(0.72%	X	\$1,598)
\$3,196	\$6,392	\$17.26	+	(2.43%	X	\$3,196)
\$6,392	\$14,382	\$94.92	+	(4.50%	X	\$6,392)
\$14,382	\$23,970	\$454.47	+	(6.12%	X	\$14,382)
\$23,970	\$31,960	\$1,041.26	+	(6.48%	X	\$23,970)
\$31,960	\$47,940	\$1,559.01	+	(6.80%	X	\$31,960)
\$47,940	\$71,910	\$2,645.65	+	(7.92%	X	\$47,940)
\$71,910	over	\$4,544.07	+	(8.98%	X	\$71,910)

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. _____	1. _____
2. Eligible tax credit rate per gallon....	2. _____	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. _____	3. _____
4. Add lines 3A and 3B .....	4. _____	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. _____	1. _____
2. Eligible tax credit rate per gallon....	2. _____	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. _____	3. _____
4. Add lines 3A and 3B .....	4. _____	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.**

