

IOWA FRANCHISE TAX RETURN

1996

For Financial Institutions

IA 1120 F

Period Ending _____ (mm/yy) ▲

Batch Date: _____ ▲

OFFICIAL USE ONLY

Check the box if this is: Calendar Year End Fiscal Year End Short Period End
 Mailing address change? Do you want a return mailed to you NEXT YEAR?
 Has the bank opened, closed, or moved any branch locations during the period (provide a schedule)?

DLN: ▲

Federal T.I.N. ▲ Contact person Phone No _____

Name and Address

01 Pay Return 02 Amended Pay
 03 No Pay Return 05 Amended No Pay

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?

Type of Return: 1 Return 100% Iowa 2 Not 100% Iowa 3 No Iowa banking locations 4 Inactive bank
 Filing Status: 1 SEPARATE IOWA/SEPARATE FEDERAL SEPARATE IOWA/CONSOLIDATED FEDERAL
 Name of Consolidated Parent: _____ Parent's Federal T.I.N. _____

Was Federal Income or Federal Tax Changed for any prior period(s)? Yes No Period(s) changed: _____
 Reason: Federal audit 1120x 1139

(Use Whole Dollars)

1	NET INCOME-From Federal Return (before Net Operating Loss)	1	.00 ▲
2	INTEREST and DIVIDENDS Exempt from Federal Income Tax	2	.00 ▲
3	IOWA FRANCHISE TAX EXPENSED ON FEDERAL RETURN	3	.00 ▲
4	OTHER ADDITIONS (from Schedule A)	4	.00 ▲
5	TOTAL IOWA INCOME (add line 1 through line 4)	5	.00
6	OTHER REDUCTIONS (from Schedule D)	6	.00
7	INCOME SUBJECT TO APPORTIONMENT (line 5 minus line 6)	7	.00
8	IOWA PERCENTAGE (from Schedule 59F, line 18)	8	.00
9	DEDUCTION for APPORTIONED INCOME (from Schedule 59F, line 21)	9	.00
10	NET OPERATING LOSS (from Schedule F)	10	.00
11	TOTAL REDUCTIONS (line 6 + line 9 + line 10)	11	.00 ▲
12	IOWA NET INCOME subject to Franchise Tax (line 5 minus line 11)	12	.00 ▲
13	COMPUTED TAX (line 12 times 5%)	13	.00
14	MINIMUM TAX (from IA 4626F)	14	.00 ▲
15	TOTAL TAX (line 13 plus line 14)	15	.00
16	MINIMUM TAX CARRYFORWARD CREDIT (from IA 8827F)	16	.00 ▲
17	PAYMENTS (from Schedule C2 line 9)	17	.00
18	TOTAL CREDITS and PAYMENTS (line 16 plus line 17)	18	.00
19	NET AMOUNT (line 15 minus line 18)	19	.00 ▲
20	PENALTY IA2220 (attach IA2220)	20	.00
21	PENALTY (failure to pay or failure to file)	21	.00
22	TOTAL PENALTIES (line 20 plus line 21)	22	.00 ▲
23	INTEREST	23	.00 ▲
24	TOTAL DUE (line 19 + line 22 + line 23) Make check payable to "Treasurer, State of Iowa"	24	.00 ▲
25	NET OVERPAYMENT (line 19 minus line 22)	25	.00
26	CREDIT TO NEXT PERIOD'S ESTIMATED TAX	26	.00 ▲
27	REFUND REQUESTED (line 25 minus line 26)	27	.00
28	FOR OFFICIAL USE ONLY	28	.00
29		29	.00

A complete copy of your Federal Return, as filed with the Internal Revenue Service, MUST be filed with this return.

If no copy is attached, this WILL NOT be considered a complete return.

Under penalties of perjury, I declare that I have examined this return, any attached schedules/statements, and to 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 _____ Date _____ Title _____
 Preparer's Signature **STF WEB** _____ Date _____ Preparer's T.I.N. _____

Schedules A & D		Schedule A	Schedule D
	Item of Income	Other Additions	Other Reductions
1	Environmental Tax		
2	Cash to Accrual Adjustments		
3	Expenses to carry tax exempts section 291 & 265		
4	Expense to Carry Investment Subsidiary		
5	Contribution Adjustments		
6	Capital Loss Adjustments		
7	Iowa Franchise Tax Refund Reported on Federal Return		
8	Other:		
9			
10			
11			
12	TOTALS		
Enter Totals on:		LINE 4 IA1120F	LINE 6 IA1120F

Schedule C2 - Payments			
	Current Period's Estimated Tax Payments	Amount	Date of Payment
1	Prior Period's Overpayment Credited to Current Period		
2	First Installment:		
3	Second Installment:		
4	Third Installment:		
5	Fourth Installment:		
6	Additional Installment:		
7	Voucher/Extension Payments		
8	Other Payments		
9	Total Payments (add lines 1-8)		
Enter on line 17 IA1120F			

PLEASE NOTE:

Use whole dollars for all amounts shown on this return and any schedules or attachments.

MAIL YOUR RETURN TO:

Franchise Tax Return Processing
Iowa Department of Revenue and Finance
P.O. Box 10413
Des Moines, Iowa 50306-0413

Note — Failure to complete the schedule below will result in an incomplete return and may delay processing.

ALLOCATION SCHEDULE — Information for distributing IOWA FRANCHISE TAX to incorporated cities and counties

IOWA Branch Address	Incorporated City Where Branch is Located		City Code No.	County Code No.	Name of County
	Name of Iowa Incorporated City	Percent			
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					

NOTE: Percentage is each location's percent of demand deposits net of withdrawals calculated to the nearest one hundredth of one percent. Enter Code "01" for county seat cities and code "00" for rural locations in unincorporated areas.

Additional Information

- Short period information: Period _____ to _____
Reason for short period: _____
- Year business was started in Iowa: _____
- Information from the prior return:
Corporation Name _____
Federal T.I.N. _____
Net Income: _____
- Accounting method: Cash Accrual
Year accrual method began: _____

Any questions?

IOWA is in the Central Time Zone.

HOURS: 9:00 am through 4:00 pm, Monday through Friday

In Des Moines or outside of IOWA, call: (515) 281-3114

Outside Des Moines, but in IOWA, Omaha and Quad Cities call:

800-367-3388

Bank Name _____ T.I.N. _____