



Franchise Return For Financial Institutions

Period Ending ___/___/___ (mm/yy) ▲

OFFICIAL USE ONLY

Check all that apply:

- This is a Short Period Return. Mailing Address Change
The bank has opened, closed, or moved branch locations. (Provide a schedule.)

Contact Person

Phone No.: () -

Name and Address

- 01 Pay Return 02 Amended Pay
03 No Pay Return 04 Amended No Pay
Please check the appropriate box.

Federal TIN: ▲

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

- First Return: New Business Successor Entering Iowa
Final Return: Reorganized Merged Dissolved

Type of Return:

- 100% Iowa Not 100% Iowa
No Iowa banking locations Inactive bank

Filing Status:

- Separate Iowa/Separate Federal Separate Iowa/Consolidated Federal
Name of Consolidated Parent:
Parent's Federal TIN:

Was Federal income or Federal tax changed for any prior period(s)?

- Yes. Periods Changed: Reason: Federal audit
No 1120X 1139

USE WHOLE DOLLARS ONLY

Table with 27 rows for tax calculations including NET INCOME, INTEREST, TAX EXPENSES, and TOTAL DUE.

28. FOR OFFICIAL USE ONLY 28.
29. 29.

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

Under penalties of perjury, I declare that I have examined this return, any attached schedules/statements, and to the best of my knowledge, believe it to be true, correct and complete.

Officer's Signature Date Title
Preparer's Signature Date Preparer's T.I.N.

	Schedule A	Schedule D
1. Cash to Accrual Adjustments		
2. Expenses to Carry Tax Exempts section 291 & 265		
3. Expense to Carry Investment Subsidiary		
4. Contribution Adjustments		
5. Capital Loss Adjustments		
6. Iowa Franchise Tax Refund Reported on Federal Return		
7. Other:		
8.		
9.		
10.		
11.		
12. TOTALS		
Enter Totals On:	LINE 4, IA 1120F, Schedule A	LINE 6, IA 1120F, Schedule D

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, IA 1120F		

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
PO Box 10413
Des Moines IA 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 1 percent. In the City Code No. column, enter code "01" for county seat cities and code "00" for rural locations in unincorporated areas.

Additional Information

- 1 Short period information: Period ____/____/____ to ____/____/____
Reason for short period: _____
- 2 Year business was started in Iowa: _____
- 3 Information from the prior return:
Corporation Name: _____
Federal TIN: _____ Net Income: _____
- 4 Accounting method: Cash Accrual Year accrual method began: _____

Any questions?

Iowa is in the Central Time Zone.
Call 1-800-367-3388 (Iowa only)
or 515/281-3114
Hours: 9 a.m. - 4 p.m.
Monday through Friday

Name of Financial Institution: _____ TIN: _____