

Step 1: Personal information.

You must fill in your Social Security Number (SSN).

Fiscal or short year filers only:

Month and year fields for fiscal or short year filers.

If this is an amended return, check the box and include the IA 102.

Last Name: a, First Name: a, MI, Social Security Number (SSN): 490-54-9999

Spouse's Last Name, Spouse's First Name, MI, Spouse's Social Security Number (SSN)

Current mailing address (number, street, apartment, lot, or suite number) or PO Box

City, State, ZIP, Date of Birth: 01 01 1950, County No., School District No., Spouse Date of Birth

Use residence as of 12/31/2025. See instructions.

Step 2: Filing status from federal 1040.

Mark one box only

- 1. Single: Were you claimed on another person's Iowa return?
2. Married filing jointly
3. Married filing separately. Enter your spouse's information above. Spouse's Iowa taxable income: 3
4. Head of Household (HOH) [X]
5. Qualifying Surviving Spouse (QSS)

If you checked the HOH or QSS box, enter the child's full legal name if the qualifying person is a child but not your dependent

Step 3: Exemptions

a. Personal Credit: Enter 1 (enter 2 if filing status 2 or 4) 2 x \$40 = 80.00
b. Enter 1 for each taxpayer 65 or older and/or 1 for each taxpayer who is blind 1 x \$20 = 20.00
Check if: You are 65 or older [X] You are blind Spouse is 65 or older Spouse is blind
c. Dependents: Enter 1 for each dependent. List dependents below 1 x \$40 = 40.00
d. Total. Add lines a, b and c 140.00



Taxpayer's Name
a a

Taxpayer's SSN
490-54-9999

If more than four dependents, check the box and see instructions



Dependent's first name	Dependent's last name	Dependent's SSN	Relationship to you
▶ c	▶ a	▶ 490-54-8888	▶ Son
▶	▶	▶	▶
▶	▶	▶	▶
▶	▶	▶	▶

Step 4: Iowa Taxable Income

1a. Federal total income from federal 1040, line 9	▶ 1a	38791.00
1b. Federal adjustments to income from federal 1040, line 10	▶ 1b	.00
1c. Federal adjusted gross income from federal 1040, line 11a	▶ 1c	38791.00
1d. Standard deduction or itemized deductions from federal 1040, line 12e	▶ 1d	25625.00
1e. Qualified business income deduction from federal 1040, line 13a	▶ 1e	.00
1f. Enhanced Deduction for Seniors (personal exemption) from federal Schedule 1-A, line 37	▶ 1f	6000.00
2. Federal taxable income from federal 1040, line 15	▶ 2	7166.00
3. Net Iowa modifications from IA 1040 Schedule 1, line 21	▶ 3	.00
4. Iowa taxable income. Add lines 2 and 3. Do not include lines 1a through 1f	▶ 4	7166.00

Step 5: Tax, Non-refundable Credits, and Check-off Contributions

Check if using alternate tax (line 5), tax reduction calculation (line 12), or low-income exemption. See instructions

5. Iowa tax. Multiply line 4 by 3.8% or amount from alternate tax calculation	▶ 5	272.00
6. Iowa lump-sum tax. See instructions	▶ 6	.00
7. Total tax. Add lines 5 and 6	▶ 7	272.00
8. Total exemption credit amount from Step 3	▶ 8	140.00
9. Tuition and textbook credit for dependents in grades K-12	▶ 9	.00
10. Volunteer firefighter/EMS/reserve peace officer credit	▶ 10	.00
11. Total Credits. Add lines 8, 9, and 10	▶ 11	140.00
12. BALANCE. Subtract line 11 from line 7	▶ 12	132.00
13. Nonresident or part-year resident credit. Include IA 126	▶ 13	.00
14. BALANCE. Subtract line 13 from line 12	▶ 14	132.00
15. Out-of-State tax credit. Include IA 130	▶ 15	.00





Taxpayer's Name
a a

Taxpayer's SSN
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Step 8: Amount due

34. If line 30 is less than line 22, subtract line 30 from line 22. Amended returns see instructions . . .	▶ 34	.00
35. Penalty for underpayment of estimated tax from IA 2210, IA 2210AI, or IA 2210F	▶ 35	.00
Check if using either method: annualized income (IA 2210AI) ▶ or farmer /fisher (IA 2210F) ▶		
36. Penalty and Interest	36a. Penalty	
	36b. Interest	Enter total here ▶ 36 .00
37. TOTAL AMOUNT DUE. ADD lines 34, 35, and 36	▶ 37	.00

Continue to pages 5 and 6 for IA 1040 Schedule 1 and signatures. The return must be signed to be valid.



Taxpayer's Name

▶ a a

Taxpayer's SSN

▶ 490-54-9999

IA 1040 Schedule 1

Iowa Modifications to Federal Total Income

A
Additions

B
Subtractions

1. Interest	▶ 1	.00	▶	.00
2. Dividends	▶ 2	.00	▶	.00
3. Partnership, S corporation, or Fiduciary modifications	▶ 3	.00	▶	.00
4. Military retirement income	▶ 4		▶	.00
5. Social Security benefits from federal 1040, line 6(b)	▶ 5		▶	.00
6. Active duty military pay	▶ 6		▶	.00
7. IRA/Pension/Railroad retirement income	▶ 7		▶	.00
8. Railroad unemployment income	▶ 8		▶	.00
9. Bonus depreciation/section 179 expenses	▶ 9	.00	▶	.00
10. Federal Net Operating Loss prior to 1/1/23. Include IA 124	▶ 10	.00	▶	
11. Other income Code:	▶ 11	.00	▶	.00
12. Total modifications to federal total income. Add lines 1 through 11	▶ 12	.00	▶	.00
13. Net modifications to federal total income. Subtract line 12 column B from A. If less than zero, enter as a (negative) number	▶ 13			.00

Iowa Modifications to Federal Taxable Income

14. College Savings Iowa or Iowa Advisor 529 Education Savings Plan	▶ 14		▶	.00
15. Health insurance deduction. See instructions	▶ 15		▶	.00
16. Iowa capital gains deduction. Include applicable IA 100(s)	▶ 16		▶	.00
17. Iowa net operating loss prior to 1/1/23. Include IA 124	▶ 17		▶	.00
18. Farm Tenancy Income Exclusion. Include IA 125	▶ 18		▶	.00
19. Other Adjustments Code:	▶ 19		▶	.00
20. Net modifications to federal taxable income. Add lines 14 through 19. Enter as a (negative) number	▶ 20			.00

Net Modifications

21. Net Iowa modifications. Add lines 13 and 20. If less than zero, enter as a (negative) number. Enter here and IA 1040, line 3	▶ 21			.00
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Taxpayer's Name

▶ a a

Taxpayer's SSN

▶ 490-54-9999

Step 9: Do you want to allow an individual to discuss this return with the Department? See instructions.
Third Party Designee

Designee's Name

▶

Mailing address

▶

ID Number (optional)

▶

City

State

ZIP

Designee's phone number

▶

▶

▶

▶

Designee's Email

▶

Step 10: I, the undersigned, declare under penalties of perjury or false certificate, that I have examined this return, and, to the best of my knowledge and belief, it is true, correct, and complete. Returns must be signed by hand or via a digital signature with a digital certificate. Stamped or typed signatures are not accepted.

Signatures

Your Signature

Date

Sign Here

▶

▶

M M D D Y Y Y Y

Date of death

Check if deceased: ▶

▶

M M D D Y Y Y Y

Spouse's Signature

Date

Sign Here

▶

▶

M M D D Y Y Y Y

Date of death

Check if deceased: ▶

▶

M M D D Y Y Y Y

Taxpayer's phone number

Taxpayer's email address

▶

▶

Your Driver License or State Issued ID number (optional)

Spouse's Driver License or State Issued ID number (optional)

▶

▶

Paid Preparer Use

Preparer's Signature

Date

▶

▶

M M D D Y Y Y Y

Preparer's PTIN, STIN, or SSN

Firm's FEIN

Preparer's phone number

▶

▶

▶

This return is due April 30, 2026. Sign, include federal return, W-2s, and verify SSNs. MAILING ADDRESS: Iowa Income Tax Document Processing PO BOX 9187, Des Moines IA 50306-9187 Make checks payable to Iowa Department of Revenue

