

IA 1040 Iowa Individual Income Tax Long Form 2009

or fiscal year beginning ___/___/2009 and ending ___/___/___

STEP 1: Fill in all spaces. You MUST fill in your Social Security Number.

Your last name _____ Your first name/middle initial _____

Spouse's last name _____ Spouse's first name/middle initial _____

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

City, State, ZIP _____

Fill in all information below.

Check this box if you or your spouse were 65 or older as of 12/31/09.

Your Social Security Number - - - - -	Spouse Social Security Number - - - - -
Are your name, your spouse's name, if applicable, and your address the same as on last year's return? <input type="checkbox"/> YES <input type="checkbox"/> NO	Residence on 12/31/09 County No. ● School District No. ●

STEP 2 Filing Status: Mark one box only.

1	Single: Were you claimed as a dependent on another person's Iowa return? <input type="checkbox"/> YES <input type="checkbox"/> NO ▲
2	Married filing a joint return. (Two-income families may benefit by using status 3 or 4)
3	Married filing separately on this combined return. Spouse use column B.
4	Married filing separate returns. Spouse's name: _____ SSN: _____ ▲ Income: \$ _____
5	Head of household with qualifying person. If qualifying person is not claimed as a dependent on this return, enter the person's name and Social Security Number below.
6	Qualifying widow(er) with dependent child. Name: _____ SSN: _____

Dependent children for whom an exemption is claimed in Step 3

How many have health care coverage? _____ ●
(including Medicaid or hawk-)

How many do not have health care coverage? _____ ●

STEP 3 Exemptions

YOU (and spouse if filing jointly)	a. Personal Credit: Enter 1 (Enter 2 if filing joint or head of household)▲	X \$ 40 = \$ _____
	b. Enter 1 for each person who is 65 or older and/or 1 for each person who is blind▲	X \$ 20 = \$ _____
	c. Dependents: Enter 1 for each dependent▲	X \$ 40 = \$ _____
	d. Enter first names of dependents here: _____	e. TOTAL \$ _____
SPOUSE (if filing status 3)	a. Personal Credit: Enter 1▲	X \$ 40 = \$ _____
	b. Enter 1 if 65 or older and/or 1 if blind▲	X \$ 20 = \$ _____
	c. Dependents: Enter 1 for each dependent▲	X \$ 40 = \$ _____
	d. Enter first names of dependents here: _____	e. TOTAL \$ _____

STEP 4

Figure your gross income

	B. Spouse/Status 3	A. You or Joint	B. Spouse/Status 3	A. You or Joint
1. Wages, salaries, tips, etc.	1. _____ .00	_____ .00		
2. Taxable interest income. If more than \$1,500, complete Sch. B	2. _____ .00	_____ .00		
3. Ordinary dividend income. If more than \$1,500, complete Sch. B	3. _____ .00	_____ .00		
4. Alimony received	4. _____ .00	_____ .00		
5. Business income/(loss) from federal Schedule C or C-EZ	5. _____ .00	_____ .00		
6. Capital gain/(loss) from federal Sch. D if required for federal purposes .	6. _____ .00	_____ .00		
7. Other gains/(losses) from federal form 4797	7. _____ .00	_____ .00		
8. Taxable IRA distributions	8. _____ .00	_____ .00		
9. Taxable pensions and annuities	9. _____ .00	_____ .00		
10. Rents, royalties, partnerships, estates, etc.	10. _____ .00	_____ .00		
11. Farm income/(loss) from federal Schedule F	11. _____ .00	_____ .00		
12. Unemployment compensation. See instructions.	12. _____ .00	_____ .00		
13. Taxable Social Security benefits	13. _____ .00 ▲	_____ .00		
14. Other income, gambling income, bonus depreciation/section 179 adjustment ...	14. _____ .00	_____ .00		
15. GROSS INCOME. ADD lines 1-14	15. _____ .00 ▲	_____ .00		

STEP 5

Figure your adjustments to income

16. Payments to an IRA, Keogh, or SEP	16. _____ .00	_____ .00
17. One-half of self-employment tax	17. _____ .00	_____ .00
18. Health insurance deduction	18. _____ .00	_____ .00
19. Penalty on early withdrawal of savings	19. _____ .00	_____ .00
20. Alimony paid	20. _____ .00	_____ .00
21. Pension/retirement income exclusion	21. _____ .00 ▲	_____ .00
22. Moving expense deduction from federal form 3903	22. _____ .00	_____ .00
23. Iowa capital gain deduction.	23. _____ .00 ▲	_____ .00
24. Other adjustments	24. _____ .00	_____ .00
25. Total adjustments. ADD lines 16-24	25. _____ .00 ▲	_____ .00
26. NET INCOME. SUBTRACT line 25 from line 15	26. _____ .00 ▲	_____ .00

STEP 6

Figure your federal tax addition and deduction

27. Federal income tax refund / overpayment received in 2009	27. _____ .00 ▲	_____ .00
28. Self-employment/household employment taxes	28. _____ .00 ▲	_____ .00
29. Addition for federal taxes. ADD lines 27 and 28	29. _____ .00	_____ .00
30. Total. ADD lines 26 and 29	30. _____ .00	_____ .00
31. Federal tax withheld	31. _____ .00 ▲	_____ .00
32. Federal estimated tax payments made in 2009	32. _____ .00 ▲	_____ .00
33. Additional federal tax paid in 2009 for 2008 and prior years	33. _____ .00 ▲	_____ .00
34. Deduction for federal taxes. ADD lines 31, 32, and 33	34. _____ .00	_____ .00
35. BALANCE. SUBTRACT line 34 from line 30. Enter here and on line 36, side 2	35. _____ .00	_____ .00

Staple W-2s, payment, and voucher here.

STEP 7 36. BALANCE. From side 1, line 35. 36. _____ .00 _____ .00

37. Total itemized deductions from federal Schedule A 37. _____ .00 _____ .00
 Taxpayers with bonus depreciation/section 179 must use Iowa Schedule A

38. Iowa income tax if included in line 5 of federal Schedule A 38. _____ .00 _____ .00

39. BALANCE. Subtract line 38 from line 37 or enter the 39. _____ .00 _____ .00
 amount of itemized deductions from the Iowa Schedule A

40. Other deductions. 40. _____ .00 _____ .00

41. Deduction. Check one box. Itemized. Add lines 39 and 40. Standard. 41. _____ .00 ▲ _____ .00

42. **TAXABLE INCOME.** SUBTRACT line 41 from line 36. 42. _____ .00 _____ .00

} Complete lines 37-40 ONLY if you itemize.

STEP 8 43. Tax from tables or alternate tax 43. _____ .00 ▲ _____ .00

44. Iowa lump-sum tax. 25% of federal tax from form 4972. 44. _____ .00 ▲ _____ .00

45. Iowa minimum tax. Attach IA 6251. 45. _____ .00 ▲ _____ .00

46. Total tax. ADD lines 43, 44, and 45. 46. _____ .00 _____ .00

47. Total exemption credit amount(s) from Step 3, side 1 47. _____ .00 _____ .00

48. Tuition and textbook credit for dependents K-12. 48. _____ .00 ▲ _____ .00

49. Total credits. ADD lines 47 and 48. 49. _____ .00 _____ .00

50. BALANCE. SUBTRACT line 49 from line 46. If less than zero, enter zero. 50. _____ .00 ▲ _____ .00

51. Credit for nonresident or part-year resident. Attach IA 126 and federal return. 51. _____ .00 ▲ _____ .00

52. BALANCE. SUBTRACT line 51 from line 50. If less than or equal to zero, enter zero. 52. _____ .00 _____ .00

53. Other nonrefundable Iowa credits. Attach IA 148 Tax Credits Schedule. 53. _____ .00 ▲ _____ .00

54. BALANCE. SUBTRACT line 53 from line 52. 54. _____ .00 _____ .00

55. School district surtax/EMS surtax. Take percentage from table; multiply by line 54. 55. _____ .00 ▲ _____ .00

56. Total Tax. ADD lines 54 and 55. 56. _____ .00 ▲ _____ .00

57. Total tax before contributions. ADD columns A & B on line 56 and enter here. 57. _____ .00

58. Contributions. Contributions will reduce your refund or add to the amount you owe. Amounts must be in whole dollars.
 Fish/Wildlife 58a: ▲ _____ StateFair 58b: ▲ _____ Firefighters/Veterans 58c: ▲ _____ Child Abuse Prevention 58d: ▲ _____ Enter total. 58. _____ .00

59. **TOTAL TAX AND CONTRIBUTIONS.** ADD lines 57 and 58. 59. _____ .00

60. Iowa income tax withheld. 60. _____ .00 ▲ _____ .00

STEP 9 61. Estimated and voucher payments made for tax year 2009 61. _____ .00 ▲ _____ .00

62. Out-of-state tax credit. Attach IA 130. 62. _____ .00 ▲ _____ .00

63. Motor fuel tax credit. Attach IA 4136. 63. _____ .00 ▲ _____ .00

64. Check One: Child and dependent care credit OR
 Early childhood development credit 64. _____ .00 ▲ _____ .00

65. Iowa earned income credit: **7.0% (.07) of federal credit** 65. _____ .00 ▲ _____ .00

66. Other refundable credits. Attach IA 148 Tax Credits Schedule. 66. _____ .00 ▲ _____ .00

67. TOTAL. ADD lines 60 - 66. 67. _____ .00 _____ .00

68. **TOTAL CREDITS.** ADD columns A and B on line 67 and enter here. 68. _____ .00

STEP 10 69. If line 68 is more than line 59, SUBTRACT line 59 from line 68. This is the amount you overpaid. 69. ▲ _____ .00

70. Amount of line 69 to be **REFUNDED** REFUND 70. ▲ _____ .00
Mail return to Iowa Income Tax - Refund Processing, Hoover State Office Bldg, Des Moines IA 50319-0120

71. Amount of line 69 to be **applied to your 2010 estimated tax** 71. _____ .00 ▲ _____ .00

72. If line 68 is less than line 59, SUBTRACT line 68 from line 59. This is the AMOUNT OF TAX YOU OWE. 72. ▲ _____ .00

73. Penalty for underpayment of estimated tax. From IA 2210 or IA 2210F. Check if annualized income method is used 73. ▲ _____ .00

74. Penalty and interest. 74a. Penalty. _____ .00 ▲ 74b. Interest _____ .00 ▲ ADD Enter total 74. _____ .00

75. **TOTAL AMOUNT DUE.** ADD lines 72, 73, and 74, and enter here. PAY THIS AMOUNT 75. ▲ _____ .00
Electronically pay by credit card or direct debit. Go to www.state.ia.us/tax/
To pay by mail: Iowa Income Tax - Document Processing, PO Box 9187, Des Moines IA 50306-9187. Make check payable to Treasurer, State of Iowa.

STEP 11 POLITICAL CHECKOFF. This checkoff does not increase the amount of tax you owe or decrease your refund.

SPOUSE ▲ YOURSELF

\$1.50 to Democratic Party \$1.50 to Democratic Party

\$1.50 to Republican Party \$1.50 to Republican Party

\$1.50 to Campaign Fund \$1.50 to Campaign Fund

STEP 12 NEXT YEAR,
 Would you like to receive a booklet? This option is not available to electronic filers.

0. Yes

▲ 1. No

Mailing Addresses:
 See lines 70 and 75 above.

STEP 13 PLEASE SIGN HERE

I (We), the undersigned, declare under penalty of perjury that I (we) have examined this return, including all accompanying schedules and statements, and, to the best of my (our) knowledge and belief, it is a true, correct, and complete return. Declaration of preparer (other than taxpayer) is based on all information of which the preparer has any knowledge.

Your Signature _____ Date _____ Preparer's Signature _____ Date _____

Spouse's Signature _____ Date _____ Address _____

Daytime Telephone Number _____ Daytime Telephone Number _____ Identification Number _____

SIGN HERE

SIGN HERE

- Verify your Social Security Number(s)
- Recheck your math
- Attach all W-2s