			beginning/and ending/										
			spaces. You must fill in your Social Security Number (SSN).			_							
Your la	ast na	me:	Your first name/middle initial:										
Spous	se's las	st nar	me: Spouse's first name/middle initial:			-							
Currer	nt mail	ing a	ddress (number and street, apartment, lot, or suite number) or PO Box:			_							
City, S	State, 2	ZIP:				-							
Spou	se SS	SN:	Your SSN:			_							
Step 2	Filing	g Sta	tus: Mark one box only			_							
1	Sing	gle: V	Vere you claimed as a dependent on another person's lowa return? Yes	No	П	Email Add	lress:						
2	Mar	ried f	filing a joint return. (Two-income families may benefit by using status 3 or 4.)			Check this	s box if you o	or your spouse	was 65 or o	older as of 12/31/	19.		
3	Mar	ried f	filing separately on this combined return. Spouse use column B.			Residence	e on 12/31/1	9: County No.		School Dis	strict No.		
4	Mar	ried f	filing separate returns. Spouse's name:		▲SSN:					Net Income: \$			
5	Hea	ad of	household with qualifying person. If qualifying person is not claimed as a dependent	nt on thi	s return, en	ter the pers	on's name a	and SSN below.					
6	Qua	alifyin	ng widow(er) with dependent child. Name:				SSN:						
Step 3	3 Exer	nptio	ons		B. Spou	ıse (Filing S	Status 3 ONL	_Y)		A. You or Joint			
a. F	Person	al Cr	redit: Col. A: Enter 1 (enter 2 if filing status 2 or 5); Col. B: Enter 1 if filing status 3.		A		X \$ 40 =	\$	A		X \$ 40 =	= \$	
b. E	Enter 1	for e	each taxpayer who is 65 or older and/or 1 for each taxpayer who is blind		A		X \$ 20 =	\$			X \$ 20 =	\$	
c. [Depen	dents	s: Enter 1 for each dependent				X \$ 40 =	\$			X \$ 40 =		
d. E	Enter fi	irst na	ames of dependents here				e. Total	\$		-1	e. To	tal \$	
Step 4	4 Repo	ortab	le Social Security Benefits as calculated on line 11 of Iowa social security w	orkshee	et	B. Spous	e/Status 3	A		A. You or	Joint ▲	<u> </u>	
Step 5	:				Spouse/St		A. Y	ou or Joint	B. Sp	oouse/Status 3		A. Yo	u or Joint
Gross		1.	Wages, salaries, tips, etc	· 1		.00			00				
Incom	e	 3. 	Taxable interest income. If more than \$1,500, complete Sch. B Ordinary dividend income. If more than \$1,500, complete Sch. B	2		00			00				
		3. 4.	Alimony received	3		.00			00				
_		4. 5.	Business income/(loss). See instructions	4		00			00	N	OTE: Use	e only	
		6.	Capital gain/(loss). See instructions	5		.00			00		blue or bl	lack	
		7.	Other gains/(losses). See instructions	6		.00	-		00	'	nk, no pe or red ir		
		8.	Taxable IRA distributions	· /		.00			00				
		9.	Taxable pensions and annuities	· o		.00			00 00				
		10.	Rents, royalties, partnerships, estates, etc. See instructions	9. <u> </u>		.00			00				
		11.	Farm income/(loss). See instructions	11.		.00			00				
		12.		12.		.00	-		00				
		13.	Gambling winnings				-		00				
		14.	Other income, bonus depreciation, and section 179 adjustment	14.		.00			00				
		15.	Gross Income. Add lines 1-14					15.		.00	A		.00
Step 6 Adjust		16.	, , , , , , , , , , , , , , , , , , , ,	16		.00			.00				
ments	to	17.	, , ,	17		.00			.00				
		18.	Health insurance premium	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. 23.	Moving expense deduction from federal form 3903lowa capital gain deduction; Include corresponding IA 100						.00				
		24.	schedule	23		00			.00				
		25.	Total adjustments. Add lines 16-24	24		00	-		.00	00			00
			Net Income. Subtract line 25 from line 15					25.			<u> </u>		.00
Step 7 Federal Taxes and Qualified Deductions		27.							.00	00			00
		28.	Self-employment/household employment/other federal taxes	28.		.00							
		29.	Addition for federal taxes. Add lines 27 and 28					29.					.00
	;-	30.	Total. Add lines 26 and 29					30.		.00			.00
		31.	Federal tax withheld in 2019, federal estimated tax payments made										
		32.	in 2019, and federal taxes paid in 2019 for 2018 and prior years Qualified business income deduction. 25.0% (.25) of federal										
			amount. See instructions										
		33.	(6)	33		.00	_		.00				
		J4.	Total federal tax and other qualified deductions. Add lines 31, 32, and					34.		.00			.00



2019 Step 8 Faxable		1040, page 2 BALANCE. From side 1, line 35	· · · · · · · · · · · · · · · · · · ·				.00	You or Joint .00
ncome		Deduction. Check one box 🛕 Itemized.(Include IA Schedule A)	Standard			37.	.00 🛦	.00
	38.	TAXABLE INCOME. SUBTRACT line 37 from line 36					.00	.00
Step 9 Гах,	39.	Tax from tables or alternate tax	39.	.00	A	.00		
Credits, and	40.	Iowa lump-sum tax. See instructions						
Check-	41.	lowa alternative minimum tax. Include IA 6251	··· 41.	.00	A	.00		
Contri-	42.	Total tax. ADD lines 39, 40, and 41.				····· 42.	.00	.00
outions	43.	Total exemption credit amount(s) from Step 3, side 1	··· 43.	.00		.00		
	44.	Tuition and textbook credit for dependents K-12						
_	45.	Volunteer firefighter/EMS/reserve peace officer credit	··· 45.	.00	A	.00		
	46.	Total credits. ADD lines 43, 44, and 45.				46.	.00	.00
	47.	BALANCE. SUBTRACT line 46 from line 42. If less than zero, enter	er zero			47.	.00 🛦	.00
	48.	Credit for nonresident or part-year resident. Include IA 126 and fed	deral return			48.	.00 🛦	.00
	49.	BALANCE. SUBTRACT line 48 from 47. If less than zero, enter ze	ro			49.	.00 🛦	.00
	50.	Out-of-state tax credit. Include IA 130.				50	.00 🔺	.00
	51.	BALANCE. SUBTRACT line 50 from 49. If less than zero, enter ze	ro			51	.00 🗕	.00
	52.	Other nonrefundable Iowa credits. Include IA 148 Tax Credits Scho	edule			57.	.00 🗕	.00
	53.	BALANCE. SUBTRACT line 52 from line 51. If less than zero, enter	er zero			52.	.00 _	.00
	54.	School district surtax or EMS surtax. Take percentage from table;	multiply by line	53		55	.00 🔺	.00
	55.	Total state and local tax. ADD lines 53 and 54				54	.00 🛦	.00
	56.	TOTAL state and local tax before contributions. Combine columns						
	57.	Contributions will reduce your refund or add to the amount you ow					50.	.00
		·				7.1. A		
		Wildlife 57a: ▲ State Fair 57b: ▲ Firefighters/Veterar TOTAL STATE AND LOCAL TAX, AND CONTRIBUTIONS. Add lir						
Step 10	59.	Iowa fuel tax credit. Include IA 4136					58.	.00
Credits	60.	Check One: Child and dependent care credit OR	59.	00	_	00		_
	00.	▲ Early childhood development credit	00	00		00		
	61.	lowa earned income tax credit. 15.0% (.15) of federal credit	60.	.00		.00		
	62.	Other refundable credits. Include IA 148 Tax Credits Schedule	62	.00	<u> </u>	.00		
	63.	lowa income tax withheld.	62	.00	<u> </u>	.00		
	64.	Estimated and voucher payments made for tax year 2019	64	00		00		
	65.	TOTAL. ADD lines 59 through 64 and enter here	65	00		00		
	66.	TOTAL CREDITS. ADD columns A and B on line 65 and enter her					66.	.00
Step 11	67.	If line 66 is more than line 58, subtract line 58 from line 66. This is						
Refund		Amount of line 67 to be REFUNDED.					LIND	.00
								.00
	68	a. Routing Number:		=	68b. Type	Criecking	Savings	_
	68	c. Account Number:						
	69.	Amount of line 67 to be applied to your 2020 estimated tax	69.	.00	_	.00		
Step 12 Pay	70.	If line 66 is less than line 58, subtract line 66 from line 58. This is the	ne AMOUNT O	F TAX YOU	OWE		······· 70. A	.00
ау	71.	Penalty for underpayment of estimated tax from IA 2210, IA 2210S	, or IA 2210F.	Check if ann	ualized incom	e method is used.	71.	.00
	72.	Penalty and interest ▲ 72a. Penalty .00	▲ 72b. In	terest	.00	ADD. Enter total.	72.	.00.
	73.	TOTAL AMOUNT DUE. ADD lines 70, 71, and 72. Enter here				PAY THIS AMO	UNT 73. ▲	.00
	I, the comp	undersigned, declare under penalties of perjury or false certificate, lete.	that I have exa	mined this re	eturn, and, to	the best of my knowl	edge and belief, it is t	true, correct, and
SIGN HERE			l					
	Your	Signature Date Check	if Deceased	Date of D	Death	Preparer's Signatur	re	Date
SIGN HERE	0]	D-: (5) 4h	Description of Date:		irm's FEIN
HERE	Spou	se's Signature Date Check	if Deceased	Date of D	Death	Preparer's PTIN		F

Daytime Telephone Number

This return is due April 30th, 2020. Sign, enclose W-2s, and verify SSNs. MAILING ADDRESS: Iowa Income Tax Document Processing, PO BOX 9187, Des Moines IA 50306-9187 Make check payable to Treasurer, State of Iowa

Daytime Telephone Number

