

2018 IA 1040 Iowa Individual Income Tax Return

For fiscal year beginning / / and ending / /

Step 1: Fill in all spaces. You must fill in your Social Security Number (SSN).
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

Spouse SSN Your SSN

Step 2 Filing Status: Mark one box only

1 Single: Were you claimed as a dependent on another person's Iowa return? Yes 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: Net 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 SSN below.
6 Qualifying widow(er) with dependent child. Name: SSN:

Step 3 Exemptions

a. Personal Credit: Col. A: Enter 1 (enter 2 if filing status 2 or 5); Col. B: Enter 1 if filing status 3
b. Enter 1 for each taxpayer who is 65 or older and/or 1 for each taxpayer who is blind
c. Dependents: Enter 1 for each dependent
d. Enter first names of dependents here
e. Total \$

Step 4 Reportable Social Security Benefits as calculated on line 11 of Iowa social security worksheet

B. Spouse (Filing Status 3 ONLY) A. You or Joint
B. Spouse/Status 3 A. You or Joint

Table with 5 columns: Line, Description, B. Spouse/Status 3, A. You or Joint, B. Spouse/Status 3, A. You or Joint. Rows include Wages, salaries, tips, etc.; Taxable interest income; Ordinary dividend income; Alimony received; Business income/(loss); Capital gain/(loss); Other gains/(losses); Taxable IRA distributions; Taxable pensions and annuities; Rents, royalties, partnerships, estates, etc.; Farm income/(loss); Unemployment compensation; Gambling winnings; Other income, bonus depreciation, and section 179 adjustment; Gross Income.

NOTE: Use only blue or black ink, no pencils or red ink.

Step 6 Adjustments to Income

Table with 5 columns: Line, Description, B. Spouse/Status 3, A. You or Joint, B. Spouse/Status 3, A. You or Joint. Rows include Payments to an IRA, Keogh, or SEP; Deductible part of self-employment tax; Health insurance premium; Penalty on early withdrawal of savings; Alimony paid; Pension/retirement income exclusion; Moving expense deduction; Iowa capital gain deduction; Other adjustments; Total adjustments; Net Income.

Step 7 Federal Tax Addition and Deduction

Table with 5 columns: Line, Description, B. Spouse/Status 3, A. You or Joint, B. Spouse/Status 3, A. You or Joint. Rows include Federal income tax refund/overpayment received in 2018; Self-employment/household employment/other federal taxes; Addition for federal taxes; Total; Federal tax withheld; Federal estimated tax payments made in 2018; Additional federal tax paid in 2018 for 2017 and prior years; Deduction for federal taxes; Balance.

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| | | B. Spouse/Status 3 | A. You or Joint | B. Spouse/Status 3 | A. You or Joint |
|--|---|--|--|---------------------|-----------------|
| Step 8 Taxable Income | 36. BALANCE. From side 1, line 35..... | | | 36.00 |00 |
| | 37. Deduction. Check one box <input type="checkbox"/> Itemized.(Include IA Schedule A) <input type="checkbox"/> Standard <input type="checkbox"/> | | | 37.00 |00 |
| | 38. TAXABLE INCOME. SUBTRACT line 37 from line 36..... | | | 38.00 |00 |
| Step 9 Tax, Credits, and Check- off Contributions | 39. Tax from tables or alternate tax..... | 39.00 | ▲ |00 | |
| | 40. Iowa lump-sum tax. See instructions..... | 40.00 | ▲ |00 | |
| | 41. Iowa alternative minimum tax. Include IA 6251..... | 41.00 | ▲ |00 | |
| | 42. Total tax. ADD lines 39, 40, and 41..... | 42.00 | |00 | |
| | 43. Total exemption credit amount(s) from Step 3, side 1..... | 43.00 | |00 | |
| | 44. Tuition and textbook credit for dependents K-12..... | 44.00 | ▲ |00 | |
| | 45. Volunteer firefighter/EMS/reserve peace officer credit..... | 45.00 | ▲ |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 zero..... | 47.00 | ▲ |00 | |
| | 48. Credit for nonresident or part-year resident. Include IA 126 and federal return..... | 48.00 | ▲ |00 | |
| | 49. BALANCE. SUBTRACT line 48 from 47. If less than zero, enter zero..... | 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 zero..... | 51.00 | ▲ |00 | |
| | 52. Other nonrefundable Iowa credits. Include IA 148 Tax Credits Schedule..... | 52.00 | ▲ |00 | |
| | 53. BALANCE. SUBTRACT line 52 from line 51. If less than zero, enter zero..... | 53.00 | ▲ |00 | |
| | 54. School district surtax or EMS surtax. Take percentage from table; multiply by line 53..... | 54.00 | ▲ |00 | |
| | 55. Total state and local tax. ADD lines 53 and 54..... | 55.00 | ▲ |00 | |
| | 56. TOTAL state and local tax before contributions. Combine columns A and B on line 55 and enter here..... | 56.00 | |00 | |
| | 57. Contributions will reduce your refund or add to the amount you owe. Amounts must be in whole dollars. | | | | |
| | Fish/Wildlife 57a: <input type="checkbox"/> State Fair 57b: <input type="checkbox"/> Firefighters/Veterans 57c: <input type="checkbox"/> Child Abuse Prevention 57d: <input type="checkbox"/> Enter here..... | 57.00 | |00 | |
| | 58. TOTAL STATE AND LOCAL TAX, AND CONTRIBUTIONS. Add line 56 and line 57 and enter here..... | 58.00 | ▲ |00 | |
| Step 10 Credits | 59. Iowa fuel tax credit. Include IA 4136..... | 59.00 | ▲ |00 | |
| | 60. Check One: Child and dependent care credit <input type="checkbox"/> OR ▲ Early childhood development credit <input type="checkbox"/> | 60.00 | ▲ |00 | |
| | 61. Iowa earned income tax credit. 15.0% (.15) of federal credit..... | 61.00 | ▲ |00 | |
| | 62. Other refundable credits. Include IA 148 Tax Credits Schedule..... | 62.00 | ▲ |00 | |
| | 63. Iowa income tax withheld..... | 63.00 | ▲ |00 | |
| | 64. Estimated and voucher payments made for tax year 2018..... | 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 here..... | 66.00 | |00 | |
| Step 11 Refund | 67. If line 66 is more than line 58, subtract line 58 from line 66. This is the amount you overpaid..... | 67.00 | ▲ |00 | |
| | 68. Amount of line 67 to be REFUNDED..... | REFUND | 68.00 |00 | |
| | 68a. Routing Number: <input type="text"/> | 68b. Type Checking <input type="checkbox"/> Savings <input type="checkbox"/> | | | |
| | 68c. Account Number: <input type="text"/> | | | | |
| | 69. Amount of line 67 to be applied to your 2019 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 AMOUNT OF TAX YOU OWE..... | 70.00 | ▲ |00 | |
| | 71. Penalty for underpayment of estimated tax from IA 2210, IA 2210S, or IA 2210F. Check if annualized income method is used. <input type="checkbox"/> | 71.00 | ▲ |00 | |
| | 72. Penalty and interest ▲ 72a. Penalty00 ▲ 72b. Interest00 ADD. Enter total..... | 72.00 | |00 | |
| | 73. TOTAL AMOUNT DUE. ADD lines 70, 71, and 72. Enter here..... | PAY THIS AMOUNT | 73.00 |00 | |
| Step 13 | 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. | | | | |
| SIGN HERE | Your Signature _____ Date _____ | | <input type="checkbox"/> Check if Deceased | Date of Death _____ | |
| SIGN HERE | Spouse's Signature _____ Date _____ | | <input type="checkbox"/> Check if Deceased | Date of Death _____ | |
| | Daytime Telephone Number _____ | | Daytime Telephone Number _____ | | |
| | Preparer's Signature _____ Date _____ | | Preparer's PTIN _____ Firm's FEIN _____ | | |

This return is due April 30th, 2019. 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

If you itemize deductions, include this schedule with your return. Use whole dollar amounts.

| Name(s) _____ Social Security Number _____ | | | | | | | | | | | | | | | | | | | |
|---|---|-----|--------|-----|---|------------|--|--|--|--|--|--|---|--|--|--|---|--|--|
| Medical and Dental Expenses | 1. Medical and dental expenses (Exclude health insurance premiums claimed on IA 1040, line 18)..... 1. _____ 2. Multiply the amount on federal form 1040*, line 7 by 10% (.10). Enter result here..... 2. _____ 3. Subtract line 2 from line 1. If less than zero, enter 0.....3. _____ | | | | | | | | | | | | | | | | | | |
| Taxes You Paid (Not subject to federal deduction dollar limitations) | 4. State and local taxes. Check only one box. a <input type="checkbox"/> Other state and local income taxes. Do not include any general sales tax or Iowa Income Tax. Include School District Surtax and EMS Surtax paid in 2018, OR b <input type="checkbox"/> General sales tax from line 5a of your federal form 1040, Schedule A 4. _____ 5. Real estate taxes 5. _____ 6. Personal property taxes, including annual vehicle registration..... 6. _____ 7. Other taxes. List type and amount: 7. _____ 8. Add lines 4-7. Enter total here.....8. _____ | | | | | | | | | | | | | | | | | | |
| Interest You Paid | 9. Home mortgage interest and points. See instructions. a. Interest and points reported on federal form 1098 9a. _____ b. Interest not reported on federal form 1098 9b. _____ 10. Points not reported on federal form 1098 10. _____ 11. RESERVED FOR FUTURE USE 11. _____ 12. Investment interest. Include federal form 4952 if required 12. _____ 13. Add lines 9a-12. Enter total here13. _____ | | | | | | | | | | | | | | | | | | |
| Gifts to Charity | 14. Contributions by cash or check 14. _____ 15. Contributions other than by cash or check. Include federal form 8283 if more than \$500 15. _____ 16. Contributions carryover from prior year * 16. _____ 17. Add lines 14-16. Enter total here17. _____ | | | | | | | | | | | | | | | | | | |
| Casualty/Theft Loss | 18. Casualty or theft loss(es). Complete IA 4684 worksheet18. _____ | | | | | | | | | | | | | | | | | | |
| Job Expenses and Misc. Deductions | 19. Unreimbursed employee expenses. See instructions 19. _____ 20. Tax preparation fees 20. _____ 21. Other expenses. List type and amount: 21. _____ 22. Add lines 19-21. Enter total here 22. _____ 23. Multiply the amount of federal form 1040*, line 7 by 2% (.02). Enter the result here..... 23. _____ 24. Subtract line 23 from line 22. Enter the total. If less than zero, enter 0.24. _____ | | | | | | | | | | | | | | | | | | |
| Other Misc. Deductions | 25. Other miscellaneous deductions not subject to 2% AGI Limit. See instructions. List type and amount: 25. _____ | | | | | | | | | | | | | | | | | | |
| Total Itemized Deductions | 26. Is the amount on federal form 1040* line 7 more than \$160,000? If no, add lines 3, 8, 13, 17, 18, 24, and 25. Enter the total here.....26. _____ If yes, see Iowa Itemized Deductions Worksheet, IA 104 to determine if your itemized deductions may be limited. 27. Other deductions. See instructions.....27. _____ 28. Total deductions. Add lines 26-27. If using filing statuses 1, 2, 5, or 6, enter the amount on Step 8, line 37 of the IA 1040.28. _____ | | | | | | | | | | | | | | | | | | |
| Proration of Deductions Between Spouses | Complete lines 29-33 only if you are using filing status 3 or 4. <table><thead><tr><th></th><th>Spouse</th><th>You</th></tr></thead><tbody><tr><td>29. Net income of both spouses from IA 1040, line 26 29b. _____</td><td>29a. _____</td><td></td></tr><tr><td>30. Total Iowa net income, add columns 29a and 29b. Enter total here.....30. _____</td><td></td><td></td></tr><tr><td>31. Divide the amount on line 29a by the amount on line 30. Enter to the nearest tenth of a percent31. _____</td><td></td><td>%</td></tr><tr><td>32. Multiply line 28 by the percentage on line 31. Enter here and on IA 1040, line 37, column A..... (You) 32. _____</td><td></td><td></td></tr><tr><td>33. Subtract line 32 from line 28. Enter here and on IA 1040, line 37, column B. If you are using filing status 4, enter this amount on line 37, column A of your spouse's return..... (Spouse) 33. _____</td><td></td><td></td></tr></tbody></table> | | Spouse | You | 29. Net income of both spouses from IA 1040, line 26 29b. _____ | 29a. _____ | | 30. Total Iowa net income, add columns 29a and 29b. Enter total here.....30. _____ | | | 31. Divide the amount on line 29a by the amount on line 30. Enter to the nearest tenth of a percent31. _____ | | % | 32. Multiply line 28 by the percentage on line 31. Enter here and on IA 1040, line 37, column A..... (You) 32. _____ | | | 33. Subtract line 32 from line 28. Enter here and on IA 1040, line 37, column B. If you are using filing status 4, enter this amount on line 37, column A of your spouse's return..... (Spouse) 33. _____ | | |
| | Spouse | You | | | | | | | | | | | | | | | | | |
| 29. Net income of both spouses from IA 1040, line 26 29b. _____ | 29a. _____ | | | | | | | | | | | | | | | | | | |
| 30. Total Iowa net income, add columns 29a and 29b. Enter total here.....30. _____ | | | | | | | | | | | | | | | | | | | |
| 31. Divide the amount on line 29a by the amount on line 30. Enter to the nearest tenth of a percent31. _____ | | % | | | | | | | | | | | | | | | | | |
| 32. Multiply line 28 by the percentage on line 31. Enter here and on IA 1040, line 37, column A..... (You) 32. _____ | | | | | | | | | | | | | | | | | | | |
| 33. Subtract line 32 from line 28. Enter here and on IA 1040, line 37, column B. If you are using filing status 4, enter this amount on line 37, column A of your spouse's return..... (Spouse) 33. _____ | | | | | | | | | | | | | | | | | | | |

*See detailed IA 1040 instructions online if you have federal bonus depreciation/section 179 adjustment from line 14 of the IA 1040 and all other Iowa net income nonconformity adjustments.

Name(s) _____ Social Security Number _____

Mark the appropriate box for you and your spouse

You are a nonresident of Iowa ☐ ▲ Your spouse is a nonresident of Iowa ☐ ▲
You are a part-year resident of Iowa ☐ ▲ Your spouse is a part-year resident of Iowa ☐ ▲
Date moved into Iowa: _____ and/or Date moved into Iowa: _____ and/or
Date moved out of Iowa: _____ Date moved out of Iowa: _____
You are a full-year resident of Iowa ☐ Your spouse is a full-year resident of Iowa ☐

Iowa-Source Income

| | B. Spouse | A. You or Joint |
|--|---------------|-----------------|
| 1. Wages, salaries, tips, etc | 1. _____ .00 | _____ .00 |
| 2. Taxable interest income | 2. _____ .00 | _____ .00 |
| 3. Ordinary dividend income | 3. _____ .00 | _____ .00 |
| 4. Alimony received | 4. _____ .00 | _____ .00 |
| 5. Business income or (loss) | 5. _____ .00 | _____ .00 |
| 6. Capital gain or (loss) | 6. _____ .00 | _____ .00 |
| 7. Other gains or (loss) | 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 or (loss) | 11. _____ .00 | _____ .00 |
| 12. Unemployment compensation | 12. _____ .00 | _____ .00 |
| 13. Gambling winnings | 13. _____ .00 | _____ .00 |
| 14. Other income, bonus depreciation, and section 179 adjustment | 14. _____ .00 | _____ .00 |
| 15. Gross income. Add lines 1-14 | 15. _____ .00 | ▲ _____ .00 |
| 16. Payments to an IRA, Keogh, or SEP | 16. _____ .00 | _____ .00 |
| 17. Deductible part of self-employment tax | 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. Moving expense deduction into Iowa only | 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. Iowa Net Income. Subtract line 25 from line 15 | 26. _____ .00 | _____ .00 |
| 27. All-source net income from line 26, IA 1040 | 27. _____ .00 | _____ .00 |

28. Iowa income percentage: Divide line 26 by line 27 and enter percentage rounded to nearest tenth of a percent. This can be no more than 100.0% and no less than 0.0%

28. _____ % _____ %

29. Nonresident/part-year resident credit percentage:
Subtract the percentage on line 28 from 100.0%

29. _____ % _____ %

30. Iowa tax on total income from line 39, IA 1040

30. _____ .00 _____ .00

31. Total Credits from line 46, IA 1040

31. _____ .00 _____ .00

32. Tax after credits. Subtract line 31 from line 30

32. _____ .00 _____ .00

33. Nonresident/part-year resident credit. Multiply line 32 by the percentage on line 29. Enter this amount on line 48, IA 1040

33. _____ .00 _____ .00

Name(s) _____ SSN or FEIN _____

Part I – Nonrefundable Tax Credits

| | A Tax Credit Code | B Certificate Number (if applicable) | C Amount Carried Forward from Prior Year | D Current Year Amount (earned or received from pass- through entity) | E Total Available (C+D=E) | F Current Year Amount Applied (may not exceed total tax liability) | G Expired Amount | H Amount Carried Forward to Future Years (E-F-G=H) |
|----|----------------------------|--|---|---|---------------------------------|--|------------------------|---|
| 1 | | | | | | | | |
| 2 | | | | | | | | |
| 3 | | | | | | | | |
| 4 | | | | | | | | |
| 5 | | | | | | | | |
| 6 | | | | | | | | |
| 7 | | | | | | | | |
| 8 | | | | | | | | |
| 9 | | | | | | | | |
| 10 | | | | | | | | |

Part I Total – Sum column F and enter on line 52 of IA 1040, line 10
of IA 1040C, or line 2 of schedule C1 of IA 1120 _____**Part II – Refundable Tax Credits**

| | I Tax Credit Code | J Certificate Number (if applicable) | K Current Year Amount (earned or received from pass-through entity) |
|----|-------------------------|--|--|
| 11 | | | |
| 12 | | | |
| 13 | | | |
| 14 | | | |
| 15 | | | |
| 16 | | | |
| 17 | | | |

Part II Total - Sum column K and enter on line 62
of IA 1040, line 14 of IA 1040C, or line 3 of
schedule C1 of IA 1120 _____**Part III – Total Credits**Sum Part I and Part II Totals.
Enter on line 16 of the IA 1120F, line 32 of
IA 1041, or the miscellaneous line of the
Iowa Insurance Premium Tax Return.**Part III Total** _____**Part IV – Pass-Through Entity Information from Schedule K-1**

| L Line Number from Part I or Part II | M Pass-Through Entity Name | N Pass-Through Entity FEIN | O Taxpayer's Share of Tax Credit from Pass-Through Entity |
|--|-------------------------------|-------------------------------|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Name(s) _____ SSN _____

Part I – Information about your eligible adopted child

1. Child's full name _____
2. Child's identifying number _____
3. Was the adopted child placed in Iowa?
Yes ☐ Continue to line 4.
No ☐ Stop. You are not eligible to take this credit.
4. Has the adoption been finalized?
Yes ☐ Continue to line 5.
No ☐ Stop. You are not eligible to take this credit.
5. Year the adoption became final _____
6. Child's age at adoption _____
7. Name of other adoptive parent if not included on the IA 1040 _____
8. Social Security Number of other adoptive parent _____

Part II – Iowa Adoption Tax Credit Calculation

9. Adoption expenses paid or incurred during 2018 for this child. (If filing claims separately, see instructions) 9. _____
10. Adoption expenses paid or incurred during 2018 for this child that were reimbursed by an employer or other entity 10. _____
11. Qualified adoption expenses paid or incurred during 2018 for this child. Subtract line 10 from line 9 11. _____
12. Maximum Iowa Adoption Tax Credit. Enter \$5,000 if line 5 is 2018 or 2017; enter \$2,500 if line 5 is 2014, 2015, or 2016..... 12. _____
13. Iowa Adoption Tax Credits claimed for the adoption of this child by the taxpayer in other tax years 13. _____
14. Iowa Adoption Tax Credits claimed for the adoption of this child by other taxpayers in this or other tax years not included on line 13 14. _____
15. Other credits claimed. Add lines 13 and 14 15. _____
16. Subtract line 15 from line 12 16. _____
17. Iowa Adoption Tax Credit. Enter the smaller of line 11 or 16. Also enter in column K of Part II on the IA 148 Tax Credits Schedule..... 17. _____

IA 148 Tax Credits Schedule must be completed.

Your first name, middle initial, and last name _____

Spouse's first name, middle initial, and last name _____

Your Social Security Number _____

Spouse's Social Security Number _____

Home address, city, state, ZIP _____

Part I Tax Return InformationB. Spouse
(filing status 3)

A. You or Joint

| | | | | | | |
|--|----|-------|-----|----|-------|-----|
| 1. Iowa Net Income (IA 1040, line 26 A & B) | 1B | _____ | .00 | 1A | _____ | .00 |
| 2. Total Tax (IA 1040, line 42 A & B) | 2B | _____ | .00 | 2A | _____ | .00 |
| 3. Iowa Income Tax Withheld (IA 1040, line 63 A & B) | 3B | _____ | .00 | 3A | _____ | .00 |
| 4. Amount to be Refunded (IA 1040, line 68) | | | | 4. | _____ | .00 |
| 5. Total Amount Due (IA 1040, line 73) | | | | 5. | _____ | .00 |

Part II Declaration of Taxpayer (Be sure to keep a copy of the tax return)

6. ☐ I do not want direct deposit or direct debit.
7. ☐ I consent that my refund be directly deposited as designated below. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund.
- ☐ I authorize the Iowa Department of Revenue (IDR) and its designated financial agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated below for payment of my individual Iowa taxes owed on this return, and the financial institution to debit the entry to this account on _____ (the payment/settlement date). I also authorize the financial institution involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. This authorization is to remain in full force and effect until I notify the IDR to terminate the authorization. To revoke (cancel) a payment, I must contact IDR at (515) 281-3114 or idreft@iowa.gov. Payment cancellation requests must be received no later than 5 business days prior to the payment/settlement date. Note: This electronic withdrawal from your bank account will be identified with the ACH Company ID 4426004574. If you currently have a debit block on this account, contact your financial institution to request that they allow a withdrawal from your bank account by this ACH Company ID.

Name of financial institution: _____

Routing Number

| | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

The first two digits must be 01 through 12 or 21 through 32.

Account Number

| | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

Type of Account:

Savings ☐Checking ☐Will this refund go to (or payment come from) an account outside the United States? Yes ☐ No ☐

Under penalties of perjury, I declare that I have examined the information on my electronic individual income tax return, including any schedules, attachments, and statements for tax year ending December 31, 2018 and certify to the best of my knowledge and belief, it is true, correct and complete. I further declare that the amounts in Part I above are the amounts shown on the copy of my electronic income tax return. I consent that my return, including accompanying schedules, attachments, and statements be sent to the Iowa Department of Revenue (IDR) through the Internal Revenue Service (IRS) by my Electronic Return Originator (ERO). In addition, by using software to prepare and transmit my return electronically, I consent to the disclosure to Iowa of all information pertaining to the transmission of my tax return electronically. I authorize IDR to inform my ERO and/or transmitter when my electronic return has been accepted. In the event that it is rejected, I authorize IDR to identify the reasons for rejection so that the return can be corrected and re-transmitted. If I have filed a balance due return, I understand that if IDR does not receive full and timely payment of my tax liability I will remain liable for the tax liability and all applicable penalties and interest. I consent that my refund be directly deposited as designated in Part II and declare that the information shown in Part II is correct. If the processing of my return, refund, or direct debit is delayed, I authorize IDR to disclose to my ERO and/or transmitter the reason(s) for the delay or the date the refund was sent. I understand that this declaration with required attachments must be forwarded upon request to the IDR.

Your Signature _____

Date: _____

Spouse Signature. If a joint return, both must sign. _____

Date _____

Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer

I declare that I have reviewed the above taxpayer's return and that entries on form IA 8453-IND are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. I have obtained the taxpayer's signature before submitting this return to the IRS. I have provided the taxpayer with a copy of all forms and information to be filed with IDR and have followed all other requirements described in the Iowa Modernized e-File (MeF) Information for e-File Providers publication. I understand that the original form IA 8453-IND should not be sent to IDR, but must be retained by the ERO for a period of three years from the due date of the return or the filing date, whichever is later, to which the IA 8453-IND relates was filed. I will make a copy available to IDR upon request. If I am a paid preparer, under penalties of perjury, I declare that I have examined the above taxpayer's return and accompanying schedules, attachments, and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I have based this declaration on all information available to me.

| ERO Signature | Date | Check if also paid preparer <input type="checkbox"/> | Check if self-employed <input type="checkbox"/> | ERO PTIN |
|---|------|--|---|------------------|
| Firm's name (or yours if self-employed) | | | | FEIN |
| Address and zip code | | | | Phone Number () |
| Paid Preparer Signature | Date | Check if self-employed <input type="checkbox"/> | | Preparer PTIN |
| Firm's name (or yours if self-employed) | | | | FEIN |
| Address and zip code | | | | Phone Number () |