

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			
18			

Part II Total - Sum column K and enter on line 62
of IA 1040, line 13 of IA 1040C, or line 2 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 30 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

