

For Calendar Year 2017 or other fiscal year (MMDDYY) _____ to _____

Check all that apply: Name/Address Change [] Short Period [] Amended Return [] Final Return []

Part I: Partnership Name and Address

Name _____ Street Address _____ City _____ State _____ ZIP _____ County Number _____ Name of Contact Person _____ Phone Number (____) _____

Federal Employer Identification Number _____ Business Code _____ Principal Activity _____ Total Number of Partners _____ Number of Iowa Partners _____ List other states in which the partnership operates: _____

Part II: Partnership Information

Type of Return (check one): Partnership [] Limited Liability Company [] Limited Liability Partnership [] Other [] Does the partnership have income/loss from business activities carried on within Iowa? Yes [] No [] Is any of the partnership's income/loss from real property within Iowa? Yes [] No [] Does the partnership's income/loss come from any activity other than interest, dividends, or capital gain from the sale of stocks or bonds? Yes [] No []

Part III: Modification of Partnership Income

Enter Whole Dollars

- 1. Federal partnership taxable income (loss) from federal form 1065 Schedule K 1. _____ 2. Interest from state and municipal bonds and securities 2. _____ 3. Other additions. Include schedule 3. _____ 4. Total additions. Add lines 2 and 3 4. _____ 5. Interest and dividends from federal securities 5. _____ 6. Other reductions. Include schedule 6. _____ 7. Total reductions. Add lines 5 and 6 7. _____ 8. Net modifications. Subtract line 7 from line 4 8. _____ 9. Total all-source partnership income. Add lines 1 and 8 9. _____

Part IV: Business Activity Ratio (BAR) - See instructions.

Enter Whole Dollars

Types of Income

Column A Iowa Receipts

Column B Receipts Everywhere

Table with 13 rows and 2 columns: Types of Income, Column A Iowa Receipts, Column B Receipts Everywhere. Includes rows for Gross receipts, Net dividends, Exempt interest, Accounts receivable interest, Other interest, Rent, Royalties, Capital gain/(loss), Ordinary gains/(loss), Partnership gross receipts, Other, TOTALS, and BAR calculation.

Part V: Enter Iowa net income for three preceding years: 2014 _____ 2015 _____ 2016 _____

File electronically. A complete copy of your federal return must be filed with this return, not including federal K-1s.

Declaration: Under penalties of perjury, I declare that I have examined this return and any included schedules/statements, and, to the best of my knowledge, believe it to be true, correct and complete. If prepared by a person other than the taxpayer, the declaration is based on all information of which there is any knowledge.

Signature of Partner or Member:

Preparer's Signature:

Date _____ Title _____ Daytime Telephone Number (____) _____

Date _____ Preparer's Address _____ Preparer's ID Number _____ Telephone Number (____) _____

Mail To: Income Tax Return Processing, Iowa Department of Revenue, Hoover State Office Building, Des Moines IA 50319-0120



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