## 2019 IA 1040C Composite Individual Income Tax Return for Nonresidents

Partnerships, S Corporations, Trusts, and Limited Liability Companies for filing on behalf of Nonresident Partners,

Shareholders, Beneficiaries, or Members STEP 1 Company Name: FEIN: \_\_\_\_ Name and **Address** Current Mailing Address: (number, street, apartment number, suite, PO Box) This Return is for: (Check One) City, State, and ZIP Code: Partners Shareholders Name of Contact Person: Daytime Telephone Number: Beneficiaries Members □ STEP 2 Enter the number of individuals (Count) whose lowa-source income exceeds the **Exemptions** STEP 3 Enter the total lowa-source income of all individuals whose lowa-source income Composite Income STEP 4 **Deductions** 4. Standard deduction. Multiply exemptions count in Step 2 by \$2,080.......4. ▲ \_\_\_\_\_\_\_.00 .00 .00 STEP 5 Tax 8. Iowa alternative minimum tax. See instructions......8.▲ 9. Total tax. ADD lines 7 and 8. ...... 9. \_\_\_\_ .00 STEP 6 Credits .00 .00 .00 STEP 7 18. If line 17 is more than line 13, subtract line 13 from line 17. This is the Refund or 20. Amount of line 18 to be applied to your 2020 estimated tax.......20.▲ \_\_\_\_\_\_.00 **Amount** 21. If line 17 is less than line 13, subtract line 17 from line 13. Due Make check payable to TREASURER, STATE OF IOWA I, the undersigned, declare under penalties of perjury or false certificate, that I have examined this return, and, to the best of my knowledge and belief, it is true, correct, and complete. Signature of Officer: Preparer's Signature:\_\_\_\_\_ Preparer's PTIN: Date: Title: Date: Daytime Telephone Number:\_\_\_\_ Firm Name: Firm's FEIN:



SIGN AND DATE YOUR RETURN.
FOR CALENDAR YEAR FILERS, THIS RETURN IS DUE BY April 30, 2020
MAIL TO: COMPOSITE RETURN PROCESSING
IOWA DEPARTMENT OF REVENUE

IOWA DEPARTMENT OF REVENUE PO BOX 9187 DES MOINES IA 50306-9187



**Schedule NR** List all Nonresident Partners, Shareholders, Beneficiaries, or Members with Iowa-source income. All columns must be completed. In column E, enter yes or no to indicate whether the partner was included on page 1 of the IA 1040C. If you need more space than provided, you may copy this schedule.

| A    | В        | need more space than provide C Address | D                  | E      |
|------|----------|--|--------------------|--------|
| Name | SSN/FEIN | Address                                | Iowa-Source Income | Yes/No |
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## Instructions for Composite Iowa Individual Income Tax Return for Nonresidents Filing Requirements Line 2: A deduction is allowed in lieu

Nonresident partners, shareholders, members, or beneficiaries can be included in a composite return if they meet the following requirements:

A nonresident member must have enough income to create a positive tax due. This minimum income requirement is met when the taxpayer's lowa-source income is reduced by the standard deduction, tax is calculated, the exemption credit is subtracted from the calculated tax, and lowa tax due is still greater than \$0.00. See IA 1040C, page 2 instructions for minimum income required based upon tax brackets.

A nonresident member can be included if the income from this entity is the only lowa-source income the member received for this tax year. Members with income from multiple lowa sources must complete form IA 1040 lowa Individual Income Tax Return.

**Note**: For Nonresident Partners, Shareholders, or Members enclose a copy of the Iowa Schedule K-1 along with the IA 1065 or IA 1120S. For Nonresident Beneficiaries enclose a copy of the federal Schedule K-1 along with the IA 1041. All filers must complete IA 1040C, page 2, Schedule NR.

## **Line Instructions**

Line 1: Each nonresident partner's, shareholder's, or member's lowa K-1 will show that partner's, shareholder's, or member's income and nonresident modifications that are apportioned to lowa. The apportioned amount of each item of Iowa K-1 income that is a part of federal adjusted gross income and the apportioned modifications of all nonresident partners, all nonresident shareholders, and/or all members included in this composite return are to be totaled and entered on this line. Nonresidents with other lowa-source income are not to be included on the IA 1040C.

Beneficiaries of a trust do not have an Iowa K-1, only a federal K-1. Consequently, when nonresident beneficiaries are included in the filing of a composite return with Iowa, they must total all income and/or capital gain from real property or tangible personal property located in Iowa and any other business income attributable to Iowa and enter on this line.

**Line 2:** A deduction is allowed in lieu of the deduction for federal tax paid and is based upon the following schedule:

Amount shown on line 1 Deduction \$0-\$49,999 = No deduction \$50,000-\$99,999 = 5% of line 1 \$100,000-\$199,999 = 10% of line 1 Over \$200,000 = 15% of line 1

**Line 3:** Enter the amount from 2019 IA 8995C, Step 5, line 4. Include IA 8995C with your return.

Line 8: Partners, shareholders, beneficiaries, or members reporting income on the composite return may also be subject to lowa alternative minimum tax. The lowa alternative minimum tax is imposed on most of the same tax preference and adjustment items treated as exclusions for federal alternative minimum tax purposes. See form IA 6251 to determine if any lowa alternative minimum tax is due and enclose completed form if necessary.

Line 11: Enter the total of the nonrefundable credits from Part I of the IA 148 Tax Credits Schedule. You must complete the IA 148 to include the total of all members' credits that are included on this return. Beneficiaries provide an additional worksheet with the amount of the tax credit for each member included on the return.

Line 14: Enter the amount of fuel tax credit from the IA 4136, line 7. The federal Schedule 4136 cannot be used. The lowa credit does not apply to fuel used in on-road vehicles or pleasure boats.

Line 15: Enter the total of the refundable credits from Part II of the IA 148 Tax Credits Schedule. You must complete the IA 148 Tax Credits Schedule to include the total of all members' credits that are included on this return. Beneficiaries provide an additional worksheet with the amount of the tax credit for each member included on this return.

Line 16: Enter the total amount of 2019 estimated tax payments and any of the prior year's carryforward applied to your estimated payments for 2019. Although not required, estimated payments may be made on form IA 1040ES using the partnership's, limited liability company's, S corporation's, or trust's identification number.

**Line 22:** Failure to Timely File a Return: A penalty of 10% will be added to the tax due for

failure to timely file a return if the return is filed after the original due date of the return and if at least 90% of the correct amount of tax is not paid by the original due date of the return.

Failure to Timely Pay the Tax Due or Penalty for Audit Deficiency: A penalty of 5% will be added to the tax due if the return is filed by the original due date and at least 90% of the correct amount of tax is not paid by the original due date of the return.

When the failure to file penalty and the failure to pay penalty are both applicable, only the failure to file penalty will apply.

Penalty for Willful Failure to File: A penalty of 75% will be added to the tax due for willful

failure to file a return or for filing with intent to evade tax.

**Note:** Penalties can only be waived under limited circumstances, as described in Iowa Code section 421.27.

Line 23: Interest must be added to delinquent tax. Interest is added at a rate of 0.6% per month beginning on the due date of the return and accrues each month until paid in full. Line 24: Final payment for the return must be made with form IA 1040V using the partnership's, limited liability company's, S corporation's, or trust's identification number. There is not an electronic payment option.

## IA 1040C Tax Rate Schedule

| Minimum Income       |              |         |                     | Of     |
|----------------------|--------------|---------|---------------------|--------|
| Requirement for Each | If line 6 Is | But Not |                     | Excess |
| Tax Bracket          | Over         | Over    | Tax Rate            | Over   |
| Not applicable       | 0            | 1,638   | 0 plus 0.33%        | 0      |
| Not applicable       | 1,638        | 3,276   | 5.41 plus 0.67%     | 1,638  |
| Not applicable       | 3,276        | 6,552   | 16.38 plus 2.25%    | 3,276  |
| \$3,046              | 6,552        | 14,742  | 90.09 plus 4.14%    | 6,552  |
| \$2,790              | 14,742       | 24,570  | 429.16 plus 5.63%   | 14,742 |
| \$2,751              | 24,570       | 32,760  | 982.48 plus 5.96%   | 24,570 |
| \$2,720              | 32,760       | 49,140  | 1,470.60 plus 6.25% | 32,760 |
| \$2,618              | 49,140       | 73,710  | 2,494.35 plus 7.44% | 49,140 |
| \$2,549              | 73,710       | Over    | 4,322.36 plus 8.53% | 73,710 |