



Step 1: You must fill in your Social Security Number (SSN)

| ٠ | For fiscal or short year filers to M M D D Y Y Y Y M M D D Y Y Y Y | | | | | | |
|---------|---|--|--|---|--|--|--|
| | Check the box if this is an amended return | | | | | | |
| | Last Nan | ne | First Name | MI Social Security Number (SSN) | | | |
| • | | | • | > | | | |
| • | Spouse's | Last Name | Spouse's First Name ▶ | Spouse's Social MI Security Number (SSN) • | | | |
| | Current n | nailing address (number, stre | et, apartment, lot, or suite number) or PO Box | | | | |
| • | | | | | | | |
| | City | | State ZIP ▶ | | | | |
| | | | | D | | | |
| | | | se Residence of 12/31/23: | District No. | | | |
| Step 2: | | status from federal 1040. ne box only | | Yes No | | | |
| • | - | 1. Single: Were you claim | ed on another person's lowa return? | > | | | |
| • | - | 2. Married filing jointly | | | | | |
| , | - | | y. Enter your spouse's information come: | ▶ 3 | | | |
| • | > | 4. Head of household. Er | ter qualifying person's information on Page 2 | | | | |
| , | 5. Qualifying surviving spouse with dependent child. Enter dependent's information on Page 2. | | | | | | |
| Stop 2: | · Evomr | ations | | Enter Dollars and Cents | | | |
| otep 5. | : Exemp | ntons | | | | | |
| a. | a. Personal Credit: Enter 1 (enter 2 if filing status 2 or 4) | | | | | | |
| b. | b. Enter 1 for each taxpayer 65 or older and/or 1 for each taxpayer who is blind | | | | | | |
| CI | heck if: | You are 65 or older ► | You are blind ► Spouse is 65 | 5 or older ► Spouse is blind ► | | | |
| C. | c. Dependents: Enter 1 for each dependent. List dependents below | | | | | | |
| d. | Total. A | add lines a, b and c | | <u> </u> | | | |



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Taxpayer's Name Taxpayer's SSN Dependent's first name Dependent's last name Dependent's SSN Relationship to you **Enter Dollars and Cents** Iowa Taxable Income Step 4: ▶ 1 Federal total income... ▶ 2 2. ▶ 3 3. Net Iowa modifications from IA 1040 Schedule 1, line 22 lowa taxable income. Add lines 2 and 3...... Step 5: Tax, Nonrefundable Credits, and Check if using alternate tax (line 5), tax reduction **Checkoff contributions** calculation (line 12), or low-income exemption ▶ 5 lowa Tax from tax rate schedule or alternate tax..... 5 6. Iowa lump-sum tax. See instructions..... ▶ 7 7. 8. Total exemption credit amount from Step 3..... ▶ 9 Tuition and textbook credit for dependents K-12..... ▶ 10 Volunteer firefighter/EMS/reserve peace officer credit ▶ 11 Total Credits. Add lines 8, 9, and 10..... 11. BALANCE. Subtract line 11 from line 7. If less than zero, enter zero ▶13 Nonresident or part-year resident credit. Include IA 126..... ▶ 14 BALANCE. Subtract line 13 from line 12..... ▶ 15 Out-of-State tax credit. Include IA 130 BALANCE. Subtract line 15 from line 14..... ▶ 17 Other nonrefundable lowa credits. Include IA 148 ▶ 18 BALANCE. Subtract line 17 from line 16..... School district surtax or EMS surtax. Multiply line 18 by the percentage from table..... 19. ▶20 Total state tax and local surtax..... 21. Contributions will reduce your refund or add to the amount you owe. Fish/ State Child Abuse Firefighters/ Wildlife Fair Veterans Prevention ▶21 Enter total here... ▶ 22 22. TOTAL STATE TAX, LOCAL TAX, AND CONTRIBUTIONS. Add lines 20 and 21

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| Ta | xpayer's Name | Taxpayer's SSN | | | |
|---------|--|-------------------------|--|--|--|
| | | | | | |
| Step 6: | Refundable Credits and Payments | Enter Dollars and Cents | | | |
| 23. | lowa Fuel Tax Credit. Include IA 4136 Iowa Fuel Tax Credit | ▶ 23 | | | |
| 24. | Check one: Child and Dependent Care Credit | | | | |
| | Early Childhood Development Credit | ▶ 24 | | | |
| 25. | Iowa Earned Income Tax Credit | ▶ 25 | | | |
| 26. | Other refundable credits. Include IA 148 | ▶ 26 | | | |
| 27. | Composite and PTET credit. Include IA Schedule CC | ▶27 | | | |
| 28. | lowa income tax withheld | ▶28 | | | |
| 29. | Estimated and other payments made for tax year 2023 | ▶29 | | | |
| 30. | TOTAL. Add lines 23 through 29 | ▶30 | | | |
| Step 7: | Refund | | | | |
| 31. | If line 30 is more than line 22, subtract line 22 from line 30; otherwise, go to line 34 | ▶31 | | | |
| 32. | Amount of line 31 to be REFUNDED | ▶32 | | | |
| | a. Routing Number | c. Account Checking | | | |
| | b. Account Number | Type ► Savings | | | |
| 33. | Amount of line 31 to be applied to your 2024 estimated tax | ▶ 33 | | | |
| Step 8: | Amount due | | | | |
| 34. | If line 30 is less than line 22, subtract line 30 from line 22 | ▶ 34 | | | |
| 35. | Penalty for underpayment of estimated tax from IA 2210, IA 2210S, or IA 2210F. | | | | |
| Ch | eck if annualized income (IA 2210AI) or farmer/fisher (IA 2210F) method used | ▶35 | | | |
| 36. | Penalty and Interest 36a. Penalty | | | | |
| | 36b. Interest Enter total here | ▶36 | | | |
| 37. | TOTAL AMOUNT DUE. ADD lines 34, 35, and 36 | ▶ 37 | | | |



| | Taxpayer's Name | Tax | payer's | SSN | |
|-------------|-----------------|-----|---------|-----|--|
| > | | • | | | |

IA 1040 Schedule 1

Enter Dollars and Cents

| 1040 \$ | Schedule 1 | Litter bonars and cents | | | |
|------------|---|-------------------------|-------------------|--|--|
| | lowa Modifications to Federal Total Income | A Additions | B Subtractions | | |
| 1. | Interest | ▶ 1 | - | | |
| 2. | Dividends | ▶ 2 | - | | |
| 3. | RESERVED FOR FUTURE USE | ▶ 3 | • | | |
| 4. | RESERVED FOR FUTURE USE | ▶ 4 | • | | |
| 5. | Social Security Benefits | ▶ 5 | - | | |
| 6. | Active Duty Military Pay | ▶ 6 | • | | |
| 7. | IRA/Pension/Railroad Retirement Income | ▶ 7 | • | | |
| 8. | Railroad Unemployment Income | ▶ 8 | • | | |
| 9. | Bonus Depreciation/Section 179 expenses | ▶ 9 | - | | |
| 10. | Federal Net Operating Loss prior to 1/1/23. Include IA 124 | ▶10 | > | | |
| 11. 12. | Other Income | ► 11 ► 12 | > | | |
| 13. | Net modifications to federal total income.Subtract line 12 colu | mn B from A | ▶13 | | |
| | Iowa Modifications to Federal Taxable Income | | | | |
| 14. | Federal income tax refund or overpayment received in 2023. | ▶14 | | | |
| 15. | Health insurance deduction. See instructions | ▶15 | • | | |
| 16. | Capital Gains Deduction. Include IA 100 | ▶16 | • | | |
| 17. | lowa Net Operating Loss prior to 1/1/23. Include IA 124 | ▶17 | • | | |
| 18. | Federal tax paid for prior years | ▶18 | • | | |
| 19. | Other Adjustments | ▶19 | • | | |
| 20. | Total modifications to federal taxable income. Add lines 14 through 19 | ▶20 | • | | |
| 21. | Net modifications to federal taxable income. Subtract line 20 o | column B from A | ▶21 | | |
| | Net Modifications | | | | |
| 22. | Net Iowa Modifications. Add lines 13 and 21. Enter here and I | A 1040, line 3 | ▶22 | | |



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| Тахра | yer's Name | | Taxpayer's SSN |
|------------------|---|--|--|
| • | | | • |
| Third Party | Disclosure Designee. Do you want to allow a | an individual to discuss this return w | ith the Department? See instructions. |
| Design | nee's Name | | |
| • | | | |
| Mailing | g address | | ID Number (optional) |
| City | | State ZIP | Designee's phone number |
| ► City | | ► ► | besigned a priorie frumber |
| Email | | | |
| • | | | |
| | | | |
| Step 9: | I, the undersigned, declare under penalties my knowledge and belief, it is true, correct, signature with a digital certificate. Stamped | and complete. Paper-filed returns mu | |
| | Your Signature | | Date |
| Sign Here | • | | • |
| | | | M M D D Y Y Y Y Date of death |
| | | Check if decease | |
| | | | $M \ M \ D \ D \ Y \ Y \ Y$ |
| Name Hans | Spouse's Signature | | Date |
| Sign Here | • | | M M D D Y Y Y |
| | | | Date of death |
| | | Check if decease | d: ► M M D D Y Y Y Y |
| | Taxpayer's phone number ▶ | Taxpayer's email address ▶ | NI NI U U T T T |
| | Your Driver License or State Issued ID ► | number Spouse's Dri ▶ | iver License or State Issued ID number |
| | Preparer's Signature | | Date |
| Paid Preparer | • | | > |
| Jse | Preparer's PTIN, STIN, or SSN | Firm's FEIN | M M D D Y Y Y Y Preparer's phone number |

This return is due April 30, 2024. Sign, enclose W-2s, and verify SSNs MAILING ADDRESS: Iowa Income Tax Document Processing PO BOX 9187, Des Moines IA 50306-9187 Make checks payable to Iowa Department of Revenue





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