



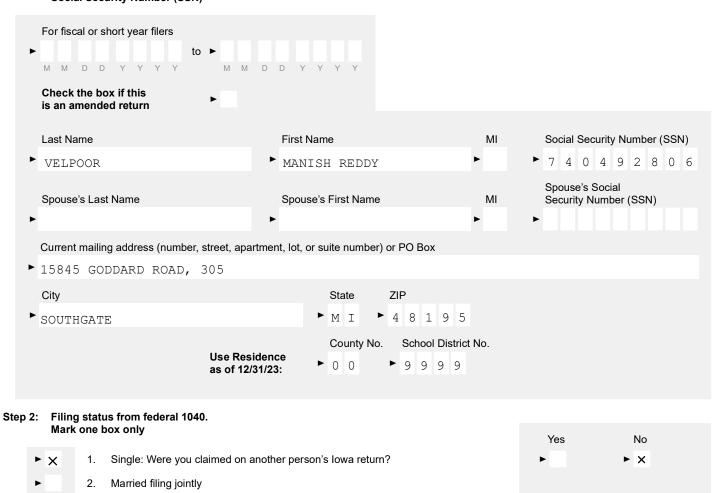


Total Tax (IA 1040, line 7).  Total Tax (IA 1040, line 7).  Total Amount to be Refunded (IA 1040, line 28).  Amount to be Refunded (IA 1040, line 28).  Total Amount Due (IA 1040, line 37).  Total Amount Due (IA 1040, line 37).  Sarrt II Declaration of Taxpayer (Be sure to keep a copy of the tax return.)  I do not want direct deposit or direct debtit.  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 suthorize the lowa Department of Revenue (DR) and its designated financial agent to initiate an electronic funds withdrawal (direct debt); entry to the financial institution account indicated below for payment of my individual lowa taxes owed on this return, and financial institution to debt the entry to this account on																						1	ax.i	owa	a.gov
Spouse's first name, middle initial and last name:    Spouse's Social Security Number:	For calendar year 2023 o	r tax year b	beginnii	ng									, 202	3, е	ending								, 2	:0	
Spouse's first name, middle initial and last name:    Spouse's Social Security Number:	Your first name, middle i	nitial, and	last naı	me: MZ	NI	SH RE	DDY	7 V.	ELP	OOR				Y	our So	ocial	Secu	ırity N	lumb	er:	740	-49-	-28(	)6	
The address, City, State, ZIP-15845_GODDARD_ROAD305_SOUTHGATE_MT_48195  and IT ax Return Information Federal total income (An 040, line 1)																									
Fert I Tax Return Information  Federal Istal income (IA 1040, line 1)																									
Federal total mome (M 1040, line 1)			0010	CODD	211(1	7 1(0111	- /	00.					~		J 1 11 C				013	, ,					
Total Tax (IA 1040, line 7)			line 1).																	.1.				14	,826
Lose Income Tax Withhold (IA 1040, line 32)																									
Amount to be Refunded (tA 1040, line 32)																									
The following Number  Account																									
I do not want direct deposit or direct debit.	5. Total Amount Due (I	A 1040, lin	ne 37)																	.5.					
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 angent to receive the refund.  □ I authorize the lowa Department of Revenue (ICR) and its designated financial agent to initiate an electronic funds withdrawal (direct debt) refund in the financial institution account indicated below for payment of my individual lows taxes owed on this return, and the financial institution to debit the entry to this account on						of the ta	ax re	turn.	)																
as an agent to receive the refund.  I authorize the lows 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 lows 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 1 only IDR to terminate the authorization. To cancel a parm, I must contact IDR at \$15.281.  3114 or idrefi@iova gov. Payment cancellation requests must be received no later than five business days prior to the payment. This authorization is to remain in full force and effect until 1 only 10 to the time of the summer of the payment of the payment cancellation requests that they allow a withdrawal from your bank account by this ACH Company ID.  Name of financial institution: CHASE_BANK  Routing Number  Account Number  Type of Account: Savings	<del>-</del>					d ac daci	anat	ad h	alow	IfIh	ave t	ilad :	a ioin	ıt ro	turn t	hic ic	an ir	rovo	cable	ann	ointm	ent of	the of	ther en	OUICA
Account Number Type of Account:  Savings  C	financial institu this account of electronic pay authorization is 3114 or idreft( This electronic account, conta	ution account on ment of the site of	axes to n in full r. Paym al from ancial i	o receive force ar lent canc your bar nstitution	ow for the correction of the c	or payme the payn offidential fect until on reque ecount wi	ent of nent, info I no ests i	f my /settl orma otify I must ider	indiv emer tion DR to be r	ridual nt dat neces o term receive d with	lowate). It is sary ninated not the first the	taxe also to to the the ACH	es ow auth answ auth er tha Com	red nori: rer nori: nori: nori: nori:	on this ze the inquiri zation. ve bus ny ID 4	retue fina es a To o sines 1426	irn, a ncial nd re cance s day	nd th insti esolv el a p /s pri 74. It	tution tution e iss paymo or to f you	ancian invesues ent, I the properties the propertie	Il institution in ins	tution to the to	to deb proc the p act IDF tleme	oit the o essing aymer R at 5' nt date	entry to g of the nt. This 15-281- e. Note:
Account Number Type of Account:  Savings  C									The	e first	t two	digi	its m	ust	be 0	1 thre	ough	12 (	or 21	thro	ough	32.			
Type of Account: Savings   Checking												Ť				1									
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, 2023 and certify to the best of my knowledge and belief, it is true, correct, and complete. I further declare that mounts 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 lowa Department of Revenue (IDR) through the Internal Revenue Service (IRS) by my Electronic Return Originato (ERO). In addition, by using software to prepare and transmit my return electronically. I consent to the disclosure to IDR 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 is rejected. I authorize IDR to identify the reasons for rejection so that the return can be corrected and retransmitted. If I have filed a balance due return, 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. 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 data the return was sent. I understand that this declaration with required attachments must be forwarded upon request to IDR.  Your Signature  Date  Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer  I declare that I have reviewed the above taxpayer's return and only declare that this form accurately reflects the data on the return. I had obtained the taxpayer's signature before submitting this return to the IRS. I have provided the taxpayer with a copy of a				8 3				<u>                                       </u>	ļ.			_ _				<u>]</u>									
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, 2023 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 none tax return. I consent that my return, including accompanying schedules attachments, and statements be sent to the lowa Department of Revenue (IDR) through the Internal Revenue Service (IRS) by my Electronic Return Originato (ERO) in addition, by using software to prepare and transmit my return electronically. I consent that my return consent that my return electronically. I consent to the disclosure to IDR of all information pertaining to the transmission of my tax return electronically. I consent to the disclosure to IDR of all information pertaining to the transmission of my tax return electronically. I consent that the disclosure to IDR of all information pertaining to the transmission of my tax return electronically. I consent that the my return electronically is return electronically. I consent that the my return between the consent that the previous of the certain that it IDR does not receive full and timely payment of my tax liability I will remain liabile for the tax liability and all applicable penalties and interest. consent that my return de directly deposited as designated in Part II and declare that the information shown in Part II is correct. If the processing of my return return, or the delate of the tax liability and all applicable penalties and interest.  Your Signature  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 II I am only a collector, I		_															_				_				
statements for tax year ending December 31, 2023 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. Consent that my return, including accompanying schedules attachments, and statements be sent to the lowa Department of Revenue (IDR) through the Internal Revenue Service (IRS) by my Electronic Return Originato (ERO). In addition, by using software to prepare and transminit my return electronically, I consent to the disclosure to IDR of all information pertaining to the transmission of my tax return electronically, I authorize IDR to identify the reasons for rejection so that the return can be corrected and retransmitted. If I have filed a balance due return, understand that if IDR does not receive full and timely payment of my tax liability livel il merain liability and all applicable penalties and interest. 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 IDR.  Your Signature  Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer  Ledeclare 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 knowledg 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 ha 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 Ified with IDR and have followed all other requirements described in the lowal Modernized e-File (MEF) Inform	Will this payment co	me from a	n accou	unt outsid	le the	e United	State	es?								Yes	s 📙			Ν	io 🔀				
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 knowledg 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 ha 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 I filled with IDR and have followed all other requirements described in the Iowa Modernized e-File (MeF) Information for e-File Providers publication 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 do 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 paid preparer, under penalties of perjury, I declare that I have examined the above taxpayer's return and accompanying schedules, attachments, 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	amounts in Part I above attachments, and staten (ERO). In addition, by a transmission of my tax m is rejected, I authorize understand that if IDR d consent that my refund refund, or direct debit is	e are the a nents be s using softweturn elect IDR to ide loes not re be directly delayed, I	amounts ent to to ware to tronicall entify the eceive for depose authori	s shown the Iowa prepare ly. I autho ne reasor ull and tin ited as d ze IDR to	on the Department of the Depar	he copy artment of transmit IDR to in rejection payment nated in close to reference	of mof Rot my not	ny ele even retun my ta my ta II ar	ectronue (I urn e ERC t the ax lia and de and/o	nic ind DR) the lectro D and/ e return bility heclare or tran	come hroughical for trans on call will that smitt	e tax gh th ly, I ansm in be rema the i	retur e Inte cons- nitter e corr ain lia inforn	rn. I erna ent whe rectable mati	I conseal Revolute to the en my ed and effor the for the end and effor the end effor the end effor the end end end end end end end end end en	ent ti enue e dise elect d ret e tax own	nat me Sen closu cronic ransr cliabi in Pa	ny ref vice re to retu nitted ility a art II i	turn, (IRS) IDR rn ha d. If I and all is cor	incluing by not	ding a my Ele all info en acc e filec blicabl If the	accom ectroni ormatic cepted d a ba le pena e proce	panying Return Per I. In the lance laties alties al	ng sch urn Or taining e ever due r and int	nedules riginator g to the nt that i return, iterest. y return
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 before submitting this return to the IRS. I have provided the taxpayer with a copy of all forms and information to I filed with IDR and have followed all other requirements described in the lowa Modernized e-File (MeF) Information for e-File Providers publication 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 do 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 paid preparer, under penalties of perjury, I declare that I have examined the above taxpayer's return and accompanying schedules, attachments, 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  Firm's name (or yours if self-employed)  Address, City, State, ZIP  Paid Preparer  Signature  SYAM PRIYA RAM SAGAR GUPTA TALIAM  Date  Oate  Oat	Your Signature					Date			_	-	Spou	se S	ignat	ure	- If a j	oint ı	eturr	n, bot	h mu	ıst siç	 jn.			Dat	 :e
Signature    Date   paid preparer   employed   ERO PTIN	I declare that I have re If I am only a collector obtained the taxpayer' filed with IDR and hav understand that the or of the return or the filin paid preparer, under p statements, and to the to me.	eviewed the r, I am no s signature follower iginal form the grant	ne abovot responder before before the second	ve taxpa onsible fore submather req 53-IND ver is late ury, I de	yer's or re nitting uirer shou er, to clare	eviewing g this rements de uld not be which the that I h	and the turn escr e se the l	that retuing to to ibed ent to IA 84 exa	entr Irn a he II in th IDF 153-I mine	ries or and or RS. I he lov R, but IND re ed the corre	nly d have wa N mus elate e abe ct, a	ecla e pro Mode et be es wa ove f nd c	re thovide reta as file taxpa	at ted to the detection of the detection	this for he tax e-File d by t I will r's ret e. I ha	rm a paye (Me he E make urn ve b	er wi F) In RO f e a c and a	ately th a form or a opy acco	refl copy atior perion avail mpa	ects of a for od of able nying	the call for e-Fil- three to ID sch	data o ms an e Prov e year R upo edules	n the and information in the contract of the c	returr ormati s publi n the d quest. achme	n. I have ion to be ication. due dans if I ame ents, ar
self-employed) Address, City, State, ZIP  Paid Preparer Signature  SYAM PRIYA RAM SAGAR GUPTA TALLAM  Date 03/13/2024  Check if self-employed Preparer PTIN P02082703  FEIN 84-3171965  FEIN 84-3171965  Phone Phone Number (678) 965-9522  FIRM's name (or yours if self-employed)  Address City State, ZIP  Phone Phone Phone Number (678) 965-9522  Preparer PTIN P02082703  FEIN 84-3171965						Date													EF	<u> 10 P</u>	ΓIN				
Paid Preparer Signature  SYAM PRIYA RAM SAGAR GUPTA TALLAM  Date 03/13/2024  Check if self- employed  Preparer PTIN P02082703  FEIN 84-3171965  Phone	self-employed)	СПОВ.	AL T	AXES	LL(														_		84	-31	7196	55 -	
Signature SYAM PRIYA RAM SAGAR GUPTA TALLAM Date 03/13/2024 employed Preparer PTIN P02082703  Firm's name (or yours if self-employed)  Addrose City State 7IP  Phone		245	ROON	EY CT	Ε	BRUNS	SWI	CK	NJ	Г 08	816	ĵ	1	C!	- al - 17	a a le					r <b>(</b> 67	8)	<del>965-</del>	-952	2
self-employed) Address City State 7IP		AM PRIYA E	RAM SAG	GAR GUPTA	A TAI	LLAM		Da	te (	03/1	3/:	202							Pre	epare	r PTI	N P	0208	3270	13
Address City State 7IP		GLOB.	AL T	AXES	LLC									_					FE	IN_	84	<u>-3</u> 1	7 <u>1</u> 96	5 <u>5</u>	
		245	ROON	EY CT	E	BRUN!	 Swi	CK	Νί	 7 08	816	_ <b>_</b>									 r (67	8)	 -965	-952	.2





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



			Yes	NO
► X	1.	Single: Were you claimed on another person's lowa return?	•	► ×
<b>•</b>	2.	Married filing jointly		
•	3.	Married filing separately. Enter your spouse's information above. Spouse's net income:	▶ 3	00
•	4.	Head of household. Enter qualifying person's information on Page 2		
•	5.	Qualifying surviving spouse with dependent child. Enter dependent's information on Page 2.		

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٥, ٥	_	Vometiana								Enter Dollars and Cents					
Step 3:	Exemp	tions													
a.	Persona	al Credit: Enter 1 (enter 2 if filin	g status 2 or 4)		•	1	x \$40	) = <b>&gt;</b>		40 00					
b.		for each taxpayer 65 or older a			•		x \$20	) = <b>&gt;</b>		00					
Che	ck if:	You are 65 or older ▶	You are blind ►	Spouse is 65	ō or old	der	•	Spo	ouse is blind ►						
C.		lents: Enter 1 for each depende endents below			•		x \$40	) = <b>&gt;</b>		00					
d.	Total. A	dd lines a, b and c								40 00					







 Taxpayer's Name
 Taxpayer's SSN

 MANISH REDDY VELPOOR
 7 4 0 4 9 2 8 0 6

	Dependent's first name	Dependent's last name	Dependent's SSN	Relationship to yo	ou
•	•	•		•	
•	•	•		•	
•	•	•		•	
				Enter Dollars and Cen	ıts
0 4:	lowa Taxable Income			► <b>1</b> 14,826	
1.				<b>▶ 2</b> 976	
2.	Federal taxable income				000
3.	Net Iowa modifications from IA 10	40 Schedule 1, line 22			
4.	lowa taxable income. Add lines 2	and 3		976	, 00
o 5:	Tax, Nonrefundable Credits, an Checkoff contributions	d Check if using alternate calculation (line 12), or	tax (line 5), tax reduction low-income exemption		
5.	Iowa Tax from tax rate schedule of	r alternate tax		<b>5</b> 43	3 0 0
6.	Iowa lump-sum tax. See instruction	ons		▶ 6	00
7.	Total Tax. Add lines 5 and 6			<b>7</b> 43	3 0 0
8.	Total exemption credit amount fro	m Step 3		<b>▶ 8</b> 40	0 (
9.	Tuition and textbook credit for dep	pendents K-12		▶ 9	00
10.		peace officer credit		<b>►</b> 10	00
11.	Total Credits. Add lines 8, 9, and	10		<b>11</b> 40	00
12.		ine 7. If less than zero, enter zero		<b>▶12</b> 3	3 0 0
13.		credit. Include IA 126		<b>▶13</b> 2	2 0 0
		line 12		<b>►14</b> 1	00
15		130		▶15	0.0
16		line 14		<b>►16</b> 1	00
17.		. Include IA 148		<b>→</b> 17	00
18.		line 16		<b>►18</b>	L 0 (
19.		ax. Multiply line 18 by the percentag		<b>►19</b>	00
20.		ax. Multiply line to by the percentag		<b>≥20</b>	00
∠1.		and or add to the amount you owe.  Firefighters/	Child Abuse		
	Fish/Wildlife State	Fair Veterans	Prevention		
		En	ter total here	▶ 21	00







Taxpayer's Name Taxpayer's SSN 7 4 0 4 9 2 8 0 6 MANISH REDDY VELPOOR **Enter Dollars and Cents** Step 6: Refundable Credits and Payments ▶23 0.0 23. Iowa Fuel Tax Credit. Include IA 4136 Iowa Fuel Tax Credit ...... OR Child and Dependent Care Credit 24. Check one: ▶ 24 00 Early Childhood Development Credit ▶ 25 0 0 0 Iowa Earned Income Tax Credit ..... ▶26 00 Other refundable credits. Include IA 148 00 Composite and PTET credit. Include IA Schedule CC ..... ▶ 28 87 00 28. Iowa income tax withheld ..... ▶ 29 00 Estimated and other payments made for tax year 2023..... ▶ 30 87 00 TOTAL. Add lines 23 through 29 ..... Step 7: Refund ▶ 31 86 00 31. If line 30 is more than line 22, subtract line 22 from line 30; otherwise, go to line 34 ▶ 32 86 00 32. Amount of line 31 to be REFUNDED Checking Routing Number 7 2 0 0 0 3 2 6 c. Account Type Account Number Savings 8 5 6 8 3 2 3 0 5 ▶ 33 00 33. Amount of line 31 to be applied to your 2024 estimated tax ..... Step 8: Amount due ▶ 34 00 34. If line 30 is less than line 22, subtract line 30 from line 22..... 35. Penalty for underpayment of estimated tax from IA 2210, IA 2210S, or IA 2210F. ▶ 35 00 Check if annualized income (IA 2210AI) or farmer/fisher (IA 2210F) method used 00 36. Penalty and Interest 36a. Penalty ▶ 36 00 00 Enter total here ..... 36b. Interest ▶ 37 00 37. TOTAL AMOUNT DUE. ADD lines 34, 35, and 36......





Taxpayer's SSN

► 7 4 0 4 9 2 8 0 6

► MANISH REDDY VELPOOR

Taxpayer's Name

IA 1040 Schedule 1

### **Enter Dollars and Cents**

	lowa Modifications to Federal Total Income	A Additions		B Subtractions
1.	Interest	▶ 1	00	00
2.	Dividends	▶ 2	00 ►	00
3.	RESERVED FOR FUTURE USE	▶ 3	•	
4.	RESERVED FOR FUTURE USE	▶ 4	•	
5.	Social Security Benefits	<b>▶</b> 5	•	00
6.	Active Duty Military Pay	<b>▶</b> 6	•	00
7.	IRA/Pension/Railroad Retirement Income	<b>▶</b> 7	•	00
8.	Railroad Unemployment Income	▶ 8	•	00
9.	Bonus Depreciation/Section 179 expenses	▶ 9	00 ►	00
10.	Federal Net Operating Loss prior to 1/1/23. Include IA 124	<b>►10</b>	00 ►	
11.	Other Income	▶ 11	00 ►	00
12.	Total modifications to federal total income.  Add lines 1 through 11	▶12	00 ►	00
13.	Net modifications to federal total income.Subtract line 12 colu	mn B from A	▶13	00
	Iowa Modifications to Federal Taxable Income			
14.	Federal income tax refund or overpayment received in 2023 .	▶14	00	
15.	Health insurance deduction. See instructions	▶15	•	00
16.	Capital Gains Deduction. Include IA 100	▶16	•	00
17.	Iowa Net Operating Loss prior to 1/1/23. Include IA 124	▶17	•	00
18.	Federal tax paid for prior years	▶18	•	0 0 0
	Other Adjustments	▶19	00 ►	00
20.	Total modifications to federal taxable income.  Add lines 14 through 19	▶20	00 ►	0 0 0
21.	Net modifications to federal taxable income. Subtract line 20 of	column B from A	▶21	0 00
	Net Modifications			
22.	Net Iowa Modifications. Add lines 13 and 21. Enter here and I	A 1040, line 3	▶22	0 0 0







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Taxpayer's Name		Ta	іхра	yer'	's S	SN				
MANISH REDDY VELPOOR	•	7	4	0	4	9	2	: 8	3 (	) 6

Third Party Disclosure Designee. Do you want to allow an individual to discuss this return with the Department? See instructions.

Mailing address  City  State  ZIP  Designee's phone number  Email	Designee's Name ▶		
	Mailing address		ID Number (optional)
	City	State ZIP	Designee's phone number
Email	•	<b>•</b>	<b>&gt;</b>
	Email •		

Step 9: 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. Paper-filed returns must be signed by hand or via a digital signature with a digital certificate. Stamped or typed signatures are not accepted.

	Your Signature	Date
Sign Here	<b>&gt;</b>	•
		M M D D Y Y Y
		Date of death
	Check if deceased: ►	<b>&gt;</b>
		M M D D Y Y Y
	Spouse's Signature	Date
Sign Here	<b>&gt;</b>	<b>&gt;</b>
		M M D D Y Y Y
		Date of death
	Check if deceased: ►	<b>•</b>
	Taxpayer's phone number Taxpayer's email address	M M D D Y Y Y
	▶ 3 3 4 2 3 3 5 8 8 3 ▶	
		ense or State Issued ID number
	<b>&gt;</b>	
	Preparer's Signature	Date
Paid	SYAM PRIYA RAM SAGAR GUPTA TALLAM	▶ 0 3 1 3 2 0 2 4
Preparer	STAT INTIN INTERIOR GOT IN TRADE	M M D D Y Y Y Y
Use		
	Preparer's PTIN, STIN, or SSN Firm's FEIN	Preparer's phone number

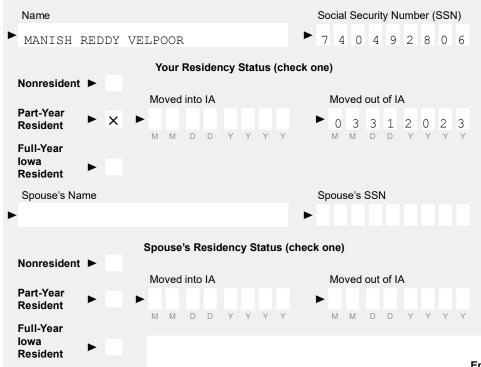
This return is due April 30, 2024. Sign, enclose W-2s, and verify SSNs MAILING ADDRESS: Iowa Income Tax Document Processing PO BOX 9187, Des Moines IA 50306-9187 Make checks payable to Iowa Department of Revenue







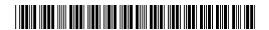




### **Enter Dollars and Cents**

Part I: Income		All-Source (A)			Iowa (B)		
1. Wages, sala IA/IL Recipi	aries, tips, etc. See instructions regarding rocal Agreement	<b>▶</b> 1			3,000	00	
<ol><li>Taxable interest</li></ol>	erest income	▶ 2				00	
3. Ordinary di	vidend income	▶ 3				00	
4. Taxable alir	nony received	▶ 4				00	
5. Business in	come or (loss)	▶ 5				00	
6. Capital gair	n or (loss)	▶ 6				00	
7. Other gains	s or (losses)	▶ 7				00	
8. Rents, roya	ulties, partnerships, estates, etc	▶ 8			0	00	
9. Farm incom	ne or (loss)	▶ 9				00	
10. Unemploym	nent compensation	▶ 10				00	
	vinnings	▶ 11				00	
· ·	ne, bonus depreciation, and section 179 adjustment	▶ 12				00	
	e gross income. Add lines 1-12	▶ 13			3,000	00	
io. iona coale	9 9,000 1100110.7 (44 11100 7 72	▶ 14					
14. Federal tota	al income from IA 1040 Line 1	▶ 14	14,826	00			
	cations to federal total income nedule 1, line 13	▶ 15		00			
16. Total. Add li	ines 14 and 15	▶ 16	14,826	00			







## **Enter Dollars and Cents**

Part II: N	Modification	All-Source (A)		lowa (B)	
17.	Payments to an IRA, Keogh, or SEP	<b>►17</b>	00		00
	Deductible part of self-employment tax	▶18	00		00
19.	Health Insurance deduction. See instructions	▶19	00		00
20.	Penalty on early withdrawal of savings	00		00	
21.	Alimony paid	00		00	
22.	lowa capital gain deduction			00	
23.	Other adjustments	00	0	00	
24.	Total adjustments. Add lines 17-23	00	0	00	
25.	Iowa Source Net income. Subtract line 24 (Column B) from line 13		3,000	00	
26.	All Source Net income. Subtract line 24 (Column A) from line 16	<b>▶26</b> 14,82	6 00		
27.	Iowa income percentage: Divide line 25 by line 26. Enter percentage rounded to the nearest ten-thousandth of a per This can be no more than 100.0% and no less than 0.0%	▶27	20.2347	%	
28.	Nonresident or part-year resident credit percentage: Subtract the percentage on line 27 from 100.0000% (e.g. 87.654)	▶ 28	79.7653	%	
29.	Iowa tax on total income from IA 1040, line 5	▶29	43	00	
30.	Total credits from IA 1040, line 11	▶30	40	00	
31.	Tax after credits. Subtract line 30 from line 29	▶31	3	00	
32.	Nonresident or part-year resident credit. Multiply line 31 by the percentage on line 28. Enter this amount on IA 1040, line 13	▶32	2	00	

